WISCONSIN HOSPITAL ASSOCIATION
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THE VALUED VOICE

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Wisconsin Dells, WI

Throughout 2019
Health Care Workforce Resilience
Free Member Webinar Series

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Federal House and Senate Committee Leaders Release Surprise Billing Proposals

Bipartisan proposals expected to move this summer

Over the last few weeks, several different federal health care price transparency and surprise billing proposals have been unveiled by President Trump and U.S. House and Senate members. While the numerous proposals vary in some regards, they also share many similarities.

A common theme between the proposals is an idea that balance billing should not be allowed in situations where patients did not reasonably choose their setting of care. In other words, balance billing would not be allowed in settings of emergency care or care that patients would expect to be in-network (such as situations where providers contract with and work out of hospitals, but are not in the same network as providers directly employed by the hospital). Another theme common to the proposals is the idea that patients should receive information on out-of-network providers and costs associated with seeing them prior to receiving care.

Where the proposals diverge is determining how to resolve reimbursement disputes between payers and providers. Two proposals introduced in the Senate would use an independent arbitration process combined with median contracted rates to determine how payments are awarded. Legislation introduced by Congressmen Pallone and Walden of the House Energy and Commerce Health Subcommittee would use median contracted rates as determined by the Secretary of Health and Human Services, but would not utilize an arbitration process. Furthermore, legislation introduced by Senator Lamar Alexander and Patty Murray of the Senate Health Education Labor and Pensions (HELP) Committee would require facilities to guarantee that all their practitioners are in-network. Any providers who remain out-of-network would be prohibited from sending a balance bill to patients.

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New for You: Census Block Group Data to Inform Education and Outreach Opportunities

Powerful dashboard can create visualizations that can expose patterns, trends, and correlations

The goal of every health care organization is to provide high-quality patient care for their communities, but how do we know we are reaching those that need our services?

WHA INFORMATION CENTER

The WHA Information Center (WHAIC) has some exciting news! With our intuitive user interface in WHAIC's analytics engine called Kaavio, your organization can transform your data into powerful visualizations that can expose patterns, trends, and correlations. This self-service analytics and visualization tool will enable you to attain deeper insights from data faster than ever before—and create visual representations of the data for clearer communication with your health care stakeholders.

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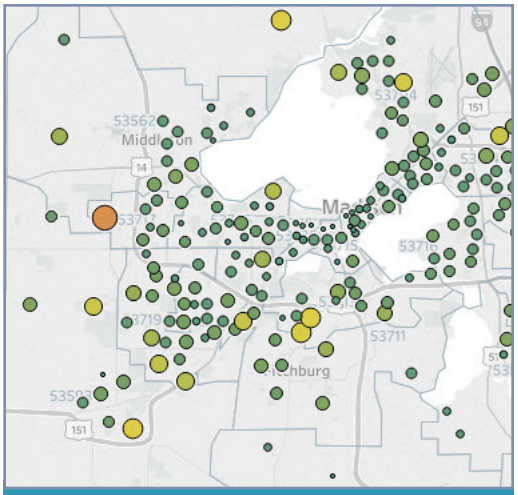
While most organizations have software to measure market share, these tools are often not granular enough and limited to only identifying the zip codes patients are *coming from*. Enhancements to our data collection allows us to determine *where patients are going* to receive care down to the census block group, which is the smallest geographical unit used by the U.S. Census Bureau. Knowing this level of detail for a geographical area can inform your health care organization about opportunities for education, outreach and marketing.



Market Share Report by Census Block Group for Top 10 Diagnosis Categories

Powered by Tableau, you can accelerate your organization's data and analytics capabilities through customizable dashboards, standard reports, and data visualization. To access this data:

- Users will log in to the WHAIC portal and navigate to Kaavio. If you do not have a login, you can register for an account from the WHAIC portal login webpage.
- WHAIC added a new Quick Report called **Quick Market Share by Block Group** to the Kaavio Quick Reports menu selection. From here, you select your facility from the drop-down menu, select how you would like to compare from the radio dials below (i.e. all facilities, certain facilities within so many miles, etc.) and place of service, then open the dashboard.
- The dashboard will show primary diagnosis category, or primary procedure group (whichever is selected), in order of most to least. Hover over the green bars to see detailed data, which includes number of visits and median charge. By clicking on one or more of the diagnoses, the map will display the corresponding patient block groups from where the patients came. (Hold the Ctrl Key while selecting multiple categories to display.)
- On the same screen, you can change or add place of service, date range, and/or add additional facilities to compare market share.

WHAIC is proud to bring you this new powerful visualization tool. Log in today!

For more information about Kaavio, visit our website at www.whainfocenter.com/analytics/kaavio or contact WHAIC's Director of Operations, Brian Competente.

Active Week for WHA Behavioral Health Regulatory Reform Advocacy

The importance of removing overly burdensome and prescriptive regulations impacting mental health and substance abuse treatment providers and impacts on access to behavioral health services was a core message from WHA and its members to state policymakers at three separate recent hearings:

- The Speaker's Task Force on Suicide Prevention
- DHS 75 – revising rules governing Community Substance Abuse Standards
- DHS 40 – revising rules governing Mental Health Day Treatment Services for Children

Speaker's Task Force on Suicide Prevention

WHA spoke and provided written testimony to the Speaker's Task Force on Suicide Prevention in La Crosse on May 20. The hearing was preceded by a tour of the Gundersen Lutheran Inpatient Behavioral Health Unit. Two key messages emerged from that tour—the significant additional costs inpatient behavioral health units face to maintain compliance with increasing regulatory requirements, and the impact of Wisconsin's critical shortage of psychiatrists on the availability of inpatient psychiatric beds.

Legislators, Gundersen Health System staff, and WHA staff toured the Gundersen Lutheran Inpatient Behavioral Health Unit prior to the Suicide Prevention Task Force hearing on May 20.

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Wisconsin Hospitals State PAC & Conduit Approaches Half-Way Mark

See full contributor list

As of May 28, the Wisconsin Hospitals State PAC & Conduit has almost reached the half-way mark of its aggressive $320,000 fundraising goal for 2019. A total of $138,570 has been contributed to date by 117 individuals.

The 2019 fundraising campaign is based on the calendar year, which means that since the start of this year an average of over $6,500 is contributed each week with an average contribution per individual of $1,184!

"Individuals who gave last year are among the first contributors for 2019," said Kari Hofer, WHA Vice President of Advocacy. "The leadership and continued commitment of these individuals have set a strong foundation for reaching our 2019 goals."

Take a look at the full 2019 contributor list on page 7 to see who made the list.

To make sure your name is on future contributor listings, make your personal contribution today at www.whconduit.com or by contacting Kari Hofer at 608-268-1816 or Nora Statsick at 608-239-4535.

June 25 Webinar to Focus on New Pharmaceutical Hazardous Waste Rule

The Environmental Protection Agency (EPA) recently published its final Pharmaceutical Hazardous Waste rule that modifies management standards for hazardous waste pharmaceuticals at health care facilities. On June 25, WHA is offering a complimentary webinar to members, *The Pharmaceutical Hazardous Waste Rule – What Hospitals Need to Know*, to focus on this new rule.

Subject matter experts from Quarles & Brady will review the EPA's imposed modified management standards for hazardous waste pharmaceuticals at health care facilities and reverse distributors, in addition to amending the acute hazardous waste listing for nicotine. Implementation of the new rule will require an evaluation and potential revision of waste management practices at many impacted facilities, including pharmaceutical reverse distributors and health care facilities (e.g., hospitals, clinics, dental practices, long term care facilities, veterinary clinics or hospitals, pharmacies, drug wholesalers, and retail stores that sell pharmaceuticals).

The webinar is scheduled for Tuesday, June 25, from 1:30 -2:45 pm. **This WHA Member Forum is complimentary and open only to WHA hospital and corporate members, but pre-registration is required to participate**. Registration is now open.

Register Today: Wisconsin Rural Health Conference, June 12-14 in WI Dells

Registration is still 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 annual event is *the* statewide forum for examining the issues that most impact small and rural hospitals, networking and collaborating with colleagues, and bonding with your team of senior staff and members of your hospital board of trustees.

The conference will once again include the popular education track focused on governance issues, and this year includes sessions focused on learning the skills and tools to approach a crucial conversation, review of a toolkit of the key legal and compliance issues trustees need to be familiar with, 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.

CMS Region 5 Convenes Stakeholder Meeting in Chicago

The Centers for Medicare & Medicaid Services (CMS) Region 5 office convened an in-person meeting of state hospital associations and medical societies in Chicago on May 21. CMS Region 5 includes Wisconsin, Michigan, Illinois, Minnesota, Indiana, and Ohio. Face-to-face meetings, which are generally held annually, give associations an opportunity to hear updates on Medicare and Medicaid programs from CMS staff as well as respond directly to questions from attendees. WHA Vice President of Policy Development Laura Rose represented WHA at the meeting. CMS staff covered the following issues:

Provider-Based Departments and Site Neutrality: On May 3, CMS issued draft guidance on application of exclusive use requirements in the Medicare Conditions of Participation for PPS and CAH hospitals that implicates hospital co-location and shared services arrangements. WHA summarized the guidelines in the May 14 issue of *The Valued Voice*. Comments on the draft guidance are due July 2 and WHA will prepare comments on behalf of its members.

CMS staff and attendees engaged in a lengthy discussion on how to code patient visits to multiple provider sites in one day under the new guidelines. There was substantial confusion on which modifiers to attach to these visits when coding them to get the appropriate reimbursement. CMS staff will investigate this issue and provide additional guidance to the region, and WHA will follow up with members in a future *Valued Voice* article.

S-10 Audits: The three Medicare Audit Contractors in the region discussed Medicare's Cost Report Worksheet S-10, which captures uncompensated care data. S-10 audits of charity care are intended to be used to distribute an $8 billion charity care pool. CMS is working with the contractors, providers, and hospital associations to improve the S-10 process. The contractors are conversing with CMS on the future of S-10 and how to reduce the number of cost report appeals. There are currently about 10,000 appeals annually and a lot of administrative work is involved in processing these appeals.

Patients over Paperwork: CMS is working on a prototype for a Document Requirements Lookup Service This service will allow providers to discover, in their electronic health records, what requirements exist for prior authorization, documentation and other issues. The service will offer templates and other tools for provider use in meeting these requirements. Coverage Requirements Discovery and Documentation Templates and Coverage Rules are currently being pilot tested. There are multiple ways to become involved, and interested providers are encouraged to contact CMS for further information.

- To help establish standards, visit the Fast Healthcare Interoperability Resources site
- To participate in Document Requirements Lookup pilots, contact CMS at MedicareDRLS@cms.hhs.gov
- Visit the DRLS webpage to stay current on the initiative

Promoting Interoperability: CMS staff discussed a proposed rule released on February 11 which sets out requirements for providers to increase EHR interoperability. Comments on the proposed rule are due June 3, and WHA staff is in the process of preparing comments. The proposed rule includes requirements for health information exchange (HIE) and care coordination across payers. It also includes a Request for Information on how post-acute settings can improve interoperability. WHA staff will provide information in The Valued Voice to members on comments once they are submitted to CMS.

Opioid Initiative: CMS' opioid initiative addresses prevention, treatment, and data gathering. Staff noted that two million people in the U.S. suffer from opioid use disorder, but only 20% get treatment. The Substance Abuse and Mental Health Services Administration website has information on provider distribution across the country. New models for care and payment (the Maternal Opioid Misuse and Integrated Care for Kids models) are attempting to align substance abuse treatment with primary care.

A safety edit, which establishes a seven-day limit on opioid prescriptions and stops the pharmacy from processing a prescription until an override is entered or authorized by the plan within Medicare Part D, has been established for "opioid naïve" recipients (patients who are not chronically receiving opioid analgesics on a daily basis). Patients in long-term care facilities, hospice or palliative care, and those being treated for active cancer-related pain are exempt from the policies.

An HHS inter-agency task force on pain management best practices has issued a draft report.

New Medicare Card: CMS staff noted that patients are not consistently using their new Medicare cards, which use a new Medicare Beneficiary identifier for Medicare transactions. CMS and Medicare Audit Contractors want to see more claims using the identifier because the full implementation date is January 1, 2020, and the current utilization rate is about 70% across the country.

Medicare Advantage: Currently, about 35% of Medicare recipients are on Medicare Advantage. CMS summarized changes to Medicare Advantage, which include:

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- A 2.5% increase in payment rates for this year
- Encouraging use of naloxone by lowering copays to combat prescription opioid overuse
- Providing more supplemental benefits in Medicare Advantage plans to address social determinants of health for the chronically ill

Attendees urged CMS to include the new Medicare beneficiary identifier on the Medicare Advantage cards. CMS was also encouraged to pursue more standardization of forms and processes used by all the different Medicare Advantage plans.

Quality Payment Program 2019 updates: CMS staff summarized the updates to the Quality Payment Program that were finalized in November 2018. WHA's November 6, 2018, *Valued Voice* outlined the changes.

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As of now, all proposals would apply only to self-insured plans that are covered under the federal Employee Retirement Income Security Act (ERISA), and usually offered through large employers. This means that health insurance plans offered in the individual, small, or large group markets would not have these regulations unless the state applies such regulations separately through state law. Initial indications are that House and Senate leaders expect to move these proposals through Congress in the summer months.

Surprise billing and transparency were key topics WHA discussed with Wisconsin lawmakers last April in Washington, D.C. While we have been supportive of Congress' efforts to improve transparency and reduce the incidences of surprise billing, one area of concern is the unintended consequences that arbitration and government-set rates could have in eroding health networks and favoring insurers at the expense of provider-negotiated rates. WHA is reconvening its Transparency Taskforce in June to further analyze these topics and will continue to follow and actively engage in these issues at the federal level.

Contact WHA Vice President of Public Policy Lisa Ellinger or WHA Director of Federal and State Relations Jon Hoelter with any questions.

(Active Week for WHA Behavioral Health Regulatory Reform Advocacy . . . continued from page 2)

"While inpatient capacity is typically looked at in terms of number of beds, Wisconsin's critical shortage of psychiatrists and other mental health professionals has made it difficult for hospitals to fully staff those beds," said Ann Zenk, WHA Vice President of Workforce and Clinical Practice, and Matthew Stanford, WHA General Counsel, in testimony to the Speaker's Task Force.

"There are just not enough providers. Just not enough," reiterated Kayla Jones, Clinical Director, Gundersen Health System Inpatient Behavioral Health.

Key WHA recommendations included:

- *Continue to support psychiatrist graduate medical education.* First established in the 2013 state budget and resulting from a recommendation in WHA's 2011 Physician Workforce Report, Wisconsin's state matching grant program to support graduate medical education in Wisconsin is on track to support the annual graduation of nearly 30 new psychiatrists in Wisconsin by 2022.
- *Increase Medicaid reimbursement for psychiatrists to match Medicare rates.* In 2018, the Department of Health Services (DHS) increased Medicaid behavioral health reimbursement to match Medicare rates. However, the change had little impact on psychiatrists because the policy change did not include key E/M codes used by psychiatrists. WHA has and continues to advocate for a targeted policy change to address this exclusion.
- *Address payment and regulatory reform.* Hospital and clinic providers have expressed frustrations with the lack of alignment of regulatory and reimbursement policy with care delivery practices being encouraged. For example, although costly new ligature prevention requirements are coming online, Medicaid continues to reimburse psychiatric inpatient services well below the cost of providing care.

  Dr. John Lehrman, Medical College of Wisconsin, Chair, Psychiatry and Behavioral Medicine, reiterated the impact of poor reimbursement on the accessibility of behavioral health services. "The only reason we are able to provide these services at the rates we are paid is because health systems…cover these shortfalls," said Dr. Lehrman.

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- *Remove barriers to telemedicine.* Despite demonstrated efficacy of telemedicine, outdated regulatory barriers impede use of telemedicine for behavioral health and other conditions. WHA's Telemedicine Task Force has developed bill language to address these barriers, and WHA looks forward to a bill circulating for introduction in the coming weeks.
- *Strengthen Wisconsin's acute mental health care infrastructure.* Just as Wisconsin has worked to strengthen its preventive and community-based mental health infrastructure, policymakers need to explore reimbursement and regulatory relief options to incentivize and strengthen Wisconsin's acute mental health hospitalization infrastructure.

See a copy of WHA's written testimony to the Speaker's Task Force.

DHS 75 – Revising Rules Governing Community Substance Abuse Standards

The Department of Health Services (DHS) held listening sessions in Eau Claire and Green Bay on May 21 and 23 seeking input and experiences with Wisconsin's Community Substance Abuse Standards – DHS 75 – as DHS begins an effort to rewrite those rules. Matthew Stanford, WHA General Counsel, attended the listening sessions and is a member of a DHS advisory committee that will be convened this fall to work on a final proposed rewrite of DHS 75.

The rulemaking is an outgrowth of a recommendation from the Governor's Task Force on Opioids. During that Task Force, WHA noted concerns from substance abuse providers that Wisconsin's special substance abuse treatment rules can create costly and unnecessary burdens that are not keeping up with care delivery changes and create barriers to expanding substance abuse treatment services.

Health system substance abuse providers from HSHS/Libertas, Marshfield Clinic Health System, Gundersen Health System, and Mayo Clinic Health System attended the DHS listening session, as did several local agency substance abuse providers. Examples of common key themes of the comments provided included:

- The substance abuse treatment field has "professionalized" with professional education and licenses since these rules were first created. Because DHS 75 has not evolved with that professionalization, providers must navigate unnecessary and overlapping regulatory prescriptiveness and particularity.
- The DHS 75 clinical supervision requirements are outdated and often inconsistent with a modern "professionalized" substance abuse treatment delivery model.
- The DHS 75 rules frequently require multiple signatures and reviews that create paperwork burden but no meaningful benefit for patient care.
- Separate treatment service-type silos are creating unnecessary barriers to service model flexibility and integration.

"It's highly overregulated. All of these nitpicky rules reflect what was once an emerging field," said one local agency provider summarizing various comments from others. "Providers don't last if they are not doing a good job."

Additional DHS 75 listening sessions in Milwaukee, Waukesha, Lac du Flambeau, and Madison will be held beginning in mid-June through July. If you have questions or would like more information about these sessions, contact WHA General Counsel Matthew Stanford at 608-274-1820.

DHS 40 – Proposed Rule Revisions Governing Mental Health Day Treatment Services for Children

On May 17, WHA submitted a comment letter during the 14-day comment period on proposed rulemaking revisions to existing DHS 40 – Mental Health Day Treatment Services for Children.

The officially proposed revisions, which were largely developed in 2017 and 2018, are not final rules and still need to receive final review and approval by the DHS secretary, governor, and legislative committees.

"Particularly given the acute access challenges for children's mental health services…we believe that the Department should fundamentally and comprehensively reconsider, and even potentially repeal, the overly detailed and unnecessarily prescriptive DHS 40 regulation," wrote WHA in its comment letter on the proposed rule.

The comment letter highlighted:

- *Regulatory redundancies.* There is a lengthy list of other existing laws, rules, and standards that would continue to apply should DHS 40 be repealed.
- ***Wisconsin's outlier regulatory approach.*** Wisconsin's rule is an outlier compared to neighboring and other states. Even among the states that specially regulate child mental health day treatment, Wisconsin's existing and proposed detail, specificity and prescriptiveness is a significant outlier.

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- *Ideal practice vs. critical protective standards.* WHA stated concerns that the rule expresses ideal practice scenarios that don't consider the diversity of community needs and resources, rather than critical standards that are fundamental to the protection of the public.
- *The economic impact is not fully captured.* The rule's economic impact analysis does not fully capture either the direct costs or the opportunity costs of the rule, such as paperwork burden on clinicians that increases clinician burnout and ultimately reduces the number of patients a clinician can see during the clinician's overall workday.

"We question whether layering DHS 40's [existing and] additional compliance obligations on youth day treatment providers onto an already highly regulated and scrutinized area of health care creates a marginal benefit to Wisconsin that outweighs the direct costs and compliance costs the rule has on existing and potential providers of scarce youth mental health services," wrote WHA.

See a copy of WHA's comment letter.

If you have questions or would like more information about the DHS 40 rulemaking, contact WHA General Counsel Matthew Stanford at 608-274-1820.

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