WHA Alerts Congressional Delegation to Health Care Reform Positions

Healthcare Quality Coalition position on value and geographic disparity outlined

This week Wisconsin Hospital Association President Steve Brenton outlined WHA’s health care reform positions in a letter to each member of the Wisconsin Congressional Delegation.

“I am writing to offer WHA’s positions on provisions contained within health care reform legislation,” Brenton said in the letter. “WHA has actively participated in the process to date, particularly as it relates to provisions advocated by the Healthcare Quality Coalition, of which we are a founding member, and would like to offer these comments during important House-Senate negotiations.”

First and foremost, the letter highlighted WHA’s support for hard-fought provisions developed by the Healthcare Quality Coalition (Coalition). The Coalition—a multi-state coalition that includes many Wisconsin providers and organizations—aggressively worked to see important Medicare reforms on value and geographic disparity included in health care reform bills. In a letter delivered late last week, the Coalition itself urged Congress to meld elements of both the House and Senate language into

WHA Files Brief Supporting Property Tax Exemption for Hospital Outpatient Facility

“Bringing care closer to the communities they serve should not put the exemption at risk”

The Wisconsin Hospital Association has filed an amicus brief with the Court of Appeals in Covenant Healthcare System, Inc. v. City of Wauwatosa (2009 AP 001469) arguing that the state statutes provide an exemption from property taxes for hospital outpatient departments that are not on the campus of the main hospital building. Early last year, a Milwaukee County judge rejected the City of Wauwatosa’s denial of a property tax exemption for St. Joseph’s Hospital’s off-campus outpatient department; the City appealed that decision.

WHA’s amicus brief supporting Covenant Healthcare System’s (“Wheaton’s”) protest of the property taxes assessed by the City of Wauwatosa defined the case as follows: “As a practical matter, the Court is being asked to consider the nature of today’s modern hospital and to look closely at one way today’s hospitals have adapted their care delivery methods to better meet the needs of their patients.” The trial court considered precisely that and found that hospital care is being provided more quickly, more effectively, and less expensively on an outpatient basis closer to its patients. Wheaton and WHA asked the Court of Appeals to recognize the important adaptations of Wisconsin hospitals and find that the property tax exemption applies to the off-campus hospital facilities and services in the same way it applies to traditional hospital facilities and services. (continued on page 6)
WHA Provides Members RAC Update

This week the Wisconsin Hospital Association provided several updates to its Recovery Audit Contractor (RAC) hospital contacts. Those updates include:

- **RAC operating agreements** – RACs cannot begin work in a state unless the RAC has entered into a joint operating agreement with the state’s Medicare claims processing contractor (ie: a MAC) or an interim agreement with the legacy carrier and/or FI. For Wisconsin, CGI is indicating operating agreements are in progress. However, there has been no word on whether the MAC appeal has been resolved.

- **Medicaid Record Request Limits** – Late last year, CMS worked to clarify its policy on RAC medical record request limits. Those policies continue to raise questions for hospitals, prompting the American Hospital Association (AHA) to request CMS clarify a variety of issues, including that RACs should apply medical record requests proportionately across each hospital campus’s claims mix; that CMS should provide the number and types of “high-volume” hospitals it expects will be subject to the 300 record cap; and that CMS articulate the maximum number of records per campus that the agency will approve in response to a hospital-specific request from a RAC. Review CMS’ record limit policy online at: www.cms.hhs.gov/RAC/Downloads/DRGvalidationADRlimitforFY2010.pdf

- **Remittance Advice** – Additionally, the AHA is reporting that CMS’ billing systems have not been able to properly use the N432 code and, as a result, the code is not appearing on remittance advices. CMS indicates that the necessary system corrections will be implemented through a two-stage process in April and July 2010. In the meantime, CMS and the RACs are developing interim solutions.

In a somewhat related note, many hospitals are inquiring about where Wisconsin’s Medicaid Integrity Program/Contractors (MIP/MIC) are in the roll-out process. While Wisconsin does have a Review and Audit MIC, no activity has happened here to date. Find out more at:

- **Medicaid Integrity Program Fact Sheet:**
  www.cms.hhs.gov/ProviderAudits/Downloads/mipfactsheet.pdf

- **Medicaid Integrity Program/Contractor Overview:**
  www.cms.hhs.gov/ProviderAudits/Downloads/mipatoz.pdf

- **MIC Procurement Status:**
  www.cms.hhs.gov/ProviderAudits/Downloads/micprocureimplementtimeline.pdf

Contact WHA’s Brian Potter (bpotter@wha.org) or Jenny Boese (jboese@wha.org) with RAC related questions, to update your RAC contact information or if you have seen any RAC activity at your hospital.

Wisconsin Supreme Court Accepts Patient Compensation Fund Case

**Lawsuit challenges $200 million transfer from Fund**

The Supreme Court of Wisconsin has accepted Wisconsin Medical Society and David M. Hoffmann, MD v. Michael L. Morgan, the Medical Society’s case challenging the transfer of $200 million from the Injured Patients and Family Compensation Fund to the Medical Assistance Trust Fund. Late last year, the Wisconsin Court of Appeal asked the Wisconsin Supreme Court to decide the case, bypassing the Court of Appeals. In its request, the Court of Appeals explained that it believes the Supreme Court is the proper forum for the case because of the broad statewide implications of a decision in the case, both as it applies to the Compensation Fund and health care generally and as it may apply to property interests in other State funds.

Watch *The Valued Voice* for additional developments in this case.
President's Column

The Hospital Assessment Worked

As clearly demonstrated in a report delivered to Wisconsin lawmakers and hospitals last week, the hospital assessment is working well. Consistent with the position taken by the WHA Board in late 2007, the assessment provided a net benefit to hospitals of almost $250 million during its initial year—a time when hospitals saw a record increase in Medicaid patients and an explosion in bad debt and charity care brought about by the severe economic downturn.

In a letter to the co-chairs of the Joint Committee on Finance, DHS Secretary Karen Timberlake called the assessment “a success” and noted that the higher Medicaid payment rates helped ensure “access to vital health care services for (Medicaid) members and reduced cost shifting within the health care system.” Timberlake’s communication also noted that the assessment provided desperately needed revenues to sustain the larger Medicaid program while supporting the new BadgerCare Plus Core Plan for low income adults without dependent children. More than 63,000 previously uninsured residents have necessary coverage under the Core Plan...a fact that occurred only because of the hospital assessment.

It’s important to note the essential and sustained cooperation between DHS staff and WHA staff that resulted in a relatively smooth implementation of a highly complex transaction. And the fact is that the DHS spreadsheet from earlier this year predicting hospital-specific year end results were remarkably accurate for well over 90 percent of Wisconsin hospitals.

Looking ahead, the challenge is to preserve essential aspects of the assessment mechanics over time. The fact that the assessment worked well in 2009 is not necessarily an indicator of what may happen later in 2010—or more likely in 2011 when a severe Medicaid funding crisis is likely to occur. Additionally, the essential DHS cooperation we’ve experienced with the assessment’s implementation must extend to other Medicaid issues, especially a variety of issues and concerns related to the base Medicaid program. WHA has a plan in place to ensure that hospitals are actively involved with future state plan amendments and base program policy decisions. Members should expect greater transparency than has been the case historically.

As it relates to 2009, we should be pleased that our advocacy message from two years ago that the assessment would be a “win win win” for hospitals, private payers and the State of Wisconsin played out well.

Steve Brenton
President

A Special Message from AHA’s Rich Umbdenstock RE: the Haitian Earthquake

We have all watched with great sorrow the devastation wrought by the January 12 earthquake in Haiti. Many of you have contacted the AHA to ask how you can help. Instead of launching a separate relief effort, I would like to encourage hospitals to consider donating via the U.S. Agency for International Development (USAID) or another well-established, private-sector relief organization. To donate time, money, supplies or equipment via USAID, please visit www.usaid.gov/locations/latin_america_caribbean/country/haiti/eq/. Inquiries related to donations should be e-mailed to cip@hhs.gov.

The compassion and generosity of America’s hospitals continue to humble and inspire. Thank you for the work you do every day—for your patients, your communities and your neighbors in great times of need.
Wisconsin Health Care Employee Pride Program Announces Changes

Don’t miss an opportunity to recognize your health care workforce

Since 2002, the Wisconsin Hospital Association has sponsored the Health Care Employee Pride Program to recognize the dedication of Wisconsin’s health care workforce. This year the program will once again encourage WHA member hospitals to invite their employees to express themselves in an essay and tell others why they chose a health occupation. The only change to the program is **WHA will not be hosting a banquet** for all the honorees. **All other aspects of promoting and recognizing the individual Pride honorees will remain unchanged.**

The Wisconsin Health Care Employee Pride Program is based on the fact that the decision to work in health care is often made for personal and compelling reasons. The decision to stay in health care is often tied to the same reasons, along with the desire to help others live healthier lives. The Pride Program gives employees the opportunity to share why they love their career of service to others, while giving the Association an opportunity to honor their contributions to their hospital, community and profession.

A designated leader from administration, human resources, public relations or patient care from WHA member hospitals is asked to coordinate the program. Employees are encouraged to submit to the hospital a one-page essay, poem or story that explains why they chose to work in health care. From those essays, a committee at the hospital will pick one employee to represent their hospital.

The Wisconsin Hospital Association, along with the Wisconsin Society of Healthcare Human Resources Administration and the Wisconsin Organization of Nurse Executives, is proud to sponsor the Wisconsin Health Care Employee Pride Program.


WCMEW Meets on Medical Home Model, Expanding Number of Med School Grads

At its meeting January 13, the Wisconsin Council on Medical Education and Workforce (WCMEW) heard from Dan Neufelder, president and CEO of Affinity Health System, Menasha, about its innovative care delivery model, Affinity Medical Home (AMH). Dr. Nicole Brady, project champion at the Kaukauna Clinic described AMH as a team-based, patient-centered medical delivery system designed to enhance patient access, increase satisfaction, and improve outcomes while reducing overall medical expenses. Early results are promising, with higher patient satisfaction and health status scores combining with lower costs. WCMEW is investigating the medical home concept and how it could affect the future delivery of care and physician satisfaction, recruitment and retention.

As part of the WCMEW strategy to connect medical students with Wisconsin communities, the Wisconsin Medical Society Foundation’s Summer Fellowship Program was reviewed. The program places students in communities for eight to ten weeks with practicing mentors focusing on public health issues. This provides an opportunity to introduce the student to a specific region and delivery model. Student interest has been high and additional funding is being sought.

Major improvements to the WCMEW physician recruitment web site ([www.WisconsinPhysicianCareers.org](http://www.WisconsinPhysicianCareers.org)) are scheduled for implementation in February. The site has had more than 500 visits in the last 90 days. Additional efforts are underway to make the site more visible to potential physician candidates, including “search engine optimization” ensuring that the site appears on the first page of search engines.

WCMEW members also discussed alternative ways to increase the number of medical school graduates in Wisconsin and the number of post-graduate medical education programs. Options include expanding existing programs or developing new medical schools to meet the anticipated future need for physicians. In addition, new residency programs are needed in rural Wisconsin.

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(continued on page 5)
Can Your 401(k) Investment Committee be More Effective?  
*(From Solutions Spotlight, included in this week’s packet.)*

Investment committees should pause periodically and evaluate their effectiveness. The following offers a framework for this discussion.

**Define Success**

There are many approaches to defining success for an investment committee. Some definitions may be very specific and some may be more global, such as maximizing the retirement experience for plan participants. Either approach can work assuming reasonable efforts are made (and documented) toward the stated goal.

**Statement of Investment Beliefs**

Key investment-related assumptions should be documented. This is typically done within an investment policy statement, which acts as the road map for investment decision-making. It may be appropriate to incorporate within this technical document a statement of investment philosophy as well. Here a committee might comment on core beliefs concerning risk tolerance or any characteristics specific to the needs of the plan participants as a whole.

**Selecting Appropriate Committee Members**

ERISA suggests that if expert decision-making credentials are not found among the committee personnel, experts should be retained in areas needed. There is also the suggestion that committee personnel be capable of making value-added contributions to the process.

**Define Committee Member Roles**

Committee member roles should be defined through formal documentation establishing the committee, as in a Committee Charter. This document would identify committee members (typically by title) and delegate responsibilities of the committee. This document can limit the liability of the ultimate decision maker (e.g., the board of directors) and the committee members as well.

**Set Procedural Standards**

Identify frequency of committee meetings. For example: “Our investment menu will be reviewed quarterly/semiannually with respect to manager performance relative to industry accepted benchmarks.”

The focus of the above is specific to an investment committee, but the same principles can be followed for an administrative committee or an all inclusive 401(k) “steering” committee as well. Contact Forrest Ross at fross@wha.org at WHA Financial Solutions for additional assistance.
Continued from page 1... WHA Alerts Congressional Delegation to Health Care Reform Positions

the best possible provisions on value. The letter was signed by some 23 health care providers and organizations, including WHA. (See the Coalition letter at [www.wha.org/governmentRelations/pdf/qualityCareCoalition1-7-10.pdf](http://www.wha.org/governmentRelations/pdf/qualityCareCoalition1-7-10.pdf))

“WHA is grateful for the work of many Wisconsin Members of Congress in support of these provisions,” said Brenton. “We fully support the position of the [Healthcare Quality] Coalition...that Medicare must pay for value over volume and address issues of geographic disparity in Medicare payments.”

Among other provisions Brenton highlighted in WHA’s letter are:

- Opposition to a **public plan option** (House bill) and support for a compromise position to create health care cooperatives (Senate bill),
- Support for a six-month extension of **temporary FMAP increases** (House bill),
- Concern with size of **Medicare cuts** unless coverage is increased accordingly (House/Senate),
- Opposition to an overly aggressive **hospital readmissions** policy (House/Senate),
- Support for a provision giving **low volume Medicare add-on payment** (Senate bill).


Continued from page 1... WHA Files Brief Supporting Property Tax Exemption for Hospital Outpatient Facility

“Nothing in the statutes suggests that by bringing care closer to the communities they serve a hospital must place its property tax exemption at risk,” said Thomas Streifender, a partner at Hall, Render, Killian, Heath and Lyman who wrote WHA’s brief. “Indeed, such an interpretation would discourage hospitals from taking such initiatives by making them more costly, which may in turn lead to diminished access to local health care services.”

Sara MacCarthy, also of Hall Render, observed, “Hospitals today deliver an increasing amount of care on an outpatient basis. This does not reflect a change in their fundamental purpose, which is to care for the sick and injured of their communities, but an evolution of the means by which they achieve that purpose.”

The courts have found other facilities to be exempt from property taxes because their purposes were reasonably necessary to the overall function of a nonprofit hospital.

“Given the trial court’s extensive findings, facilities like St. Joseph’s off-campus outpatient department and the services they provide are more than ‘reasonably necessary’ to today’s hospitals—they are essential,” Streifender emphasized.

The Association of Assessing Officers and the League of Wisconsin Municipalities filed amicus briefs supporting the City of Wauwatosa. For additional details about the trial court’s decision, see the Guest Column by Wheaton’s attorneys Don Millis and Kristina Somers in the April 3, 2009 edition of The Valued Voice. Watch The Valued Voice for news as this case develops. A copy of the WHA amicus brief is available at the following link:

https://acefiling.wicourts.gov/documents/show_any_doc?appId=wscca&docSource=EFile&p%5bcaseNo%5d=2009AP001469&p%5bdocId%5d=45756&p%5bbeventSeqNo%5d=27&p%5bsectionNo%5d=1
Stories From Our Hospitals

Black River Memorial Hospital, Black River Falls

From the mailbox

Dear Patient Financial Counselors & all involved:

I would like to take just a moment of your time and again tell you how grateful I am for reviewing my Community Care application and granting me a full release of my financial responsibilities. When I received the letter, it is fair to say I was lost for words; I owe so much for the services you provided during my accident and yet you continue to help.

There is not a day that has passed since the accident that I don’t thank everyone involved. The outcome would have been much different if not for the immediate care I received at Black River Memorial prior to my transport. I’ve mentioned before, without the help of your staff, it would be a much different chair I would be sitting in writing this letter to you today; a grim reminder of how close I came and how thankful/grateful I am to you!

With the financial assistance you’ve granted, I am able to work towards clearing the remainder of my medical expenses and one day financially moving forward again. I cannot tell you how grateful I am and how excited my family was to hear the news! I truly hope someday I am able to give back what you have given me. As human nature goes, a person always questions why things happen…I look at my accident as a second chance for so many things, I know how close I was to losing everything and hope it makes me a better person for it.

Thank you to all the emergency staff, doctors, nurses, and administrative personnel that have given so much. I will never forget all you’ve done!

Sincerely,

Ben C.

Dear Sir:

I am a 77-year-old Hatfield resident. I have been operated on at four hospitals in our area. I have had numerous operations at BRF over the years and also in December and January. On July 21, I had my left kidney and urethra tube removed due to cancer at a hospital out of town and was there for seven days with no pain control compared to BRMH.

On July 28, I was transferred to BRMH for eight days. Dr. Kitowski met me there and put me on strict pain control 13 minutes after I was put in bed. When each nurse came into my room they would ask me, “From 1-10 what is your pain level?” I would then get pain medication immediately!! Seldom did I have to ring for a nurse due to pain. None of the other three hospitals can compare to the compassion and care your nurses showed to me. They are truly “Angels” of mercy! I apologize to those I can’t remember their names, but those I can remember are: Gina, Michelle, Brenda, Renee, Emmy and JoAnn.

Emmy and Renee for their strict pain control duties; Brenda for her storytelling and coffee and cookies for my wife; Michelle for her laughter and care. You are blessed to have such a staff!

Three days after I arrived at the hospital my wife called and told me she was taking my 13-year-old lab to the vet (he was in a sad condition when I left July 21) and got a lot worse after July 21. She told me the vet might put him to sleep and was crying and asked me what to do. I told her to do what the vet said was necessary.

On Thursday a nurse was by my bed and saw the tears in my eyes and held my hand and asked what was wrong. When I said I might not ever see my dog again she had tears in her eyes (continued on page 8)
Continued from page 7 . . . Community Benefits: Stories From Our Hospitals

and left the room. Ten minutes later a woman from social services came and held my hand and
listened to my stories of my 13 years with my dog. I again cried, and she said, “Art you can call
your wife and tell her that she can bring your dog to the Physical Therapy entrance and I will take
you in a wheelchair to him so you can say good-bye to him.”

I couldn’t believe a hospital could show this much compassion to an old man and his dog. I
told her this was a wonderful gesture but I (at this time) had to refuse the offer as I didn’t think I
could handle seeing him in the car going to the vet. The next morning she came in and asked me if
my decision was final and I said yes. What a wonderful woman she is.

Thursday p.m. my wife called and told me my dog was put to sleep. My doctor and each nurse
that came into my room held my hand, let me cry, and even told me stories of dogs they knew.

The day I was to be released social services came to my room and talked to me for at least 20
minutes. When I was ready to go home she gave me a plant to put in my flower bed in memory
of my dog. I told my neighbors, friends in Illinois, and my children of this compassion over my dog
and they found it hard to believe a hospital would do that.

God bless all of you!

Art C.

Froedtert Memorial Lutheran Hospital, Milwaukee
Help during the worst of times

Tracy was at work when she developed an excruciating headache. Concerned co-workers drove
the 28-year-old home, and her parents rushed her to the emergency department at Froedtert
Hospital. Doctors found bleeding in her brain, caused by a rare type of brain tumor. Tracy
underwent two surgeries and was hospitalized for about a month. Her parents arranged for a
medical leave with her employer.

When she was well enough to return to work, her employer told her she wasn’t needed. When
she applied for unemployment compensation, Tracy learned her employer had classified her as a
voluntary termination so she wasn’t eligible for unemployment compensation or COBRA insurance
coverage. Tracy and her parents fought to get the classification changed and eventually won.
However, the COBRA coverage for inpatient care was limited and with a month-long hospital stay,
the funds were quickly exhausted.

A financial counselor at Froedtert Hospital suggested Tracy apply for the hospital’s charity care
program to assist with her remaining bills. To date, she has received more than $90,000 in free
care through the program.

“Froedtert was there for us during a very tough time, not only with the medical care Tracy needed
but also an answer to our financial worries,” said Tracy’s dad.

Tracy recently completed radiation therapy as additional protection against the tumor. She hopes to
be able to find a job and start working again soon.

Submit hospital community benefit stories to Mary Kay Grasmick, editor, at mgrasmick@wha.org.