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Market Uncertainty Causing Insurer Exits, Possible Premium Increases in WI

As federal efforts to repeal and replace the ACA stall, and amid discussions about defunding cost sharing reductions (CSRs), this week Molina announced it will no longer offer health plans on the Wisconsin insurance exchange and preliminary premium rate increases show many benefit plans with double digit increases over 2017.

Molina announced August 2 that it planned to exit the exchange market in Wisconsin beginning in 2018. This comes after two other insurers in Wisconsin - Anthem and Health Tradition Health Plan – decided earlier this year to discontinue offering individual market plans in 2018. Molina currently sells exchange plans in 30 counties, and Anthem offers plans in 34 counties. Importantly, however, these two insurers' offerings overlap in 23 counties in Wisconsin. Absent other carriers stepping in to fill the gap, these departures mean that one county – Menominee – will have no insurer offering coverage in the exchange in 2018, and 10 Wisconsin counties will have only one insurer participating. See the table (www.wha.org/pdf/ExchangeParticipationbycounty8-3-17.pdf) and heatmaps (www.wha.org/pdf/WHAMaps-InsurerExchangeParticipation-2017v2018.pdf) for a summary of possible changes by county for 2018.

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This was released to the statewide media August 3, 2017.

Job Opportunities Abound in Wisconsin Hospitals, Health Systems Entry-level positions offer advancement to higher-paying careers

As summer winds down and students find their way back to the classroom to prepare for future employment, the decision on what type of career or job path to choose begins.

Thousands of jobs are posted on the state's Job Center website (<https://www.jobcenterofwisconsin.com>), and on WHA's Job Bulletin (www.wha.org/job-bulletin.aspx), but Ann Zenk, RN BSN MHA, WHA vice president, workforce and clinical practice, encourages students and job seekers to consider a career with a Wisconsin hospital or health system. "Health care is a rewarding field," said Zenk. "Whether you work in direct patient care or in a support role, health care is a meaningful career for those with a passion for helping others."

According to Zenk, health care in Wisconsin is a highly integrated industry, with health systems consisting of hospitals, clinics, home health and long term care. That means employees can train and transition to a different position, or even a new career, within the same organization.

"Hospitals and health systems have a variety of positions, from entry level that require a high school or limited technical school training, to those that require an advanced degree," Zenk said. "No matter where you start there is a pathway (www.wha.org/pdf/CareerPathway.pdf) to a higher-paying, challenging career in our hospitals. Health care occupations are among the fastest growing in the U.S., and positions are available; the door will be open to all who wish to enter the health care field."

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Hospitals and health systems desire and support advancement to in-demand roles, such as nursing assistant, physical therapist, nurse or nurse practitioner. Zenk noted “a hard-working, dedicated person can start in an entry-level position and with educational assistance that is often paid for by their employer, supported by a flexible work schedule, can train for the next level of employment, even advancing to a master’s degree, while continuing to work in progressively better-paying roles.”

Recruiting to rural areas can pose unique challenges. That is why WHA is a strong supporter of the Rural Wisconsin Initiative, a legislative package that provides matching grant funding for the training of advanced practice clinicians and allied health professionals in rural Wisconsin hospitals.

“The Rural Wisconsin Initiative (<http://legis.wisconsin.gov/assembly/republicans/ruralwisconsininitiative>) bolsters our state’s health care infrastructure by ensuring we have a workforce in place to care for our residents by creating in-state opportunities for health care professionals to complete their education and training,” WHA President/CEO Eric Borgerding said. “We want to do everything we can to ensure we have the workforce necessary to deliver high-quality, high-value care in all of our communities.”

Wisconsin hospitals employ more than 100,000 people, making it one of the state’s largest industries and among the most stable in an economic downturn.

WHA Supports Advancing eNLC as Current Compact Shrinks to 4 States

The clock is ticking on the current Nurse Licensure Compact for Wisconsin nurses and health care organizations with the enactment of the enhanced Nurse Licensure Compact (eNLC) on July 20 when North Carolina became the 26th state to enact eNLC legislation. The updated compact will go live on January 20, 2018, and if Wisconsin does not join the eNLC before this date, nurses currently enjoying the benefit of a multi-state license – particularly near border states like Iowa – will be forced to apply for a duplicative single-state license in that other state.

WHA’s advocacy of eNLC is aimed at meeting the January 20 deadline Wisconsin’s hospitals, health systems and nurses need, and an important step was achieved this week. Sen. Howard Marklein and Rep. Nancy VanderMeer have been working with stakeholders, including the Wisconsin Hospital Association and the state Department of Safety and Professional Services, to draft legislation enacting the updated compact in Wisconsin. On August 2 the lawmakers asked their peers to support legislation to adopt the enhanced Nurse Licensure Compact (eNLC) in Wisconsin. As the memo released by Marklein and VanderMeer notes, “The eNLC has received strong support from key stakeholders in Wisconsin, including the Wisconsin Board of Nursing, the Wisconsin Organization of Nurse Executives (WONE), the Wisconsin Nurses Association (WNA)” VanderMeer and Marklein also point to strong support from individual nurses, noting, “When the Board of Nursing solicited feedback from licensed nurses earlier this year regarding maintaining membership in the nurse licensure compact, 98 percent of nurses responded in support of Wisconsin joining the eNLC and maintaining membership in this licensure compact.”

The lawmakers will formally introduce the compact legislation soon. When this happens, WHA will ask hospital advocates to contact their state legislators in support of legislation adopting the eNLC in Wisconsin.

In an email to WHA hospital and health system chief nursing officers, Ann Zenk, WHA vice president of workforce and clinical practice, reassured nurses and nursing leaders: “WHA has been actively working on advancing this legislation, with adoption targeted before the end of 2017.” Zenk’s advice at this time, “Enacting the eNLC in 2017 will ensure a seamless transition for our Wisconsin nurses holding a multi-state license under the current compact. No action is needed by Wisconsin nurses at this time.”

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WHA Urges Washington to Act on Health Care

Statement by: Eric Borgerding, WHA President/CEO

With the news that California-based health insurance company Molina Healthcare is abandoning Wisconsin's insurance exchange, Wisconsin Hospital Association President/CEO Eric Borgerding called on Congress to act immediately to stabilize insurance markets and preserve coverage in Wisconsin:

"Affordable coverage is critical to ensuring people can access health care. Continuing inaction by Congress is leading to uncertainty and turmoil and now threatening Wisconsin's great progress in extending coverage to the uninsured. WHA agrees with the National Governors Association Health Committee, who in a statement (<https://www.nga.org/cms/news/2017/stabilize-state-health-insurance-marketplaces>) yesterday urged the Administration to 'fully fund cost-sharing reductions (CSRs) for the remainder of calendar year 2017 through 2018. This is a necessary step to stabilize the individual marketplaces in the short term as Congress and the Administration address long-term reform efforts.'

The potential loss of the CSRs will drive up premiums and dramatically increase out-of-pocket expenses, which will make coverage unaffordable for nearly a quarter of a million people in our state. More than half, or 111,318 of the 216,335* people in Wisconsin who purchase insurance on the exchange, receive a cost-sharing reduction.

Wisconsin's uninsured rate has been cut nearly in half since 2014. With the loss of the CSRs, the number of people without coverage will increase, as will the level of uncompensated care in our hospitals and health systems.

Wisconsin rejected Obamacare Medicaid expansion and disenrolled some 60,000 people from Medicaid because of the availability of affordable coverage on the exchange. The exchanges and the CSRs are a fundamental and intentional component of Wisconsin's unique approach to coverage expansion. Today, as go the exchanges, so goes the viability of Wisconsin's coverage model.

We have much at stake in what comes next, and something must come next. Inaction is not an option nor is intentionally allowing failure of insurance markets an acceptable strategy or outcome."

*Source: Kaiser Family Foundation <http://kaiserf.am/2u4jX00>

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Multi-state licensure is important in border communities, like Platteville, where nearly one in five nurses at the local hospital live in Iowa. The compact also helps assure access to high-quality, high-value health care in Wisconsin by facilitating the use of telemedicine and nurse call lines, enabling Wisconsin hospitals and health systems to address critical workforce gaps through agency staffing and helping to build the nursing workforce through support of online education.

"WHA thanks Representative VanderMeer and Senator Marklein for their advancement of this legislation," said WHA President/CEO Eric Borgerding. "Portability of nurse licensure promotes the delivery of accessible, efficient and high-quality health care in Wisconsin by helping to support an adequately staffed health care workforce."

For additional information on the details of the eNLC, contact Ann Zenk at 608-274-1820 or azenk@wha.org.

WHA Telemedicine Work Group/DHS Discuss Future Medicaid Telemedicine Policy **Work Group: Remove payment barriers for chronic care management via telemedicine**



The Telemedicine Work Group met August 2, 2017 at WHA.

The WHA Telemedicine Work Group was joined by staff from the Department of Health Service's (DHS) Medicaid Telehealth Policy Team to discuss and provide input on potential future Medicaid telemedicine policy at its August 2 meeting.

In March, DHS invited WHA to provide comment on clarifications to various Medicaid telemedicine policies (see http://www.wha.org/pubArchive/valued_voice/WHA-Newsletter-3-31-2017.htm#5). DHS subsequently indicated it was beginning to consider broader changes to its telemedicine policies to further expand appropriate access, and DHS was interested in receiving WHA's input. WHA and DHS arranged the August 2 work group meeting to help provide that input to DHS.

"The motivation of Medicaid is how can we get better access to quality care for members across the state," said Sara Eskrich, DHS Medicaid telehealth policy team.

Chronic Care Management and Telemedicine to the Home

A significant portion of the discussion focused on care management opportunities via telemedicine. Work group members in particular recommended that Medicaid enable reimbursement for remote health monitoring and in-home follow-up care provided via telemedicine technologies for patients in need of chronic care management or follow up visits.

Transportation is often a barrier for Medicaid enrollees, especially for those with certain chronic conditions. Enabling payment for telemedicine to the home can increase the likelihood of care plan adherence and avoid more expensive emergency department visits and hospitalizations, explained members of the work group.

Behavioral Health and Telemedicine

The work group members and Eskrich agreed that telemedicine can be a key tool to expand access to mental health and AODA services in Wisconsin.

"We know we have access issues for behavioral health, and telemedicine could help resolve some of them," said Eskrich. She also noted Medicaid data is showing that a significant number of Medicaid telemedicine claims are for behavioral health services.

WHA offered to have a subsequent future discussion focusing solely on further enabling telemedicine support for Medicaid enrollees with behavioral health needs.

Long Term Care and Telemedicine

Expanding telemedicine utilization into long term care settings was viewed as a potentially important way to reduce transfers from a long term care setting to the emergency department or inpatient setting. Use of telemedicine in the long term care setting appears to be low, and the work group speculated reasons for the low use of telemedicine in that setting.

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The WHA Post-Acute Care Work Group will be further examining and discussing barriers and benefits to greater use of telemedicine in long term care settings at a future meeting.

Differences Between Medicaid and Medicare

Eskrich also discussed key differences in telemedicine policy payment between Medicaid and Medicare, specifically location restrictions that exist in Medicare but not in Medicaid. Unlike Medicare, Wisconsin's Medicaid program does not limit telemedicine reimbursement to patients located in rural areas, explained Eskrich. Wisconsin Medicaid is agnostic as to whether the patient or provider is in a rural or urban setting.

Next Steps

The WHA Telemedicine Work Group discussed potential topics for its next meeting in November. It recommended having a follow up meeting with DHS regarding future Medicaid telemedicine changes in early 2018.

Pharmacy Interns Now Able to Immunize Kids

A new law, Act 42, signed into law August 2, 2017, allows pharmacy interns who have completed at least two years of pharmacy school to immunize persons over six years of age with the supervision of a licensed pharmacist. According to Sen. Patrick Teslin, co-author with Rep. Mike Rohrkaste, pharmacy students "will have access to the full gamut of experiential training." Previous law prohibited pharmacy students from immunizing anyone under age 18, but allowed pharmacists to administer vaccines to persons older than six.

"Training consistent with expectations in the workplace is essential to a well prepared and effective health care workforce. This new law provides pharmacists better preparation for practice," according to Ann Zenk, WHA vice president workforce and clinical practice.

Stark-Related Provisions Moves Forward in U.S. House

On July 25, the U.S. House of Representatives unanimously approved bipartisan legislation, HR 3178, the Medicare Part B Improvement Act of 2017. The legislation includes multiple provisions, one of which originated in previously introduced legislation to address elements of Medicare's "Stark" law on physician self-referral.

The Stark changes incorporated into HR 3178 come from the "Stark Administrative Simplification Act of 2017," which had been introduced in early July by Rep. Kenny Marchant (R-TX) and Rep. Ron Kind (D-WI). Kind has been a lead co-author since 2013 of previous versions of this legislation to address technical noncompliance situations under Stark.

The Stark-related provisions in HR 3178 provide clarification and simplification for these technical violations, such as an inadvertent missing signature. Under the legislation, if within 90 days of a violation the required signatures are obtained and all other criteria are met, the signature requirement shall be considered met. The legislation also addresses situations with holdover arrangements.

The Wisconsin Hospital Association appreciates Rep. Kind's ongoing efforts to advance these commonsense, Stark-related modernization provisions.

A to Zika: What's Next in Infectious Disease Outbreaks?

State lab expert shares ways hospitals can better prepare for outbreaks



Peter Shult

Over the past few years, Wisconsin hospitals have responded to or prepared for a number of challenges involving infectious diseases, including H1N1, Ebola and now, Zika.

On September 20, WHA is sponsoring the "WHA Emergency Preparedness Conference: Ready to Respond." This one-day conference will feature Peter Shult, PhD, associate director of the Wisconsin State Laboratory of Hygiene, who will brief the audience on infectious disease outbreaks in the past, present and those that are anticipated in the future. Shult will also share best practices and describe ways hospitals can be better prepared for these events.

The role of state government during an emergency involves a series of steps that are not always well understood by outsiders. Stephanie Smiley, director of the bureau of communicable diseases at the Wisconsin Department of Health Services, will explain the process the state follows to officially declare an emergency and what triggers the declaration that would impact hospitals.

Chris Sonne and William Castellano, both of HSS EM Solutions, will share best practices and lessons learned from live active shooter scenarios, as well as direct tabletop exercises and a practical, scenario-based training exercise, during a special afternoon session focused on preparing for an active shooter.

Hospitals are encouraged to take advantage of this in-state training opportunity designed for hospital emergency preparedness directors, emergency department directors and physicians, infection prevention staff, department directors, public relations professionals and public information officers.

The conference will also feature national experts who will share communication and preparedness lessons learned from real world events and focus on current threats facing health care organizations, including workplace and community violence and highly infectious diseases. Attendees will have the opportunity to collect strategies to enhance their current emergency management programs, practice them through interactive exercises, and integrate those preparedness and communication strategies into daily operations.

Vincent Covello, PhD, will keynote the conference and offer a deep-dive session in the afternoon specifically for public information officers and health care public relations professionals.

Covello is a nationally and internationally recognized trainer, researcher, consultant and expert in crisis, conflict, change and risk communications. Over the past 25 years, he has held numerous positions in academia and government. Covello was a senior scientist at the White House Council on Environmental Quality in Washington, D.C., a study director at the National Research Council/National Academy of Sciences and the director of the risk assessment program at the National Science Foundation. Covello has authored or edited more than 25 books and published over 75 articles on risk assessment, management and communication. Covello will share principles, strategies and practical tools for communicating effectively in a high stress situation.

Additional sessions include a look at infectious disease outbreaks and what hospitals can do to better prepare; as well as the role of governmental agencies, including the Department of Health Services and the Department of Public Health during an emergency.

This conference is September 20 at the Sheraton Hotel in Madison. The registration fee is \$225 per person. The agenda and registration are available at www.cvent.com/d/b5qw08. Seating is limited—WHA highly recommends registering early.

Coffman Named President/CEO of HSHS St. Mary's Hospital in Decatur, Ill.



Joan Coffman

Joan Coffman, president/CEO of HSHS St. Joseph's Hospital, Chippewa Falls has accepted the appointment to serve as president and CEO of HSHS St. Mary's Hospital in Decatur, Illinois, a sister hospital of St. Joseph's and Sacred Heart hospitals. She will begin her new role September 5.

Coffman has served on the WHA Board of Directors since 2016, and has been a member of the Public Policy Council since 2012. She also served on the WHA Board Subcommittee on Health Reform created this year, and has been WHA West Central Region President since 2015. She actively participates in health care advocacy with WHA and received the American Hospital Association's 2017 Grassroots Champion award.

"Joan is a dynamic leader in our organization, and we are excited to bring her leadership to central Illinois," said Mary Starmann-Harrison, President and CEO of HSHS. "She has shown to be a proven leader in the HSHS Western Wisconsin Division with her enthusiasm and dedication to delivering patient-centered care and a true commitment to our HSHS mission."

WHA Offers Fall and Injury Prevention Workshop Oct. 11

WHA is pleased to announce the return of Patricia Quigley, Ph.D. October 11 for a "Re-energizing Fall and Injury Prevention Practices Workshop." This one-day conference will help participants better understand and apply the state of the science specific to fall and injury prevention, regulatory guidelines and essential programmatic components, shifts in clinical practice for individualized care management as well as population-based approaches. The workshop will also cover patient engagement and autonomy and redesigns post-fall management practices. Conference participants will create action plans that incorporate small tests of change to accelerate patient safety capacity and accountability.

The workshop is open to all Hospital Improvement Innovation Network (HIIN) hospitals, and through the support of the Wisconsin Office of Rural Health, critical access and small rural hospitals that are eligible for Flex grant funding are welcome to attend.

The workshop will be at Glacier Canyon Conference Center, Wisconsin Dells, October 11, 2017.

Registration information is here: <http://www.cvent.com/d/05qghd>

Wisconsin Celebrates Rural Health Day, November 16

Join WI-ORH celebration by planning National Rural Health Day events in your community

Wisconsin's rural communities are wonderful places to live, work and visit. They are also communities where health care providers deliver top-notch, innovative, affordable and holistic primary care—a model for the rest of the country as America transitions to a population, wellness-based system of health care.

While there is a great deal of innovation going on in rural health care, rural communities face unique challenges: provider shortages, an older population and lack of transportation. National Rural Health Day, November 16, 2017, is an opportunity to recognize the challenges and celebrate our successes.

Join the Wisconsin Office of Rural Health's (WI-ORH) celebration by planning Rural Health Day events in your community. Download a menu of activities to choose from at <http://worh.org/national-rural-health-day> and put your own ideas into action.

WI-ORH Offers Rural Hospital Finance Workshop, August 29

The Wisconsin Office of Rural Health (WI-ORH), in partnership with WHA, the Rural Wisconsin Health Cooperative and Hall, Render, Killian, Heath & Lyman will host a one day Hospital Finance Workshop August 29 in Wisconsin Dells. Featured sessions will include a presentation by WHA Senior Vice President, Policy & Research Joanne Alig, who will present a federal and state legislative and regulatory update. Todd Nova and David Snow from Hall, Render, Killian, Health & Lyman will review regulatory developments specific to critical access hospitals, including 340B statutes, provider-based sites and how they may affect compliance initiatives.

The Department of Health Services/Medicaid Services will present Wisconsin's Medicaid rate-setting process and MetaStar will describe the MACRA quality payment program (QPP).

The registration of \$30 includes breakfast and lunch. A block of rooms have been reserved at the Kalahari for the evening of August 28. To reserve, call 877-253-5466. Registration and agenda are available at: <http://worh.org/events>.

WHA Hosts Patient Engagement Workshops

Hospitals that actively seek and incorporate the perspective of the patient and family in their care delivery design and quality programs have better clinical outcomes and satisfaction scores. Creating a safe and productive space for a Patient and Family Advisory Council (PFAC) can be a challenge. WHA will be offering two, one-day events for hospital leaders to gain practical information from Kelly Parent, a national expert, as well as network with hospitals that have successfully formed and sustained PFACs.

The events are open to all Hospital Improvement Innovation Network (HIIN) hospitals. Each event includes the same content, so hospitals can register for whichever date/location is most convenient.

Date: September 19, 2017

Time: 9 a.m. – 4 p.m.

Where: Glacier Canyon Conference Center, Wisconsin Dells

Date: September 20, 2017

Time: 9 a.m. – 4 p.m.

Where: Riverwalk Hotel, Neenah

For registration information: <http://www.cvent.com/d/c5qspp>

WCMEW Conference Focus on Future Health Care Workforce Challenges

The Wisconsin Council on Medical Education & Workforce (WCMEW) is hosting a conference designed to bring stakeholders from Wisconsin hospitals, health systems, business, government and non-profits together to look toward the future, recognizing the urgent demand for creative and cross-sector solutions to the state's health care workforce challenges.

The event will feature a keynote presentation by Michael Munger, MD, president-elect of the American Academy of Family Physicians. In addition, participants will engage in topics ranging from public policy to provider retention and training clinicians for evolving models of care delivery.

The conference will be held September 27 at Glacier Canyon Lodge at The Wilderness Resort in Wisconsin Dells. Registration is available at www.cvent.com/d/85qxys. For content questions, contact George Quinn, executive director, WCMEW, at gquinn@wcmew.org or 608-516-5189.

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Even with these announcements, however, Wisconsin still has one of the most competitive insurance markets in the country. The fact that residents in most counties will still have a choice between two or more insurers is positive, and far different from many of Wisconsin's neighbors. Iowa for example, is seeing the possibility of no insurers across the state participating in the exchange. Most, if not all, of the 11 remaining insurers in Wisconsin are more local or regional community based plans, many of which originated in the state.

However, there are other signs that the markets are at risk. This week, the Centers for Medicaid and Medicare Services (CMS) released the preliminary rate filings for health plans for 2018. While these are preliminary, the rate filings for Wisconsin insurers participating in the exchange indicate premium increases could range from 0 up to nearly 50 percent, depending on age and geography. Many of the health insurers cited various market dynamics as rationale for the increases including: market uncertainty, risk, defunding the CSRs, lack of enforcement of the individual mandate; and the reinstatement of premium tax. Some also pointed to a modification in the age rating curve published by the federal government last September which results in higher premiums for individuals under the age of 20 beginning with the 2018 benefit year.

Adding to uncertainty is the question over whether the Trump Administration or Congress will continue funding CSRs. About 125,000 people in Wisconsin enrolled in exchange coverage currently qualify for these subsidies. The effect of defunding the cost sharing subsidies, however, does not fall only on these individuals. Rather, because insurers would still be required to pay for the cost sharing subsidies without federal funding, insurers have signaled they will either have to raise premiums or choose to exit the market. Thus, the immediate impact of the federal government withholding funding for CSRs is on the overall stability of the market which could jeopardize coverage for all exchange enrollees. This in turn, has a broader impact on overall coverage expansion in Wisconsin.

In a statement released today, WHA President/CEO Eric Borgerding said WHA agrees with the National Governors Association Health Committee, who urged the Administration to 'fully fund cost sharing reductions (CSRs) for the remainder of calendar year 2017 through 2018. This is a necessary step to stabilize the individual marketplaces in the short term as Congress and the Administration address long-term reform efforts.'

According to Borgerding, "One of the primary reasons Wisconsin rejected Obamacare Medicaid expansion and disenrolled some 60,000 from the program was the existence of subsidized coverage on the exchange. That affordable coverage is a fundamental and intentional component of Wisconsin's unique approach to coverage expansion. As go the cost sharing subsidies, so goes the viability of Wisconsin's exchange and that part and parcel component of the Wisconsin coverage model. Under the Wisconsin Model, our uninsured rate has been cut nearly in half since 2014. We have much at stake in what comes next, and something must come next. Inaction is not an option nor is intentionally allowing failure of insurance markets an acceptable strategy or outcome."