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Wisconsin Health Care Best in the Nation

Wisconsin ranks #1 among all states based on quality

For the second time in a month, Wisconsin health care receives top honors

Wisconsin is the top state in the nation for health care with the highest overall health care quality score among all 50 states, according to the federal Agency for Healthcare Research and Quality (AHRQ). The ranking is based on Wisconsin's performance across more than 130 statistical measures that AHRQ uses to evaluate health care performance.



Wisconsin is first in the nation, followed closely by Massachusetts and Pennsylvania. The top ten performing states are all located in either the Northeast or Midwest. Wisconsin ranked third highest in the nation last year and has only been out of the top three twice in the past decade.

"The AHRQ rankings are a national validation of what we know here; Wisconsin's local and regional health systems are delivering some of the best care in the country," according to Wisconsin Hospital Association President/CEO Eric Borgerding. "Across all care settings, in rural and urban communities, we are maintaining consistently high performance, while striving to set even higher standards of care. It is that combination of performance and commitment to be better that makes Wisconsin a perennial leader."

The AHRQ top ranking is based on the overall quality of care in the state. It arrives on the heels of Wisconsin's Critical Access Hospitals (CAHs) being singled out in July 2017 as the best in the nation by the federal Health Resources and Services Administration (HRSA) for outstanding quality performance. That ranking was based on participation in and achievement on the Medicare Beneficiary Quality Improvement Project (MBQIP). (See WHA's press release at www.wha.org/Data/Sites/1/pubarchive/news_releases/WHAnr7-20-17WI-CAHsBestInNation.pdf.) Wisconsin CAHS achieved the highest

(continued on page 9)

Governor Walker Touts Wisconsin #1 Health Care Ranking

The news spread quickly that Wisconsin was again rated the top state in the nation by the Agency for Healthcare Research and Quality (AHRQ). And Gov. Scott Walker was the first to announce it publicly to the media gathered for his August 22 Madison press conference about the health care impacts of Foxconn choosing to locate in Wisconsin.

"I consistently have said our health care systems rank in the top ten, but now we have another ranking that put us at #1, so we are not just top ten, we are number one," Walker said. "A big part of attracting talent is looking at the quality of your education system and quality of health care system, and we certainly applaud that yet again."

Wisconsin regularly rates among the top states in the country. In a span of just a month, Wisconsin was ranked #1 by AHRQ on health system performance, and rural hospitals were rated the best in the country among their peers by the Health Resources and Services Administration (HRSA) based on quality improvement and public reporting.

(continued on page 2)

Continued from page 1 . . . Governor Walker Touts Wisconsin #1 Health Care Ranking

The Governor said there are many considerations that companies, such as Foxconn and others, large and small, look at when they are making decisions about where to locate a new facility. Those factors include the availability of a workforce and the business climate, but a big part of it, according to Walker, is the quality of life and whether people want to live and work in that community.

See more press coverage here: www.wha.org/data/sites/1/pdf/2017_8-22toPresentAHRQarticles.pdf.

What's Next for WI in Health Reform Tops WHA Public Policy Council Agenda *Borgerding: States will have greater role as federal efforts stall*

At the August 24 WHA Public Policy Council meeting in Madison, WHA President/CEO Eric Borgerding led a discussion about the status of the federal efforts to repeal and replace the ACA, and what might come next as states are seeing trends of increased uncertainty and potential market instability.

Borgerding emphasized sustaining coverage is of paramount importance, noting that Wisconsin expanded Medicaid to all with income below 100 percent of the federal poverty level, and moved people with higher incomes off Medicaid when affordable coverage in the exchange became available. As Wisconsin has reduced the number of uninsured by 38 percent, ensuring functioning markets and seeking equity in Medicaid funding on par with expansion states have become priorities for WHA.



Eric Borgerding, WHA President/CEO; Tim McKeveatt, WHA Council on Public Policy Chair; Kyle O'Brien, WHA Senior Vice President, Government Relations.



Kathleen Nolan

Borgerding said he believes the states will play a greater role as efforts at the federal level have stalled. Kathleen Nolan, managing principal with Health Management Associates (HMA), couldn't agree more. Invited as a special guest to the Council, Nolan has been closely monitoring the work of the Trump Administration and helping states and health care stakeholders navigate policy changes.

Nolan emphasized states now have an opportunity to craft proposals using what are known as "waivers." Noting the exchange marketplace is "less secure," she described 1332 "state innovation" waivers that can be used to make changes to health coverage through the insurance exchange. Alaska is the only state with an approved 1332 waiver, although other states, such as Iowa and Minnesota, have submitted applications or are in the process of submitting applications.

Nolan also mentioned the section 1115 waiver process, which has been used for years in the state Medicaid program. Arkansas, for example, is pursuing a waiver to reduce eligibility to 100 percent FPL, yet maintain the level of enhanced federal funding they received for full Medicaid expansion. This, she said, could be a model although we may not know for several months if that waiver is approved.

Nolan also noted states could consider combining the 1332 waivers and 1115 waivers to provide coverage for low income populations in new ways. Nolan said what CMS would accept under these waivers has yet to be fully defined. She identified that as an opportunity.

"It's on the state's shoulders to decide what is innovative, what they want and what will work for their state," said Nolan. "Pursuing an effort to make sure that Wisconsin is doing everything they can to keep the exchange as vibrant as possible is really important," she added. *(continued on page 3)*

Continued from page 2 . . . What's Next for WI in Health Reform Tops WHA Public Policy Council Agenda

WHA makes progress on 2017 priorities

WHA Senior Vice President Kyle O'Brien updated the Council on WHA's accomplishments in the state budget—including a \$62 million all funds increase in the Medicaid Disproportionate Share Hospital (DSH) program. O'Brien also discussed the increases in graduate medical education (GME), investments in rural health care workforce training grants and a Medicaid care coordination pilot program for high utilizers of hospital emergency departments that were also included in the Joint Finance Committee version of the state budget. O'Brien said the Committee, after taking a break over the summer to negotiate the final budget deal, has come back to the table to vote on the budget and WHA expects the budget to move forward in the coming weeks.



The August 24, 2017 WHA Council on Public Policy meeting in Madison

Matthew Stanford, WHA general counsel, provided the Council with several additional updates regarding legislation to reform Wisconsin's emergency detention process and progress on WHA's team-based care regulatory reform package. Stanford also discussed the July Court of Appeals decision finding Wisconsin's caps on noneconomic damages in medical malpractice cases unconstitutional, and WHA's efforts and strategies to have the Court of Appeals decision reversed by the Wisconsin Supreme Court.

Ann Zenk, WHA vice president, workforce and clinical practice, provided an update on significant progress made to enact the enhanced Nurse Licensure Compact (eNLC) in Wisconsin. Sen. Howard Marklein and Rep. Nancy VanderMeer have been working with stakeholders, including WHA and the state Department of Safety and Professional Services (DSPS), to draft legislation enacting the updated compact in Wisconsin, and on August 2 the lawmakers asked their peers to support this legislation. The lawmaker's efforts are well-timed, because enactment of the eNLC, and formation of the new Interstate Commission, was triggered on July 20, 2017 when the 26th state joined the new compact, so as Zenk noted, "There is definitely a sense of urgency."

On August 17 the commission chose January 19, 2018 as the implementation date for eNLC; Zenk explained, "The implementation date is when states party to the eNLC begin to issue and recognize eNLC licenses between eNLC states."

"If Wisconsin does not join the eNLC, nurses currently enjoying the benefit of a multi-state license—especially those near our state border with Iowa, or serving patients through telemedicine, or through a multi-state agency—will be forced to apply for a duplicative single state license in multiple states," according to Zenk. *(continued on page 4)*

Continued from page 3 . . . What's Next for WI in Health Reform Tops WHA Public Policy Council Agenda

Council members noted that Wisconsin's participation in a nurse licensure compact since 2000 "makes not joining the eNLC feel like a takeaway for our Wisconsin nurses and health care organizations." Zenk shared that HEAT members, chief nursing officers, and human resource leaders, have all received a heads up that this legislation is on the way, to prepare them to contact legislators to sign on when legislation is introduced. Council members were asked to do the same. As the August 18 HEAT update noted: "Enacting this legislation by year's end will help ensure a seamless transition for Wisconsin nurses holding a multi-state license under the current compact."

WCAC Again Seeks Government Fee Schedule for Medical Services ***"An outdated solution looking for a problem"***

At the end of two days of meetings August 23, the Workers Compensation Advisory Council (WCAC), which includes five representatives of organized labor and five representatives of management, 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.

WHA President/CEO Eric Borgerding emphasized the Wisconsin system is considered one of the best in the nation. "We have the top ranked health care in the country (see www.wha.org/whanr8-22-17-wihealthcareno1.aspx). Workers injured on the job in Wisconsin get some of the best care, have some of the best outcomes, satisfaction and return to work rates, and lowest service utilization in the country. And Wisconsin workers comp premiums continue to plummet. Yet here we are, once again, talking about fee schedules and price setting; outdated solutions looking for a problem. It's really time to move on."

In 2014, health care provider groups defeated a proposal put forth by the WCAC that would have the government set provider fees in the worker's compensation program. It was the first time in the history of the Council that its proposal was not adopted by the Legislature.

When reviewing what will be introduced in the Legislature this biennium as the Worker's Compensation bill, the Council gave no fiscal impact of the proposal, but described it as "approximating the average price of group health in Wisconsin." The details of how this will be determined are unclear, but the Department of Workforce Development (DWD) would be required to develop the fee schedule using available data and a survey of self-insured employers, all of which would be considered proprietary and none of which would be subject to open records requests. The fee schedule could be adjusted by medical inflation each year, but once set would only be reset every 10 years. The fee schedule, under their proposal, would be implemented in 2019.

Given the excellent system, Borgerding questioned the wisdom of the Council's decision. "If the Council gets its way, a government agency will establish how much doctors, hospitals, and other practitioners who take care of injured workers are paid for their services. That's government rate setting. When has government rate setting improved quality or efficiency? When has it reduced costs?"

Additional policies, including proposals to reduce the use of opioids are also part of the agreed to package, which can be found here: www.wha.org/data/sites/1/pdf/WCAC2017FinalProposals.pdf.

The DWD is beginning the process of obtaining a legislative bill draft containing the proposals. The Legislature generally considers and votes on the WCAC's bill during its spring floor session. WHA and the other provider organizations are calling on members of the Legislature and the Walker Administration to reject the Council's plan and protect Wisconsin's excellent worker's compensation system.

Six Health Plans to Leave State Employee Health Care Program

This week the Department of Employee Trust Funds (ETF) announced six health plans have chosen to exit the state employee health care program, leaving 10 plans to offer coverage to state and local government employees in 2018.

The news comes in a year of uncertainty over the state employee plan as the Group Insurance Board voted to move the program from a fully insured program to a self-insured program, with far fewer health plan choices. That proposal was rejected by the Joint Finance Committee in June (see previous *Valued Voice* article at www.wha.org/pubarchive/valued_voice/WHA-Newsletter-6-16-2017.htm#1). The Group Insurance Board is expected to meet August 30 to finalize rates and offerings for the program for 2018.

In its announcement ETF does not indicate why the plans have chosen to exit the market, but notes the decisions will affect about 53,000 enrollees. The health plans that have elected not to participate in the program in 2018 are:

- Anthem Blue Preferred Northeast, which serves Northeast Wisconsin with 4,300 enrollees
- Arise Health Plan, which serves Northeast Wisconsin with 1,700 enrollees
- Health Tradition Health Plan, which serves Western Wisconsin with 4,600 enrollees
- Humana, which serves Eastern and Western Wisconsin, and including Humana's Medicare Advantage offering, with 18,100 enrollees.
- UnitedHealthcare of Wisconsin, which serves Eastern Wisconsin with 14,000 members
- WPS, which serves all of Wisconsin with 10,600 members

Pending approval by the Group Insurance Board, the health plans available in 2018 will be:

- Dean Health Insurance and Dean Health Insurance-Prevea360
- Group Health Cooperative of Eau Claire
- Group Health Cooperative of South Central Wisconsin
- HealthPartners Health Plan
- Medical Associates Health Plans
- MercyCare Health Plans
- Network Health
- Security Health Plan – Central and Valley
- Quartz – Community and UW Health (formerly Gundersen, Physicians Plus and Unity)
- WEA Trust – East, Northwest Chippewa Valley and Mayo Clinic Health System

DHS Publishes Clarifications to Medicaid Telehealth Policy

On August 21, the Wisconsin Department of Health Services (DHS) released ForwardHealth Update No. 2017-25 (www.forwardhealth.wi.gov/kw/pdf/2017-25.pdf) announcing clarifications to ForwardHealth policy for Medicaid reimbursable services provided via telehealth. One key clarification was the inclusion of emergency departments as permitted originating sites for telemedicine.

In March, WHA submitted comments on draft recommendations for inclusion in the ForwardHealth Update released this week. (See March 31 *Valued Voice* article at www.wha.org/pubArchive/valued_voice/WHA-Newsletter-3-31-2017.htm#5).

Other changes to the previous ForwardHealth policy included in the August Update include the addition of audiologists as allowable telemedicine providers. The Update also adopts for Medicaid claims the January 2017 CMS requirement that all Medicare claims for telemedicine include place of service (POS) code 02. Beginning September 1, applicable Medicaid claims for telemedicine service must also include POS code 02. *(continued on page 6)*

Continued from page 5 . . . DHS Publishes Clarifications to Medicaid Telehealth Policy

DHS is characterizing the policy changes as clarifications of existing policy, but the Update notes DHS is also pursuing additional policy changes to expand access to telemedicine services under the Medicaid program.

On August 2, WHA's Telemedicine Work Group was joined by staff from DHS's Medicaid Telehealth Policy Team to discuss and provide input on potential future Medicaid telemedicine policy. During that meeting, WHA members recommended to DHS that it specifically consider expansion of reimbursable telemedicine services to encourage the use of telemedicine to facilitate chronic care management and care coordination, behavioral health services, and care provided in long term care settings. See August 4 *Valued Voice* article at www.wha.org/pubarchive/valued_voice/WHA-Newsletter-8-4-2017.htm#5.

For additional information about the Update, contact Matthew Stanford, WHA general counsel, at mstanford@wha.org or 608-274-1820.

WHA Submits Comments on Improving Medicare

On August 24, the Wisconsin Hospital Association submitted comments to the U.S. House of Representatives' Ways & Means Committee in response to their request for provider feedback on ways to reduce Medicare's regulatory and statutory burden. WHA's submission highlighted varying Medicare issues impacting Wisconsin's hospitals and health systems (rural to urban) as well as issues spanning the health care delivery continuum. Those suggestions for improvements include:

- Addressing Hospital Outpatient Departments/Section 603 of the Bipartisan Budget Act of 2015
- Aligning and Improving Quality Reporting and Penalty Programs
- Removing Geographic Restrictions on Access to Telehealth Services for Medicare Beneficiaries
- Extending a Moratorium on the "Direct Supervision" regulation
- Conforming Conflicting "96 Hour" Statutes for Critical Access Hospitals
- Easing the EHR Incentive Program
- Creating Consistency in Federal Hospital Regulations Regarding Use of Advance Practice Nurse Prescribers and Other Advance Practice Clinicians in Hospital Setting
- Addressing the "3-Day Stay" Requirement for Admission to a Nursing Home After a Hospital Stay
- Revising Requirements for Skilled Nursing Facilities (SNFs) to Become Training Sites for Certified Nursing Assistants (CNAs)

"The Wisconsin Hospital Association's submission highlights statutes and regulations across the health care delivery continuum that we believe are actionable and would be an excellent start to reducing Medicare's burden on our hospitals and health systems," said WHA President/CEO Eric Borgerding. "As Congress and the Administration move into the fall floor period, we ask them to move forward on these important improvements."

Read WHA's comments at:

www.wha.org/data/sites/1/pdf/8-24-2017WHAsubmissionWMMedicareRedTapeReview.pdf.

Important Reminder: Chapter 153 Data Submission Format Changes Required

In January, the WHA Information Center (WHAIC) announced that the current custom, text file data submission format used by hospitals and ambulatory surgery centers (ASCs) to submit data required by Chapter 153 of the Wisconsin Statutes would be retired and that hospitals and ASCs would be required to transition to the national, industry standard HIPAA claim format known as the ANSI 837. ***Hospitals and ASCs are required to begin submitting production data using the new 837 format in May 2018, for dates of service starting January 1, 2018.***

Since the announcement of this change, many hospitals and ASCs have been diligently working with WHAIC, their internal staff, and/or their electronic health record vendors to make the required changes. Many have already begun side-by-side testing to ensure their new file format is compliant. WHAIC has held training sessions throughout the state and has facilitated several calls with hospitals, ASCs and vendors to ensure the appropriate changes are made.

If your hospital and/or ASC has not already started making these required changes, please do not delay. WHAIC remains ready to help ensure all hospitals and ASCs are not only compliant with the new file format, but also compliant with the statutorily required reporting.

WHAIC's last round of formal, in-person training on the new format will take place throughout September. Since the material is new to everyone, we strongly encourage your hospital/ASC send your data submission staff and your technical staff or vendor representative to ensure they are adequately prepared to make the required changes to your files. To register for this training, current data submitters (Wlpop users) go to <https://portal.whainfocenter.com/Account/Login.aspx?ReturnUrl=/TrainingRegistrations/Fall2017.aspx>. Staff, vendors, and others not currently submitting data via Wlpop, register at <https://portal.whainfocenter.com/TrainingRegistrations/Fall2017.aspx>.

WHA Quality Forum Launches September 1

Save-the-date for first event: Patient Safety Tools and Concepts, Oct. 17

On September 1, WHA will launch an educational series of quality improvement topics for Wisconsin hospitals. Known as the WHA Quality Forum, these day-long education events will address high priority topics for hospital quality leaders and others involved in quality improvement in Wisconsin hospitals and health systems.

The series will include a variety of topics, which will be offered in the fall of 2017 and throughout 2018. Topics include patient safety tools and concepts, medical staff quality, survey readiness, meeting external reporting requirements and more. Presenters for each event offer topic expertise, as well as best practice applications of the learning.

Mark your calendar for the first in the series, "Patient Safety Tools and Concepts," scheduled October 17. This session, offered at the WHA Training Center, will focus on the Deviation Management process, as well as a variety of practical tools including FMEA, RCA2, ACA and risk-based decision making and data management.

Presenters will be Kelly Court, WHA chief quality officer, and Alex Hunt, quality assurance manager, Community Blood Center, Appleton, WI. Hunt is well-known in Wisconsin quality leadership circles. He has served as director of patient safety for Hospital Sisters Health System (HSBS), and as the quality director for the ThedaCare system. Hunt is a graduate of the Wisconsin Quality Residency Program and served on its faculty. Hospital quality leaders, patient safety officers, risk managers, as well as staff and unit leaders will benefit most from this first session.

Registration will open at www.wha.org September 1, and a full brochure highlighting all six sessions currently planned for the series will be included in next week's *Valued Voice*. Registration at each session will be limited, so those interested should register to attend as soon as possible. For questions about the content of these education events, contact Beth Dibbert at bdibbert@wha.org.

Prepare Your Chargemaster for 2018: Register Today

Back by popular demand, national expert Glenda Schuler will lead attendees in an overview of all 2018 reporting requirement updates and CPT and HCPCS coding revisions for your hospital chargemaster at WHA's one-day seminar "Preparing the Chargemaster for 2018," scheduled December 1 in Wisconsin Dells.

Chargemaster/APC coordinators, chief financial officers, controllers, decision support managers, office managers, compliance auditors, coding staff, pharmacy directors, material managers/purchasing directors, and other directors and managers responsible for the charge generation process are encouraged to attend this event. This program has prior approval of the American Academy of Professional Coders for 5.5 continuing education units.

This seminar will be held at Glacier Canyon Lodge at The Wilderness Resort in Wisconsin Dells on Friday, December 1. Online registration is available at www.cvent.com/d/f5qshc. For registration questions, contact Kayla Chatterton at 608-274-1820 or email kchatterton@wha.org.

WHA Education: Health Care Administrative Professionals Conference, Oct. 5

The 2017 Administrative Professionals Conference will take place October 5 at the Glacier Canyon Lodge at The Wilderness Resort in Wisconsin Dells. The theme for this year is "Smarter Skills and Traits for Today's Assistant."

This program will cover essential skills and traits needed to be a successful administrative assistant. This includes time-management, communication best practices, workload, and Microsoft Outlook tips and tricks.

This program is designed for executive and administrative assistants, business office managers, and other support staff in hospitals and other health care settings. A brochure is included in this week's packet. Online registration is available at www.cvent.com/d/25q5rw.

Please pass the brochure on to the valued administrative support professionals in departments throughout your organization. For questions, contact Sherry Collins at 608-274-1820 or email scollins@wha.org.

Continued from page 1 . . . Wisconsin Health Care Best in the Nation

reporting rates and levels of improvement in the country over the past year. CAHs are hospitals with fewer than 25 beds that provide essential services in rural areas. There are 58 CAHs in Wisconsin.

“We know as we improve quality, we reduce health care costs and patient outcomes are better,” Borgerding said. “That helps ensure that Wisconsin will continue to be known for high-quality, high-value care, which is an economic development asset in every part of the state.”

Wisconsin has shown consistently high performance since AHRQ started the state rankings in 2006. This year, the state’s strongest performance was in acute and chronic care, and patient safety. The best scores in Wisconsin based on the setting where the care was provided were in the hospital, medical clinic and by home health and hospice providers.

The quality of health care varies widely across the nation, according to AHRQ. That is why, according to Kelly Court, WHA chief quality officer, Wisconsin’s performance is impressive because health care providers here are focused on delivering high quality care across all settings.

“The consistency from year to year is important,” says Court. “This demonstrates that health care is coordinated across settings and delivered as an entire system statewide. It also demonstrates that Wisconsin providers continue to evolve as health care changes, but they never lose their focus on improving important aspects of patient care.”

The AHRQ quality measures are compared to achievable benchmarks, which are derived from the top-performing states. AHRQ measures health care quality in three different contexts: by types of care (such as preventive, acute, or chronic care), by settings of care (such as hospitals, nursing homes, home health or hospice), and care by clinical area (such as care for patients with cancer or respiratory diseases). They also report measures by race and ethnicity.

While Wisconsin shows strong overall performance in most areas of care, there is still work to be done related to health care equity, including care for both high and low income populations and ethnic minorities. When measures are segmented by race and ethnicity, the performance is average.

“WHA members are aligning their quality improvement goals to address health care equity issues as they work with community partners to develop programs and policies that will have a positive impact on population health,” Court said.

Access the full AHRQ report here: <https://nhqrnet.ahrq.gov/inhqrdr/state/select>

AHRQ Rankings 2006 – 2017

Year	WI Ranking
2006	1
2007	2
2008	1
2009	2
2010	7
2011	2
2012	No Report
2013	4
2014	3
2015	2
2016	3
2017	1