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## **Newest WHA WiPricePoint.org Release Expands Health Care Price Information** *Compare hospital charges, estimate average physician fees, pharmacy costs, more*



Wisconsin is a national leader in health care transparency, being one of the first states in the nation to develop online resources to voluntarily share information that will help consumers compare hospital charges.

On October 10, WHA announced the release of its newest version of PricePoint ([www.wipricepoint.org](http://www.wipricepoint.org)), an online resource that allows consumers to compare hospital-specific charges and other financial data associated with the care provided for a particular procedure or condition in Wisconsin

hospitals and Medicare-certified ambulatory surgery centers. (See Infographic here: [www.wha.org/pdf/Infographic\\_PricePoint\\_10-2-2017.pdf](http://www.wha.org/pdf/Infographic_PricePoint_10-2-2017.pdf).)

The latest version of PricePoint improves the user experience by using a series of questions to gather important information about their health care situation, including whether or not they have insurance. The tool then provides users with the estimated charges for services that are typically associated with conditions or treatments similar to their own. *(continued on page 8)*

## **WI Gears Up for Exchange Open Enrollment Amid Shifting Market Dynamics** *Trump administration to end cost-sharing subsidies; WI premiums to increase an average 36%*

The Fifth Annual Exchange Enrollment Conference held October 10 in Wisconsin Dells highlighted the many challenges that will face consumers and enrollment assisters across Wisconsin, as open enrollment for the 2018 benefit year is set to begin November 1. The conference was followed by a press release from the Wisconsin Office of the Commissioner of Insurance (OCI) October 12, reinforcing the ongoing market dynamics. The OCI announced premiums will go up on average of 36 percent in ACA-compliant plans in 2018.

The impact on consumers overall is difficult to predict. Insurers, facing concerns that the cost sharing reductions (CSRs) they are required to offer to low-income individuals won't be reimbursed by the federal government, offset this risk by increasing premiums in the silver level plan. Indeed these concerns were realized late Thursday evening (October 12) as the Trump administration announced it will no longer make CSR payments to insurers. A report in August by the Congressional Budget Office (CBO) analyzed the impacts of not funding the CSRs. Details about these impacts were reported by WHA and are described here: [www.wha.org/pubarchive/valued\\_voice/WHA-Newsletter-8-18-2017.htm#1](http://www.wha.org/pubarchive/valued_voice/WHA-Newsletter-8-18-2017.htm#1).

Premium tax credits are tied to the amount of premium for the second lowest cost silver plan in the exchange market. As the premium for the second lowest cost silver plan increases, so too does the tax *(continued on page 2)*

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credit, while the amount the consumer has to pay generally stays the same. Thus, because insurers increased premiums significantly for the silver level plans to account for their losses for the CSRs, the tax credits for consumers will go up, offsetting the premium increase. With a larger tax credit, consumers might want to shop around for different plan options. On the other hand, consumers without tax credits will likely face higher premiums.

For consumers, and those assisters helping them to enroll in coverage, the premium change is just one of the many dynamics in play. Speakers at the Enrollment Conference noted several additional challenges for the upcoming year. First, the open enrollment period will be shorter, running from November 1 through December 15. Second, the federal government has already announced the healthcare.gov system will be taken offline for maintenance at various times throughout the enrollment period. Finally, funding for enrollment assisters was cut over 40 percent this year.

Joanne Alig, WHA senior vice president, policy and research, participated in a panel discussion along with Casey Himebauch, Wisconsin's deputy Medicaid director, and Andrea Callow with Families USA. The panel discussed what consumers will need to know for 2018.

Alig highlighted that consumers will need to consider if their current insurer will still be participating in the exchange in their county in 2018. "By our count, there will be at least 50 counties that will have fewer insurers participating in that county," said Alig. "Consumers will need to review plan options, consider the provider networks and make choices about the plan that is best for them."

Along with their announcement October 12, OCI released their latest map of insurers participating in the individual market and the exchange market by county. The latest information is similar to the information released by WHA in August ([www.wha.org/pubarchive/valued\\_voice/WHA-Newsletter-8-11-2017.htm#1](http://www.wha.org/pubarchive/valued_voice/WHA-Newsletter-8-11-2017.htm#1)) with a few notable changes for Security Health Plan. Security is expanding their coverage area to include Buffalo, Florence and Menominee counties, but will no longer participate in Monroe and Waushara counties. An updated county-by-county table from WHA can be found here: [www.wha.org/pdf/Exchangeparticipationbycounty10-12-17.pdf](http://www.wha.org/pdf/Exchangeparticipationbycounty10-12-17.pdf).

The OCI's press release is here: <https://oci.wi.gov/Pages/PressReleases/20171012OpenEnrollment.aspx>. A link to OCI's table showing the premium amount for the second lowest cost silver plan by county can be found here: <https://oci.wi.gov/Pages/PressReleases/20171012OpenEnrollmentSLCSP.pdf>.

## Political Action Spotlight

### **Will You Help The WI Hospitals State PAC/Conduit Raise \$50k in 50 Days?**

***Next contributor list runs Oct. 20***

As the 2017 Wisconsin Hospitals State PAC & Conduit fundraising effort moves into the final quarter of the year, it launched the \$50K in 50 Days push to help the campaign move closer to its aggressive goal of raising over \$312,000 this year. The \$50K in 50 Days effort runs from October 5 - November 24.

"I am pleased to announce that in just the first seven days of this effort, roughly \$10,000 has come in already," said WHA Advocacy Committee Chair Mike Wallace. "There is still much more to be done over the next 43 days, and I strongly encourage everyone who cares about Wisconsin's high-value health care system to participate today."

With the strong fundraising week, the 2017 Wisconsin Hospitals State PAC & Conduit campaign topped the \$252,000 mark with contributions from 266 contributors. This is an average contribution of \$947 per person and puts the 2017 campaign at 81 percent of goal. *(continued on page 3)*

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Contributing today will help the campaign raise \$50,000 in 50 days and also ensure your name is on the next contributor list, which will run in the October 20 edition of *The Valued Voice*. Log on to [www.whconduit.com](http://www.whconduit.com) to contribute or call WHA's Jenny Boese directly at 608-268-1816 or Nora Statsick at 608-239-4535.

## Workforce Council Explores Career Pathways & Pathway Funding *Council Chair ends 6-year term*

Nicole Clapp, CEO, Grant Regional Health Center, Lancaster, chaired her last WHA Council on Workforce Development October 12. WHA and council members shared their appreciation for Nicole's leadership.

"We appreciate Nicole's service, and we sincerely thank her for chairing a Council that addresses one of WHA's top priorities—workforce." According to WHA President/CEO Eric Borgerding, "Nicole understands the challenges of staffing a hospital around the clock. Her expertise and leadership have been indispensable in helping to inform the Council's dialogue and recommendations to the WHA Board."

The October 12 Council meeting covered a broad array of topics, including new health care career pathways, legislative accomplishments and priorities related to workforce, and the soon-to-be released 2017 WHA Wisconsin Health Care Workforce Report.



*Ann Zenk, WHA Vice President, Workforce and Clinical Practice, and Nicole Clapp, WHA Workforce Council Chair and CEO, Grant Regional Health Center, Lancaster.*



*Lauren Smith, PhD, Director of Adult Learning, and Liz Hachten, Associate Dean for Letters and Sciences, UW Whitewater*

UW-Whitewater is considering how best to shape a degree completion program for associate's degree holders in allied health fields, such as occupational and physical therapy assistants, radiographers and respiratory therapists, and Council members had an opportunity to weigh in. Lauren Smith, PhD, director of adult learning, and Liz Hachten, associate dean for letters and sciences, UW-Whitewater, posed program questions to the Council, such as career opportunities for degree holders and what type of courses in what setting should be offered. Council members agreed that a bachelor's degree program in health care leadership for allied health professionals would address a need for health care leaders across settings, health educators, population health navigators and case managers. Council members recommended a broad degree in health care leadership as preferable to specialized degree paths, noting, they already have their technical specialty grounding them in health care; the up and comers need to be able to lead on a broader level than their specialty. While online programs offer access and convenience, this Council comprised of health care executives and HR leaders noted, "It can't all be online; our future leaders need to be able to communicate, problem solve, negotiate and resolve conflict," emphasizing the need for in-person interaction.

WHA Senior Vice President of Government Relations Kyle O'Brien provided a budget and legislative update. O'Brien shared highlights of the now enacted 2017-19 state budget, including no cuts to Medicaid funding, an 83 percent increase to Medicaid's Disproportionate Share Hospital (DSH) program,

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and a new WHA-created Medicaid Rural Critical Care Supplement payment for hospitals who only miss DSH payments because they do not provide OB care. O'Brien encouraged members to continue to pursue grant opportunities made available by enactment of the Wisconsin biennial state budget, stating, "The state budget includes two new, WHA-created rural health care workforce training programs, modeled after our success in the GME grant program, providing matching dollars for a hospital or clinic to train physician assistants and advanced practice nurses, and for the creation of allied health professional training consortia by hospitals, health systems and educational institutions."

In providing an update to the Worker's Compensation Advisory Council's fee schedule proposal, opposed by WHA, O'Brien said, "Wisconsin's top-quality health care impacts Wisconsin's work comp program, getting Wisconsin workers back to work faster, using fewer temporary total disability days than any other state, with costs that compare favorably to the national average; yet the Workers Compensation Advisory Council voted to support a fee schedule to reimburse hospitals, doctors and other practitioners who provide health care services to injured workers through the worker's compensation program." HR leaders from the Council agreed that fee schedules would not reduce our costs as employers.

Finally, O'Brien provided an update on legislation that would exempt large employers from state FMLA requirements. Workforce council members were supportive of this solution to a problem HR leaders and employers face. One member noted, "FMLA harmonization would provide a solution to HR departments having two sets of laws to comply with and would maintain benefits for Wisconsin employees at current levels."

Building on O'Brien's legislative update, Ann Zenk, WHA vice president, workforce and clinical practice, provided an update on Wisconsin's progress to join the Enhanced Nurse Licensure Compact (eNLC). The eNLC allows nurses holding a license issued by another state participating in the compact to continue to utilize a voluntary, alternative and expedited process to receive a privilege to practice nursing in Wisconsin. Zenk said, "This is a legislative priority for the fall session, and with 96 cosponsors for eNLC Assembly Bill 500 and Senate Bill 417, great progress is being made."

Zenk also was able to provide a preview of the WHA 2017 Wisconsin Health Care Workforce Report, due for release later in October. "This year's report includes stories from across the state demonstrating the workforce challenges, opportunities, and innovations Wisconsin's hospitals, health systems, educators and policymakers take on in building Wisconsin's health care workforce," said Zenk.

## **Health Systems Share Opioid Strategies at Coalition Meeting**

Multiple WHA member organizations presented strategies they are utilizing to prevent opioid abuse and create new opportunities for treatment at a meeting of the Wisconsin Prescription Drug Abuse Coalition at the State Capitol October 6. The Coalition is co-chaired by Rep. John Nygren, Attorney General Brad Schimel, and Tim Westlake, MD, vice chair of the Wisconsin Medical Examining Board.

Steve Kulick, MD, CMO, ProHealth Care and chair of the WHA Physician Leaders Council, provided a presentation on ProHealth Care's implementation of an integration of the new Wisconsin Enhanced Prescription Drug Monitoring Program (ePDMP) with its Epic electronic health record (EHR) system.

Kulick said the ePDMP functionality enabling the ePDMP to connect to ProHealth Care's Epic EHR removed a significant burden on physicians' time.

"During the course of a physician's day, those extra clicks for each check of the ePDMP added up to a lot of time," said Kulick. Kulick and Westlake praised the value of the ePDMP data in a physician's practice and the impact of ePDMP integration on reducing the time it takes for a physician to access that information. *(continued on page 5)*



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Michael Larson, PhD, director, controlled medication policy, Marshfield Clinic, provided an overview of Marshfield's continually evolving approach to opioid prescribing, monitoring and intervention. Larson shared Marshfield's approach to utilizing data and developing internal metrics to drive its approach to developing and utilizing targeted best practices and prescriber education for treating pain.

Larson also discussed Marshfield Clinic's opening of their Alcohol and Drug Recovery Center through the Family Health Center that is partially supported by state HOPE grant funding and a federal HRSA grant. Larson reported the Center has seen 167 patients for medication assisted treatment (MAT) since opening and that a key component of that program is the connection of patients with care coordination teams.



*From left: Rep. John Nygren; Tim Westlake, MD; Attorney General Brad Schimel; Steve Kulick, MD; Andrea Magermans*

Catherine Best, MD, a family medicine physician at Aurora Health Care, presented an innovative approach that she and Aurora Health Care has developed in which a primary care physician acts as a MAT prescriber. Best said the program is attempting to overcome the dual challenges of difficulties in recruiting addiction medicine specialists and barriers to utilizing already busy primary care providers in an MAT role.

Key parts of the implementation included placement of the MAT primary care prescriber within a behavioral health center, working to develop nursing and physician protocols and templates for primary care providers to prescribe MAT, and developing a compensation model that recognizes the additional costs to primary care providers that wish to prescribe MAT.

Charles Schauburger, MD, MS, an OB/GYN physician at Gundersen Health System shared findings and conclusions from a study undertaken within the Gundersen OB/GYN department on antepartum use of opioid medications. Schauburger shared that as a result of feedback provided to providers on their antepartum use of opioids, Gundersen saw a significant reduction in the number of antepartum opioid prescriptions following vaginal delivery.

Thomas Cheliminsky, MD, professor of neurology at the Medical College of Wisconsin shared research on pain physiology and discussed educational efforts to change primary care physicians' paradigm on pain physiology and their approach to pain.

Andrea Magermans, managing director of the Wisconsin ePDMP, gave a presentation on the status of the ePDMP and future enhancements. Magermans said the ePDMP vendor has now connected to five health

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systems' EHRs and another five health systems are in testing/configuration for an integration with their EHR. Magermans also reported on upcoming new reporting and medical coordinator functionality within the ePDMP.

Jessica Geschke, statewide program coordinator for Wisconsin Voices for Recovery at UW-Madison Continuing Studies, discussed hospital-based recovery coaching and peer support as a model that utilizes trained recovery coaches in a hospital emergency department setting to help individuals enter into and navigate systems of care. Geschke provided an overview of how the model works and the role of the recovery coach or peer support provider. As part of a federal grant received by the State of Wisconsin, UW-Madison Continuing Studies is developing a process for hospitals to submit applications for grant funding to implement recovery coaching models within hospital emergency departments.

If you would like to receive presentation slides from the Coalition meeting, contact Matthew Stanford, WHA general counsel, at [mstanford@wha.org](mailto:mstanford@wha.org).

## WHA Hosting Webinar on ePDMP Medical Coordinator Access

On Tuesday November 7, from 12:00-12:45 p.m., WHA will host a complimentary WHA Member Forum webinar that will provide information about the Wisconsin Enhanced Drug Monitoring Program's (ePDMP) new "medical coordinator" functionality that enables certain individuals within health care organizations to view prescribing metrics reports and audit trails. In general, individuals with medical oversight and quality assessment and improvement roles at health care organizations may have access to the ePDMP's medical coordinator functionality.

Andrea Magermans, managing director of the Prescription Drug Monitoring Program at the Wisconsin Department of Safety and Professional Services, will present information on the role of the medical coordinator in the Wisconsin ePDMP; how to register as a medical coordinator in the Wisconsin ePDMP; and how to access ePDMP prescribing metrics reports specific to a medical coordinator's prescribers.

Audiences that may be interested in this webinar include chief medical officers, other physician leaders with prescriber oversight roles, and quality managers.

To register for this webinar, go to: [www.cvent.com/d/9tql1b](http://www.cvent.com/d/9tql1b).

## Luchsinger Joins WHA Quality Department



*Elizabeth Luchsinger*

Elizabeth Luchsinger is the newest member of the WHA quality department. Before joining WHA, Luchsinger was director of quality, risk and compliance at Edgerton Hospital for the past seven years. During that time she developed Edgerton's quality program and led the hospital's efforts to become Joint Commission accredited.

"Elizabeth is a valuable addition to our team, helping to support the important work our members are doing to keep patients safe and deliver quality care," said Beth Dibbert, WHA quality director.

Luchsinger will be closely involved in quality improvement activities with WHA member hospitals as an advisor in the Hospital Improvement Innovation Network (HIIN). She holds a bachelor's degree in elementary education and a masters of business administration.

## Grassroots Spotlight

### Rep. Zimmerman Speaks at WHA West Central Region Annual Trustee Forum



The Wisconsin Hospital Association's West Central Region hosted its Trustee Forum October 11 at HSHS Sacred Heart Hospital in Eau Claire. This annual event brings hospital/health system leaders together with their trustees for a networking dinner and featured speaker.

This year, the 50 attendees were able to hear Rep. Shannon Zimmerman, an entrepreneur with a global language translation company, provide his perspective on being a freshman legislator as well as hear his thoughts about the state's future economic development potential. During his comments, Zimmerman highlighted the importance of its health care sector, saying, "What you do is so valued" in our communities.

While discussing workforce, Zimmerman indicated health care was a "strategic area" where investments should be made. Deb Rudquist, CEO of Amery Hospital & Clinic, was able to provide her perspective on how investments being made by the state in graduate medical education (GME) are paying multiple dividends already. The GME dollars Rudquist was referring to stem from WHA's seminal report on physician workforce and WHA's successful efforts to establish a state-funded pool of dollars for rural residencies.



*Rep. Shannon Zimmerman*



Rudquist told the group that the availability of these targeted GME funds for Amery (in partnership with Hudson, both of Health Partners) resulted in the following outcomes:

- Ability to create multiple new residency positions;
- Ability to attract over 70 qualified candidates from accredited medical schools to these new residencies; and,
- Ability to attract practicing physicians who said they wanted to relocate to Amery in order to help teach the new residents.

Rudquist said the latter outcome was unexpected and that all of the physician positions at Amery Hospital & Clinic are full for the first time in years.

In closing, Zimmerman urged attendees to never "underestimate the power of a phone call or an email" to elected officials.

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PricePoint encourages consumers to use the information as a starting point for an informed discussion with the hospital, their doctors and their insurance company. It emphasizes that the insurance company is the best source for information on out-of-pocket costs to satisfy deductibles and co-pays.

As people assume more financial responsibility for their health care decisions, they need information about the price and quality of medical services they may receive, according to WHA President/CEO Eric Borgerding.

"We've made a lot of progress in the area of health care price transparency, but we know there is still much to be done," according to Borgerding. "In 2016, more than 220,000 people in Wisconsin purchased private insurance on healthcare.gov, the federal insurance exchange. Those with employer-sponsored insurance are seeing changes in their deductibles and co-pays. We understand that more information is needed to make informed choices, and Wisconsin hospitals and health systems want to help by providing as much information up front as possible about the cost of care. PricePoint is one more tool that we think helps consumers with their health care decisions."



A report from the national Healthcare Financial Management Association and the American Hospital Association said health plans should be the primary source of price information for their members, while hospitals should be the prime contact for those without insurance or who are out of network.

"It's not possible or practical to compare prices for all services in advance, but for elective surgery and diagnostic procedures, PricePoint offers consumers an opportunity to see the 'sticker' price before making a decision about their care, and then it offers guidance on who to contact, which is usually the insurer, to determine their out-of-pocket expenses," according to WHA Senior Vice President and COO Brian Potter.

The newest release of the PricePoint website builds on Wisconsin hospitals' commitment to make hospital costs and billing policies more transparent. Developed and launched by the WHA Information Center (WHAIC) in 2005, the PricePoint web-based platform is now licensed for use in 10 states. Wisconsin hospitals also share quality-related information at [www.WiCheckPoint.org](http://www.WiCheckPoint.org).

The WHAIC collects data from Wisconsin hospitals, including hospital-specific charge information on hundreds of procedures and conditions. While more than 95 percent of the patients in Wisconsin have insurance coverage and do not pay the full price of their care, charges are a starting point for a conversation between the patient, their health care provider, and their insurance company about the cost of a specific treatment or procedure.

The hospital and ambulatory surgery center data on PricePoint is collected and published by the WHAIC. The WHAIC has collected and disseminated complete, accurate and timely data about charges and services provided by Wisconsin hospitals and ambulatory surgery centers since 2004. The newest release of PricePoint also uses data provided by the Wisconsin Health Information Organization (WHIO). The WHIO data provides information related to fees from physicians and other health care professionals involved in direct patient care, rehabilitation, skilled nursing, and ancillary and pharmacy services.