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**EDUCATIONAL EVENTS**

**December 11**

*Telemedicine Legal Issues in Wisconsin and Beyond*  
 Free Member Webinar

**Starting January 2019**

*Health Care Workforce Resilience*  
 Free Member Webinar Series

**March 15, 2019**

*Physician Leadership Development Conference*  
 Kohler, WI

**WHA, 32 WI HEALTH CARE GROUPS JOIN TO OPPOSE LAME DUCK LEGISLATION**

**Far reaching legislation could have unintended consequences for hospitals, Medicaid providers**



The Wisconsin Hospital Association joined 32 other Wisconsin health care organizations in a [letter to state lawmakers](#) expressing significant concerns with legislation fast tracked for Wisconsin’s lame-duck session.

The Legislature has expressed an interest in codifying the work requirement provisions for able-bodied childless adults between 50% to 100% of the federal poverty limit included in a recent 1115 Medicaid waiver that had already been approved by CMS in negotiations with the Walker administration. WHA has been actively weighing in [with CMS](#) and the [Walker administration](#) on the waiver for the last two years.

Unfortunately, the provisions in Assembly bills AB 1072 and AB 1073 include “a number of changes to the administration of the Medicaid program that go well beyond the what is in the 1115 waiver.” The letter to lawmakers encouraged them to focus more narrowly on implementing the waiver, as the depth and breadth of the complex provisions included in these two bills could have unintended consequences that would impact health care delivery in communities across Wisconsin.

With the lame-duck legislation introduced late Friday, November 30, and the public hearing and committee vote held on Monday, December 3, little time was given for

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**WHA-CRAFTED ALLIED HEALTH PROFESSIONALS TRAINING GRANTS AWARDED**

**Four hospital-led partnerships to receive nearly \$300,000**

The Wisconsin Department of Health Services awarded the [first round of grants](#) to help rural health hospitals, health systems and educational entities train more allied health professionals. These grants are modeled after a successful matching-grant initiative crafted by WHA and proposed by Governor Scott Walker in the 2013-15 biennial budget to expand capacity for physician residency experiences in Wisconsin. Matching grants create public-private partnerships to grow Wisconsin’s health care workforce based on WHA’s 86% equation.

“We know that a student who is raised in Wisconsin, graduates from a Wisconsin medical school, and completes a medical residency in our state has an 86% likelihood of remaining in Wisconsin to practice,” noted WHA Vice President of Workforce and Clinical Practice Ann Zenk. “The partnerships created by the allied health professional grants will add training targeted to where workers are in short supply in the recipients’ communities.”

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## WHA-Crafted Allied Health Professionals Training Grants Awarded . . . Continued from page 1

Applicants and partners receiving funding through this initial round of awards are:

- Ascension St. Mary's - Rhinelander, Nicolet Area Technical College, and North Central Technical College
- Columbus Community Hospital-Columbus, Madison Area Technical College, and Moraine Park Technical Colleges
- Hospital Sisters Health System St. Clare Hospital-Oconto Falls and Northeastern Technical College
- Marshfield Medical Center and Hospital-Marshfield and Mid-State Technical College

WHA President/CEO Eric Borgerding notes, "This allied health professionals training concept will expose more individuals to rural communities and help address rural workforce shortages. This 'grow our own' strategy is another great example of bipartisan policymaking to support the workforce needed to sustain Wisconsin's high-quality health care."

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## PUBLIC POLICY COUNCIL GETS MEDICAID BUDGET OVERVIEW FROM STATE

### Council also opposes new stroke care mandates



At the November 29 WHA Council on Public Policy meeting, Legislative Fiscal Bureau (LFB) staff Charlie Morgan and Jon Dyck provided information about the State Medicaid budget, the potential for Medicaid expansion, and updates on the waiver to provide Medicaid coverage for childless adults.

Their highlights included:

- The current annual Medicaid budget is \$9.5 billion;
- Medicaid is the second largest expense of taxpayer dollars (after school aids);
- Long-term care is a significant driver of Medicaid costs at \$3.6 billion/year; and,
- Elderly/Blind/Disabled represent 22% of enrollees, but 60% of program costs.

The LFB also discussed the potential impacts of a full Medicaid expansion, covering all adults up to 138% of the federal poverty level (FPL). The estimated expansion savings for the next state budget are \$280 million, anticipating a January 1, 2020 implementation. The LFB also estimated that Medicaid enrollment would increase by 75,000 lives under a full expansion scenario.

WHA President and CEO Eric Borgerding noted that it is clear Governor-elect Evers will put Medicaid expansion on the table.

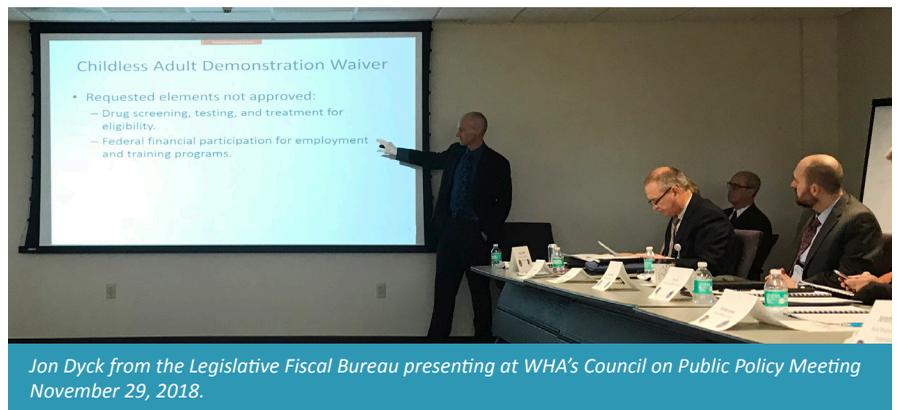
"If Wisconsin is going to expand Medicaid, it is incumbent upon the State to reinvest those new dollars into health care. Wisconsin today, with its current Medicaid population, already shifts over \$1 billion in unpaid Medicaid costs to Wisconsin's commercially insured employers and families," Borgerding said. "We have absolutely critical needs in our health care workforce that could benefit from greater state support. Bottom line is health care funds should fund health care. Medicaid dollars aren't a cookie jar to fund everything other than health care."

On October 31, the Centers for Medicare & Medicaid Services approved the State's "1115" waiver to continue Medicaid coverage for childless adults up to 100% FPL. LFB highlighted the following provisions that were included in the approved waiver:

- 48-month limit on benefits
- Work requirements
- Premiums
- Copayments for non-emergent emergency room use
- Healthy behavior incentives
- Exception to the Institutes for Mental Disease (IMD) exclusion for substance abuse treatment

The Department of Health Services has indicated implementation will take at least one year. Legislators have expressed an interest in codifying key elements of the waiver to ensure implementation under the new administration of Governor Evers. WHA joined 32 other Wisconsin health care organizations in a [letter to state lawmakers](#) expressing significant concerns with legislation fast tracked for the lame-duck session. (See article on page 1.)

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### Stroke Care Improvement in Wisconsin

WHA's Chief Quality Officer Beth Dibbert and Vice President of Workforce Development and Clinical Practice Ann Zenk updated the Public Policy Council about stroke care legislation that is rumored to be presented by the American Heart/American Stroke Association.

As the information was shared with WHA, the mandates would require all Wisconsin EMS services to submit stroke care protocols to the State for approval. The protocols may include instances where EMS would bypass local hospital emergency departments to transport the patient to a hospital with stroke certification. The other mandate would

require the state of Wisconsin to publicly report a list of all hospitals in Wisconsin that are certified for stroke care. Dibbert and Zenk gave a brief history of stroke care improvement in Wisconsin, including WHA's active participation in statewide advisory committees and improvement collaboratives.

Public Policy Council members reacted to the proposed mandates, mostly questioning the need for legislation now when the state is mid-way into a multimillion dollar grant, and Wisconsin's stroke mortality ranking is currently better than many other states who have allowed this model legislation to pass.

"There are other health issues that present as a stroke, and we want our EMS personnel to get patients to a hospital as fast as possible so a neurologist can make that decision," said Michael Decker, CEO of Divine Savior Healthcare. "We do not want EMS out of service or losing precious time because they are bypassing local hospital EDs to drive a patient further when that patient could be receiving immediate care and diagnosis."

## HAVE YOUR SAY: BE AN ADVOCATE

It should come as no surprise that health care will be a major issue this upcoming legislative session. Health care matters to everyone. While it is unclear which issues will take precedence and how the dynamics of divided government will play out, one thing is clear—your elected officials will make important decisions impacting Wisconsin hospitals' ability to deliver high-quality, affordable, and accessible health care.



Before those decisions are made, though, you can have your say. The Hospitals Education and Advocacy Team (HEAT) is a statewide network of more than 2,400 advocates serving as a powerful voice for Wisconsin health care. The HEAT program facilitates your involvement in the public policy making process by not only providing up-to-date policy information for you to read and share, but also highlighting key issues for you to give voice to. We call that taking action, or *advocacy*.

Elected officials value hearing from their constituents to better understand the issues and their impact. The Legislature will be taking up the state's biennial budget in the coming year, making it more important than ever that Wisconsin hospitals have a strong advocacy voice. And we need your help.

1. Elevate your engagement and be ready to **take action**.
2. If you are not already a member of HEAT, [sign-up TODAY!](#)
3. Be a leader and encourage others to have their say and be advocates by [joining HEAT](#).

For questions or comments, contact WHA's Vice President of Advocacy [Kari Hofer](#).

# CMS TESTS NEW WAY TO ASSESS ACCREDITING ORGANIZATIONS

## Validation survey pilot could result in multiple on-site survey teams



The Centers for Medicare & Medicaid Services (CMS) is testing a new way to evaluate the effectiveness of accrediting organizations (AOs), using direct observation of the AO's survey of a hospital instead of through the traditional validation survey by state survey staff within 60 days after the AO survey. The Wisconsin Division of Quality Assurance (DQA) informed WHA of the change and asked WHA to alert its members so hospitals are aware that multiple teams, DQA and AO surveyors, might be on-site during an inspection. DQA understands that having multiple survey teams on-site could be problematic for some hospitals and accordingly will work to minimize any disruption to the normal operation of the hospitals affected by the pilot.

The complete notice from CMS Region V (Pam Thomas, Manager, N-LTC Certification & Enforcement Branch) regarding this change follows:

### ***Pilot Testing Direct Observation for AO Validation Surveys***

*CMS is testing a more streamlined, efficient way to assess AOs' ability to ensure that facilities and suppliers comply with CMS requirements.*

*CMS evaluates the ability of AOs to accurately assess providers' and suppliers' compliance with health and safety standards through a validation survey process. Historically, CMS has measured the effectiveness of AOs by choosing a sample of facilities, performing state-conducted assessment surveys within 60 days following AO surveys, and comparing results of the state surveys with the AO surveys. In a pilot test, CMS will eliminate the second state-conducted validation survey and instead use direct observation during the original AO-run survey to evaluate AOs' ability to assess compliance with CMS's Conditions of Participation.*

*Direct observation will enable CMS not only to evaluate AO performance more effectively, but also to suggest improvements and address concerns with AOs immediately. This approach will relieve providers from having to undergo the burden of a state's follow up assessment. The approach is another example of the wide-ranging effort at CMS to eliminate duplication and relieve burden, reducing the amount of time that healthcare facilities must spend on compliance activities.*

*CMS will also analyze and incorporate State complaint investigations of accredited facilities as part of the agency's strengthened validation program. This work will focus on identifying and monitoring accredited facilities that are out of compliance with Medicare health and safety requirements. CMS will use this information as an additional indicator of AO performance.*

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## HEALTH CARE WORKFORCE RESILIENCE WEB SERIES: REGISTER TODAY

Encourage your employees, particularly your physicians, advanced practice clinicians and nurses, to participate in the monthly webinar series focused on building workplace resilience for busy and stressed health care professionals. This 12-part series is jointly sponsored by the Wisconsin Medical Society and WHA and is offered complimentary to members of either organization, **but pre-registration for the series is required.**



The complimentary series was developed and will be presented by renowned health care workforce resilience expert J. Bryan Sexton, PhD, Director of the Duke Patient Safety Center at Duke University Health System. Each monthly topic will be engaging, evidence-based, delivered in bite-sized doses, and scalable for an audience of any size. Each session will also be recorded for participants to access at a later date.

We recommend gathering staff for the live session each month or using the recorded session as part of a regularly scheduled staff meeting throughout 2019. One hour of continuing education credit for both physicians and nurses will be offered for each webinar whether they participate in the live event or view the recording within 30 days.

The first session, *Prevalence and Severity of Burnout: Workforce Resilience as Care Quality*, is scheduled for January 8. This session focuses on the concept that burnout is increasingly common and can compromise clinical and operations outcomes, but is treatable. Each monthly topic will include practical tools, strategies and resources for building and maintaining a resilient workforce that will be immediately applicable for all members of the health care team, regardless of role.

[Online registration](#) is now open, and you can also view the full list of series topics and dates. Contact [Jennifer Frank](#) with questions.

## **GUESTS SHARE IDEAS TO ADDRESS ACCESS ISSUES FOR DENTAL PATIENTS WITH SPECIAL NEEDS**

WHA's Special Needs Dental Patients Work Group welcomed a variety of guests at its November meeting to share ideas about how each is working to address the dental needs of patients with special needs.

- Leaders from the Wisconsin Dental Association (WDA), Marquette Dental School, Delta Dental Foundation, and the Children's Hospital of Wisconsin discussed common concerns that hinder access to dental care, including poor Medicaid reimbursement and a lack of training for dental providers. To partially address this problem, the Children's Hospital of Wisconsin, supported with grant funding from the Delta Dental Foundation, is creating training programs that will help expand the pool of dental providers that can treat this population.
- The new State dental director, Russ Dunkel, DDS, provided an update on DHS' efforts to implement the reimbursement increase authorized in the 2017-19 state budget for the St. Ann's special needs dental clinic in Milwaukee. Dunkel also touched upon the status of implementing a special needs dental code which, if approved, could be added to Medicaid dental claims for treatment provided to patients with special needs.
- Dr. John Bitner of Oconomowoc and Dr. Chris Okunseri of Marquette Dental School presented their preliminary plans for construction of a dental clinic in the Oconomowoc area that would provide treatment of dental patients who require care to be provided under general anesthesia.

The Work Group will meet again in early 2019 to prepare its policy recommendations to address the severe lack of care for dental patients with special needs, especially those who require treatment under general anesthesia in a hospital setting.

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### **WHA, 32 WI Health Care Groups Join to Oppose Lame Duck Legislation . . . Continued from page 1**

public review or input. The group letter expressed concerns that stakeholders were not included in developing the nearly 200 pages of legislation, which is too complex to move along such an expedited timetable.

Among the concerning provisions were:

- New statutory language to require disenrolling Medicaid enrollees if they fail to pay monthly premiums
- Delaying routine provider rate reimbursement changes and Medicaid administration state plan amendments by requiring legislative approval

The full Legislature will vote on AB 1072 and AB 1073 on Tuesday, December 4 (as of this newsletter, no vote has yet occurred). WHA will continue to closely monitor this legislation and keep our members informed of any changes.

If you have questions, contact WHA Director of Federal and State Relations [Jon Hoelster](#).