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## EDUCATIONAL EVENTS

**June 12-14, 2019**  
 Wisconsin Rural Health Conference  
 Wisconsin Dells, WI

**Throughout 2019**  
 Health Care Workforce Resilience Free Member Webinar Series

## Lawmakers Hear Support for Hospital Reimbursement Increases at Final Public Hearing



HSWS Eastern Division's David Lally testifies before the Joint Finance Committee on April 24, 2019 in Green Bay.

Wrapping up its final public hearing of the biennial budget, the Legislature's Joint Finance Committee heard—yet again—from hospital advocates asking the Legislature to support hospital reimbursement increases included in the Governor's proposed budget.

David Lally, Director of Business Development & Advocacy for Hospital Sisters Health System, [testified in front of the committee](#) in support of various provisions in the state budget.

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## Wisconsin Congressional Delegation Supports Stark Law Reform

### Bipartisan letter sent to CMS backing regulatory reform efforts

In a [letter](#) dated April 9, Wisconsin's entire Congressional Delegation expressed their support for the Centers for Medicare & Medicaid Services (CMS) to reform burdensome regulations associated with the Stark Law and Antikickback Statute. WHA has made Stark Law reform a key priority in recent federal advocacy efforts, meeting with federal lawmakers [in D.C.](#) and [Wisconsin](#) to discuss ways to improve it. WHA also sent [comments](#) to CMS in response to a request for information on how the agency might be able to ease providers' regulatory burden under Stark Law.

The law, which is sometimes called the physician self-referral law, was originally intended to take away incentives for physicians to drive up the volume of Medicare services in a way that benefits their practices. However, over the years, as more and more regulations have been added to the federal register, WHA has heard from numerous members who struggle with the complexity of the law. This can lead to challenges in recruiting and hiring physicians as attorneys must pore over regulations to ensure physician contracts are in compliance. Additionally, it has proven to be a barrier to alternative payment models intended to reward and pay physicians based more on value rather than Medicare's antiquated fee-for-service system.

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In the letter to CMS, lawmakers highlighted Wisconsin's consistent ranking as one of the highest quality states in the country for health care, and the paradox the Stark Law and Anti-kickback Statute can create as more hospitals and systems strive to better coordinate care and increase the value of care they provide patients. CMS is expected to release an updated proposed rule addressing Stark Law concerns in the coming weeks.

"I want to thank our entire Wisconsin Congressional Delegation for their support of this important issue," said Eric Borgerding, WHA President and CEO. "WHA appreciates having lawmakers ready and willing to support our efforts to build upon Wisconsin's reputation for excellence in health care quality and value."

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## Register for 2019 Wisconsin Rural Health Conference, June 12-14



Registration is open for the 2019 Wisconsin Rural Health Conference, scheduled for June 12-14 at Glacier Canyon Lodge at The Wilderness Resort in Wisconsin Dells. This year's opening keynote is researcher Ron Galloway, who will explore how companies like Google, Amazon, and Apple plan to dominate health care by leveraging their scale, their data expertise and their new technologies—and what these companies' strategies mean for rural health providers.

In addition, a variety of breakout sessions will give attendees the opportunity to examine and discuss models changing the delivery of and access to rural health care, public policy issues affecting rural health care, and ways in which data and technology are improving

health care for rural populations. The conference will once again include the popular education track focused on governance issues, including sessions focused on learning the skills and tools to approach a crucial conversation, a toolkit of the key legal and compliance issues for trustees, and examining best practices from some of the nation's highest-performing hospital boards.

Make attendance at this year's conference a priority by registering today. The full [conference agenda and online registration](#) are now available.

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## Post-Acute Care Work Group Discusses Real-Time EHR Info., Home Health, and Durable Medical Equipment Challenges

A significant issue affecting the quality of transitions between hospitals and post-acute care settings is the interoperability of electronic health records (EHR). The exchange of accurate and timely health information on a patient's diagnosis, care plan, and medications is crucial for a patient's safe transition to and from post-acute care. This process can be complicated by utilization of different EHR systems



WHA's Post-Acute Care Work Group Meeting, April 19

by hospitals and post-acute providers, which make them incompatible for exchanging health information about the patient. In addition, these EHRs often do not allow for two-way communication between providers.

WHA's Post-Acute Work Group welcomed Joe Kachelski, CEO of the Wisconsin State Health Information Network (WISHIN), and Ben Marquardt, Growth Director at PatientPing, to its April 19 meeting for a discussion of tools to facilitate patient care coordination and sharing of real-time patient information during care transitions.

### Sharing Patient Information in Real Time

WISHIN's Patient Pulse allows health care entities connected through WISHIN to share patient health care information in real time. When information is entered into the patient health care record, it is immediately available to providers within WISHIN.

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- This has the potential to streamline the transition process for patients who move from one care setting to another, such as from hospital to nursing home.
- Pulse sends admission, discharge and transfer data to PatientPing, which is a secure network. “Pings” are then sent to health care organizations participating in WISHIN that have a relationship with the patient.
- These notifications facilitate care coordination by letting providers know, in real time, when and where one of their patients is being seen.

### Medicaid Reimbursement

The Work Group also heard from Lisa Kirker, Lynne Willer and Angella Mattheis of SSM Health at Home, who highlighted issues that affect post-acute care provided by home health agencies, as well as durable medical equipment providers. Kirker pointed out that home health care provider agencies have not seen a Medicaid rate increase for over 10 years and operate at a loss when providing skilled nursing visits in the home.

Changes in Medicare and Medicaid reimbursement for durable medical equipment (DME) over the past several years have led to significant shortages of DME suppliers in Wisconsin, as well as reimbursement rates that are in some cases below the cost of providing the equipment and supplies. Mattheis described some of the most serious issues, including federal reimbursement rate cuts for oxygen and supplies that have resulted in a severe lack of access for DME oxygen in Wisconsin. The federal 21st Century Cures Act requires states to limit Medicaid funding for certain DME based on the lowest Medicare maximum fee rates in each state.

Mattheis reported that providers have banded together as the Midwest Association for Medical Equipment Services and Supplies (MAMES) to work with Wisconsin Medicaid to achieve a phase-in of this rate cut. Wisconsin’s Medicaid program will gradually reduce maximum fees over four calendar years for five HCPCS codes for oxygen and related supplies, rather than implementing the rate cut all at once. Effective January 1, 2019, Wisconsin Medicaid will annually reduce the rate for each code by 25% of the difference between the current Medicaid maximum fee and the lowest corresponding Medicare maximum fee until the full rate reduction is reached. MAMES is continuing to work with Wisconsin Medicaid for additional modifications to the DME fee schedule to improve access for patients to essential supplies and equipment.

### CNA Training Hours

Kirker also initiated a discussion about a bill currently before the Wisconsin Legislature that would decrease the required number of training hours for certified nursing assistants from 120 hours to 75 hours (the federal minimum).

The Work Group’s reactions to this proposal were mixed; the nursing home administrators on the Work Group tended to favor this proposal, while other members did not support it. There was an acknowledgement by all that if the training hours were reduced, the CNA’s employer would have to provide additional on-the-job training to adequately prepare the CNA.

Kirker also highlighted proposed legislation that expands reimbursement for telemedicine under Medicaid. This legislation is being advanced by WHA and would allow reimbursement for more services and in more settings, including in the patient’s home.

The Post-Acute Care Work Group will meet again this summer. For further information on the Work Group, contact WHA Vice President of Policy Development [Laura Rose](#).

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## CMS Introduces FY 2020 Inpatient Rule

### Changes to Medicare Wage Index proposed

On April 23, CMS introduced its proposed FY 2020 Inpatient Prospective Payment System (IPPS) Rule. WHA will analyze the full 1,800-plus page rule in the coming weeks and prepare comments in advance of the June 24 comment deadline. Below are the top areas of note mentioned by CMS.



- Increases overall IPPS payments by 3.5%, including a market basket increase of 3.2%.
- New technology add-on payments are increased for breakthrough medical devices from 50% (current rate) to 65% in 2020.
- Adjustments to Medicare’s quality incentive programs.
- Addressing disparities in the Medicare Area Wage Index by
  - » Raising the wage index for hospitals in the bottom 25% by 0.4% and by lowering the wage index for hospitals in the top 25% by 0.2%.
  - » Reducing the number of urban hospitals that benefit from the rural floor by no longer making urban-to-rural reclassifications part of the calculation.

Overall, the proposed rule appears to have several positive changes for hospitals and health systems. WHA staff will take an in-depth look at the rule in the coming weeks prior to submitting comments. Contact WHA Director of Federal & State Relations [Jon Hoelter](#) with questions or comments.



# Grassroots Spotlight

## Congressman Grothman Attends WHA Roundtable During Visits of Four District Hospitals

Makes stops in Beaver Dam, Neenah, Oshkosh, and Waupun



The Wisconsin Hospital Association was pleased to assist Congressman Glenn Grothman (R-Glenbeulah) with visits to four hospitals

in his Congressional district last week. On April 23, the Congressman started his day at SSM Health Waupun Memorial Hospital. Staff led him on a tour of various parts of the hospital, including their locked unit that serves Wisconsin Department of Corrections inmates. Waupun's President and Chief Nursing Officer DeAnn Thurmer also spoke of the importance of the federal 340B prescription drug discount program, particularly for small critical access hospitals like Waupun that cannot count on high patient admissions to offset losses under Medicare and Medicaid.



*Congressman Grothman Visits SSM Health Waupun Memorial Hospital*



*Congressman Grothman at Beaver Dam Community Hospital*

Later that day, Congressman Grothman traveled to Beaver Dam Community Hospital for a tour led by Chief Administrative Officer Joe Gilene. There, Grothman toured the hospital's hyperbaric oxygen wound care center, which helps wound victims recover faster. It is one of only a small number of hospitals in Wisconsin to offer such services and even brings in patients from Madison to receive services in Beaver Dam. Gilene also spoke of Beaver

Dam's devotion to improving population health, including its participation in the Blue Zones Project in Dodge County that is focused on helping people in the community make healthier choices, starting with serving more nutritious foods in the hospital's cafeteria, which was recently Blue Zone certified.

On April 25, Congressman Grothman participated in a WHA roundtable hosted by Aurora Medical Center in Oshkosh. Aurora Medical Center Oshkosh President and Chief Medical Officer Dr. John Newman kicked off the roundtable, urging Grothman to support fixing the difference in how federal law treats substance use and behavioral health records compared to other medical records. While Congress came close to changing the law under 42CFR Part 2 last year during the opioid treatment reform package, those efforts ultimately stalled in the Senate. Grothman said he would see if there might be opportunities for Congress to work on that again this session.



*WHA and its members were at Aurora Medical Center in Oshkosh for a roundtable discussion about current federal health care issues with Congressman Glenn Grothman, center.*

With the recent federal focus on price transparency, John Russell, President and CEO of Columbus Community Hospital, informed Congressman Grothman that Wisconsin hospitals are committed to transparency and have been using WHA's PricePoint for 15 years to provide meaningful information on patient charges. He also described how his hospital's patient financial counselors meet with patients prior to planned procedures to walk them through expected costs and what assistance might be available. David Lally of HSHS Eastern Division thanked Congressman Grothman for his recent support of reforming the Stark Law ([see article on page 1](#)) and described how the law has prevented HSHS from trying to find innovative ways to provide patients rides for medical appointments in an effort to improve care and outcomes. Also attending the roundtable were Tony Curry of Advocate Aurora, Jeremy Levin of the Rural Wisconsin Health Cooperative, Elizabeth Cliffe of Ascension, Peg Larson of Partners of WHA, and Jon Hoelter of WHA.

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## Grassroots Spotlight



*Congressman Grothman visits ThedaCare Regional Medical Center – Neenah at the ThedaStar hangar.*

Congressman Grothman ended his week with a tour of ThedaCare Regional Medical Center – Neenah on April 25. There, he met with hospital leaders and reflected on his frustrations with Congress' seeming inability to resolve many important issues people care about in his first two terms. He said he believed it would be difficult to get many substantive reforms through this session due to divided government, but was interested in learning from his local hospital leaders what they thought was most important for Congress to work on.

During the visit, Congressman Grothman participated in a tour of the

hospital's Trauma Center led by ThedaCare Neenah's President Dale Gisi, along with Chief Strategy Officer Thomas Arquilla, and Director of Trauma Dr. David Schultz. Dr. Schultz discussed the preventive campaigns they do for the community to encourage safe behaviors that can help prevent residents from needing treatment in the area's only level two trauma center. Congressman Grothman also got to see the work ThedaCare does in partnership with Children's Hospital of Wisconsin – Fox Valley, which is attached to the hospital, as well as ThedaStar Air Medical, which provides emergency patient transports via helicopter.

### **Register Now: FREE Antimicrobial Stewardship One-Hour Webinars** CME and CNE continuing education credits available

WHA Physician Improvement Advisor Bobby Redwood, MD, is back with the Antimicrobial Stewardship Journal Club. Join this two-part educational webinar series for conversation focused on clinical decision making and population health considerations.

Each one-hour Journal Club includes a review of current literature, a discussion of case scenarios, and time for questions. Participation is complimentary to WHA members, but pre-registration is required. Both CME and CNE continuing education credits are available for these webinars.

#### **May 6 - Journal Club #1**

##### **HCAP is Out! Review of the New IDSA Pneumonia Guidelines**

Participants will learn about defining community-acquired and hospital-acquired pneumonia, define ventilator-associated pneumonia, and why health care-associated pneumonia (HCAP) is no longer a clinical entity

#### **July 22 – Journal Club #2**

##### **Dr. Redwood Takes Requests: Antimicrobial Stewardship Principles in the Management of COPD, Cdiff and Tickborne Illnesses**

Participants will learn about defining the NICE criteria for COPD, explain when testing for CDI is appropriate, the risks associated with long-course antibiotics for Lyme disease, and why treating "chronic Lyme disease" is not recommended.

The series is intended for physicians, advanced practice providers, nurses, quality improvement leaders, and others with a special interest in the Club topic being discussed. [Online registration](#) is now available.

## Collaborative Held to Decrease Sepsis Incidence Across Wisconsin

AboutHealth kicked off their Sepsis Collaborative April 23-24 at Gundersen's Integrated Center for Education in La Crosse. AboutHealth is a Wisconsin-based clinically integrated network comprised of some of the largest health systems in the state—Aspirus, Advocate Aurora Health, Bellin Health, Gundersen Health System, ProHealth Care and ThedaCare. WHA is excited to partner with the collaborative as their work will improve compliance with the sepsis bundles to decrease the incidence of sepsis and improve sepsis patient outcomes across Wisconsin.



*Attendees of the AboutHealth Sepsis Collaborative held April 23-24, 2019.*

Physicians, nurses, pharmacists, quality personnel, and administrative leaders gathered to identify, share, adopt and adapt best practices and start building their sepsis workplan. Vigorous discussions took place surrounding current innovations and interventions in sepsis diagnosis and treatment.

Participants were also treated to keynote addresses by WHA Physician Improvement Advisor Bobby Redwood, MD, as well as Dr. Hallie Prescott of the University of Michigan. Attendees leveraged their expertise and raised great questions during the Q&A with the two physicians.

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## In Memoriam: Rep. Ed Brooks, a Supporter of Wisconsin Hospitals

If he heard the words that Wisconsin lost a giant for rural health care, Representative Ed Brooks' humble response would amount to a joke about his own height.

But he was a giant in his own way. Brooks was well-known and well-liked by the hospital leaders, providers, staff and volunteers across his district. He not only raised concerns to his colleagues about health care access for rural Wisconsin, but also rolled up his sleeves to develop policies that support the work of hospitals across the state.

Today, rural hospitals all over Wisconsin are benefitting from workforce training programs championed by Ed and a group of colleagues he led through the Rural Wisconsin Initiative. WHA worked side-by-side with Ed to craft this legislation, move it forward in the Legislature and finally see those policies signed into law in the last biennial budget bill.

This was all made a reality through Ed's vision and commitment to rural health care. He understood that supporting hospitals was much more than making sure people had access to hospital care. He realized that hospitals are the cornerstone of rural economies and allow people to enjoy everything rural Wisconsin has to offer, without sacrificing access to high-quality health care.

While our work will go on, Rep. Ed Brooks' commitment to Wisconsin hospitals will never be forgotten.



*Rep. Ed Brooks, third from right, and hospital constituents at WHA's 2017 Advocacy Day.*



## Register Now: Estrigenix Therapeutics Featured at May 9 Wisconsin Healthcare Business Forum Event in Wauwatosa



WHA members are encouraged to attend a Wisconsin Healthcare Business Forum event in Wauwatosa on May 9. The panel discussion will detail a multi-university collaboration to found drug company Estrigenix Therapeutics. Additional information and registration is available [here](#).

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*(Lawmakers Hear Support for Hospital Reimbursement Increases at Final Public Hearing . . . continued from page 1)*

“The Governor’s budget includes significant investments in hospital reimbursement rates—an increase of \$365 million over the biennium for Wisconsin hospitals and \$69 million for behavioral health provider reimbursement rates,” said Lally. “We ask you to support these increases.”

In total, hospital advocates testified at all four public hearing sites and were joined by more than 100 hospital and health system leaders through letters of support for various elements of the Governor’s budget proposal, including a \$58 million additional state commitment to the Medicaid Disproportionate Share Hospital (DSH) program.

To contact your local elected official and voice your support for hospital reimbursement rates in the Governor’s budget, please visit the WHA [HEAT Action Center](#).