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## EDUCATIONAL EVENTS

**October 30, 2019**

*Data Collection and Quality Reporting Conference*  
Wisconsin Dells

**November 21, 2019**

*Preparing the Chargemaster for 2020*  
Wisconsin Dells

**Monthly**

*Health Care Workforce Resilience*  
Free Member Webinar Series

## Wisconsin's Competitive Health Insurance Market a National Leader

[Data from the Henry J. Kaiser Family Foundation](#) highlights Wisconsin as a leader in market competitiveness among health insurers.

The data analyzes the large group health insurance market and identifies the market share for the insurers with highest enrollment. Wisconsin is second only to New York in terms of lower market share, indicating a healthier level of competition. In 2018, insurer market share in Wisconsin was led by Quartz (21%), SSM (15%) and Anthem (15%). [Additional research from the Urban Institute](#) has highlighted the positive impact on access and premiums resulting from insurer competition in the exchange market.

"Market stability is consistently noted by our members as a top priority," said Eric Borgerding, WHA president and CEO. "WHA will continue to advocate for policies like the bipartisan Wisconsin Healthcare Stability Plan that help keep premiums reasonable, and encourage insurers to remain and expand in the Wisconsin insurance marketplace." (See more information on the Wisconsin Healthcare Stability Plan in the [August 6 Valued Voice](#).)

For more information on this topic, contact WHA Vice President of Public Policy [Lisa Ellinger](#).

## WHA Submits Comments on CMS' 2020 Physician Fee Schedule Proposed Rule

WHA found a lot to support in its comments to the Centers for Medicare & Medicaid Services (CMS) on the proposed CY 2020 Revisions to the Medicare Physician Fee Schedule. But because other parts of the rule have the potential to negatively impact members, WHA also voiced concerns. WHA's comments are summarized:

### Evaluation and Management (E/M) Documentation Revisions and Payment

**Changes.** Responding to broad complaints about last year's proposal to consolidate the five E/M coding levels into two levels, CMS now proposes to assign separate payments to all E/M visit levels for new and established patients. Further, CMS extended flexibilities finalized in last year's rule to additional types of clinicians. Those flexibilities permitted physicians, residents and nurses to document a teaching clinician's presence during the time the teaching clinician participates in services involving residents, rather than requiring the teaching clinician to document this information. Also, CMS proposes to establish a general principle that physicians, physician assistants, and advanced practice nurses may review and verify, rather than re-document, information included in the medical record by other members of the medical team. **WHA expressed strong support for these changes.**

**Quality Payment Program (MACRA) Changes.** WHA was positive about many of CMS' proposed changes to the Merit-Based Incentive Payments (MIPS) categories of Quality, Cost/Resource Use, Promoting Interoperability, and Improvement Activity,

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with the exception of adding 10 new measures to the cost category. However, WHA continues to stress to CMS that the MIPS cost measures still aren't robust. WHA therefore opposed increasing the Cost/Resource Use category from 15% to 20% and decreasing the Quality category from 45% to 40% for the 2020 performance year. **WHA urged CMS to maintain the cost category at 15%** until clinicians have experience with a correct mix of cost measures and until more cost measures are endorsed by the National Quality Forum.

**Proposed Payment Reductions for Specific Code Groups in 2020.** In the rule, CMS proposes significant reductions to the relative value units (RVUs) of certain CPT code groups, including the code set that describes long-term EEG monitoring with video recording and the code set that describes myocardial PET scans. **WHA opposed these significant reductions**, saying these moves could potentially limit patients' access to these vital services, and that decreases of this magnitude over a short time period will negatively impact physicians and hospitals that care for patients who need these critical services.

**Coinsurance for Colorectal Cancer Screening Tests.** CMS requested comment on whether it should introduce a notification requirement where physicians, or their staff, would be required to inform beneficiaries before a colorectal cancer screening that they may incur a coinsurance payment if the physician discovers and removes polyps. **WHA strongly recommended that CMS use its existing resources to inform beneficiaries of their possible coinsurance requirement and that it is inappropriate to require providers to make this notification.**

**Payment for Therapy Services.** The rule proposed payment changes for therapy services when furnished concurrently, or separately within the same visit, by Physical Therapists/PT assistants and Occupational Therapists/OT assistants. If 10% or more of services in a therapy visit are furnished by a PT or OT assistant, the visit must be coded with a modifier indicating that threshold. Once the modifiers attach, the visit would be paid at 85% of the PT/OT reimbursement rate. The new coding requirements would take effect in the 2020 payment year. Payment cuts would be effective in the 2022 payment year. **WHA opposed these payment changes.**

**WHA opposed CMS' proposed approach to assigning these modifiers when team-based care is delivered.** WHA's position is that only services furnished in whole or in part independently by the assistant should be attributed to the 10% de minimis standard for the assignment of the modifiers.

For more detailed information or questions about the proposed rule, contact WHA Vice President of Policy Development [Laura Rose](#).

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## **WHA Submits Comment Letter on 2020 Outpatient Rule** **Concerns over CMS overreach on disclosing negotiated payments**

In its comment letter submitted September 27, WHA urged the Centers for Medicare & Medicaid Services (CMS) to reconsider its controversial requirement that hospitals post proprietary negotiated rates; that provision is part of the proposed 2020 Outpatient Prospective Payment System rule. WHA noted that Wisconsin hospitals have a proud tradition of embracing transparency, highlighting its websites PricePoint and CheckPoint, which have reported pricing and quality information for 15 years. WHA has reconvened its Transparency Taskforce and found that a growing number of members are voluntarily developing tools that meet consumers' ever-changing demands for up-front cost estimates and price transparency. Unfortunately, rather than harness the current appetite for embracing price transparency through incentives, CMS' one-size-fits-all proposal contains new mandates that would be burdensome, likely lack legal authority, and could even be counterproductive to the goals it sets out to achieve.



The proposed rule would require hospitals to continue posting online their chargemaster but would also require them to post negotiated rates for all items and services – as well as posting 300 “shoppable” services in a more consumer-friendly format. WHA questioned how CMS could define standard charge, which has historically been understood to be the billed amount providers submit to all customers, to now mean the proprietary, payor-specific negotiated reimbursement. It also noted how such a requirement would be very complex in a state like Wisconsin which has a very competitive insurance market with numerous health insurance plans, many offering several products with varying reimbursements. In addition to the complexity of fulfilling this requirement, WHA noted the Federal Trade Commission has found that transparency for the sake of transparency can be counterproductive and may even benefit competitors more than consumers leading to price-fixing and collusion rather than bringing down prices.

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Of particular concern is that CMS estimated these new mandates would require hospitals to spend only 12 hours, or about \$1,000, to comply, which most believe is a gross underestimate. An average size hospital already dedicates 59 full-time-equivalent positions to regulatory compliance, with over one-quarter of those individuals being physicians and nurses. WHA noted one of its members has already voluntarily created a new cost-estimator website which requires a much higher expense and staff commitment than CMS' estimate, and it is uncertain how much more the one-size-fits-all mandates in this rule would require. WHA urged CMS to drop the new mandate and instead focus on incentivizing providers and insurers to work together to offer consumers more ways to understand their out-of-pocket costs.

WHA also urged CMS to abandon its continued site-neutral payment cuts and repay 340B hospitals who have received payment cuts, in the wake of recent federal court rulings declaring both CMS actions illegal. While praising CMS for taking steps to address unfairness in the wage index, WHA also urged CMS to reconsider how it calibrates payments that elevate those in the bottom 25% so they do not unfairly exacerbate other issues with the wage index for hospitals in Wisconsin. Lastly, WHA praised CMS for finally clarifying a policy it has long advocated for CMS to change, as CMS proposes in this rule that hospitals need not have physicians directly supervise the initiation of outpatient therapeutic services. You can read more in [WHA's comment letter](#).

For questions, contact WHA Director of Federal and State Relations [Jon Hoelter](#).

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## **State Rep. Romaine Quinn Touts WHA-Backed Telehealth Legislation at WisPolitics.com Panel in Eau Claire**

State Representative Romaine Quinn (R-Barron) was among a group of experts on a panel discussing telehealth and broadband in Eau Claire September 26. The discussion was hosted by WisPolitics.com and featured Pam Guthman, a clinical assistant professor at UW-Eau Claire's College of Nursing; Dr. David Blair, chief medical information officer for Mayo Clinic Health System; and Scott Hoffman, CEO of WIN Technology.



The panel discussed challenges of connecting rural homes to broadband, and how that relates to challenges for allowing telehealth to reach its true potential. Quinn touted the WHA-backed Telehealth Bill, [AB 410](#), for which he is a lead cosponsor. He connected his work to advocate for more broadband funding to other work he and his legislative colleagues are doing to incentivize greater adoption of telehealth. While he said he has been supportive of funding rural broadband grants in Wisconsin for as long as he has been in office, it has not been until relatively recently that other

legislators have agreed to put any significant amount of funding into the state budget. Quinn says he was very pleased to see the largest ever investment in rural broadband included in the most recent state biennial budget, at over \$40 million. His office continues to hear from constituents wondering how they can access the funding, and how it might help them finally get access to broadband.

But Quinn said this is only part of the equation, because even if someone does have access to rural broadband, Medicaid does not currently reimburse for telehealth services delivered to a patient's home. He said that was one reason he is proud to be a lead cosponsor of AB 410, as he sees real potential for how telehealth can help improve care available to Medicaid patients in his district while promoting greater access to care for non-Medicaid patients as well.

Quinn also talked about his other efforts to advance health care in Wisconsin, noting his work as a lead author of the Rural Wisconsin Initiative, which funded training grants to advanced practice providers. With the challenges rural communities face in attracting workers, grants like these are invaluable because practitioners who do their residencies and clinical work in rural communities are more likely to stay and practice there. He also noted how rural broadband was also a key factor in attracting young people and highly trained physicians and other health care providers to live in rural communities.

## State Sen. Jeff Smith Addresses WHA West Central Region Hospital Trustees

Sen. Jeff Smith (D-Eau Claire) addressed a room full of hospital leaders at WHA's West Central Region 2019 Annual Trustee Forum in Eau Claire September 26. The meeting included hospital leaders from across Western Wisconsin, many who reside or work in Sen. Smith's state senate district.



Smith discussed various issues, ranging from funding for broadband to supporting telehealth in the state budget, and the importance of having citizen legislators who can learn from experts in particular fields. Smith noted that as a small business owner of a window washing company, he has never viewed himself as an expert in health care and appreciated the opportunity to connect with health care leaders and get their perspective on various complex issues.

Smith also discussed legislation WHA has been promoting in the State Assembly and State Senate that would remove barriers to expanding telehealth in the Medicaid program. He noted that he supports making it easier for patients to access health care services in the setting that is most convenient for them and mentioned his support for funding in the state budget that increased rural broadband grants, noting that his house is one of many in his district that does not have reliable broadband. He said he knows constituents who would benefit from being able to access telehealth in their own homes rather than driving to the doctor, but like him do not have reliable broadband.

Smith also mentioned his concern about workforce challenges Wisconsin will face, particularly in health care, as the state continues to age. He said he supports efforts by WHA and others to update outdated state statutes and allow advanced practice providers and others in the health care workforce to work to the fullest potential under their scope of practice. WHA members expressed their appreciation for Sen. Smith's work to advance this and other positive health care items in the recent state budget and thanked him for his willingness to listen to their input.

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## WHA's Mueller Appointed to State Data Advisory Committee

Jennifer Mueller, MBA, RHIA, FACHE, FAHIMA, vice president of the WHA Information Center, has been appointed to the state's Department of Agriculture, Trade and Consumer Protection (DATCP) Advisory Committee on Data Privacy and Security. The Committee will include state government representatives, business interests, data stakeholders and advocacy groups.

Mueller was nominated to serve on the committee by WHA President and CEO Eric Borgerding.

"Jennifer has an extensive background in data privacy that will make her a valuable member of this new Committee," Borgerding said. "Committees like these are well-served when one of WHA's staff leaders can share what we're hearing from our members across the state."



Given the complexity of data privacy and security, DATCP hopes the Committee's recommendations will help facilitate communication among stakeholders and develop legislation that will address data security and data breach challenges facing consumers and businesses in Wisconsin. The Committee aims to achieve this through recommendations based on current Wisconsin law, laws and proposed legislation in other states, and industry trends.

"I look forward to representing the health care community over the coming months as we discuss the state of data privacy and security in Wisconsin," Mueller said.

The first meeting of the Advisory Committee is October 22 and will deliver its final report to DATCP's Secretary in summer 2020.

# WHA Leads Policymaker Panel at Workforce Summit

*Compacts, collaboration and culture key*



L to R: Ann Zenk, Laura Hieb, Kyle O'Brien, Sec. Dawn Crim, Rep. Nancy VanderMeer

Wisconsin Department of Safety and Professional Services Secretary Dawn Crim summarized a key theme of a WHA-moderated panel concisely: “It’s really all about collaboration, isn’t it?”

Secretary Crim was joined by State Rep. Nancy VanderMeer, Bellin Health System Chief Nursing Officer Laura Hieb and WHA Vice President of Workforce

and Clinical Practice Ann Zenk in a panel moderated by WHA Senior Vice President of Government Relations Kyle O’Brien. *The Policymaker Panel: Solutions to Grow and Support Wisconsin’s Healthcare Workforce* was part of the September 24 Wisconsin Council on Medical Education and Workforce (WCMEW) 2019 Healthcare Workforce Summit.

Secretary Crim and panelist Hieb touched on a common theme represented throughout the WCMEW Summit as they discussed the importance of health care leaders and educators sharing their expertise and a willingness to work together to create educational programs for urgently-needed professionals and clinical training sites for those enrolled in those programs. As Hieb noted, “We need to be open to taking students at our sites, rural and urban, which can be difficult for areas we already have a shortage in; but we just have to do it.” Hieb added, “We also need to keep moving our culture to reflect the providers and practice we have, and one way to do that is to make sure our own policies and structures accommodate our provider mix of physicians and advanced practice providers.”

Crim and VanderMeer discussed another theme: the ability of state legislators and state agencies to break down barriers for professionals who want to practice in our state. VanderMeer recognized Wisconsin as a leader in utilizing policy solutions like voluntary interstate licensure compacts noting, “The partnership between lawmakers and our state licensing agency, meant that not only could we be part of the compact, but also allowed Wisconsin to be the first state in the U.S. to use the medical licensure compact process to issue a physician license.”

Panel discussion was not limited to policy solutions for training, recruiting and retaining a high-quality health care workforce. “As our population ages,” Zenk noted, “health care demand is rapidly increasing, and despite our best efforts our workforce will not be able to grow fast enough to keep up with this rising demand. Our state policies need to help us most effectively utilize the available health care workforce by, for instance, modernizing telemedicine requirements and reimbursement to keep up with this valuable technology and by eliminating unnecessary documentation and regulatory requirements that create electronic health record inefficiencies.”

