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## EDUCATIONAL EVENTS

**January 16, 2020**

*Accountability Within Your  
Organization*  
Webinar

**March 13 & 14, 2019**

*Physician Leadership  
Development Conference*  
Kohler, WI

## WHA Board's Final 2019 Meeting Reviews Accomplishments, Looks Ahead

***Governing body reviews 2019 goals while planning for 2020***

WHA's Board of Directors met for the final time in 2019 on Dec. 12 at WHA headquarters in Madison. With advocacy at the core of WHA's mission and the meeting being held in the midst of the 2019-20 legislative and congressional biennium, the group tackled a bounty of current issues while also reviewing WHA's accomplishments for the calendar year.

### ***Review of 2019 Goals Shows Widespread Successes***

WHA President and CEO Eric Borgerding discussed how WHA has performed in fulfilling its ambitious list of goals for 2019. Thanks to vigilant attention from WHA members in partnership with WHA's "second-to-none" advocacy team, Borgerding reported that WHA's members can once again benefit from successful achievements of the 2019 goals.

Chief among the successes was WHA's successful navigation of the state budget process in difficult political times, with the state's Governor and Legislature controlled by rival political parties. Despite the roiling political environment that often accompanies such division, WHA was able to achieve all of its Medicaid-related goals in the state budget (see page 6 for more).

*(continued on page 6)*

## Federal Court Decision Will Push ACA Status Deep into 2020

While there's been another legal development in a case that could affect the constitutionality of the entire Affordable Care Act (ACA), yesterday's decision at the 5th U.S. Circuit Court of Appeals has delayed resolution of any ultimate decision well into 2020, if not beyond.

In a 2-1 [opinion](#) released Dec. 18, the appeals court agreed with a lower court decision that the individual mandate provision in the ACA is unconstitutional, but returned the case to that Texas federal district court for more detailed reasoning as to why the lower court had ruled the entire ACA should be struck down as a result. Remanding the case back to the original court adds another level of procedural complexity that will likely add months to any ultimate court decision regarding the 2010 law's constitutionality.

More than 200,000 Wisconsinites in 2019 enrolled in ACA plans through Wisconsin's exchange system. The state's Office of the Commissioner of Insurance [announced earlier this year](#) that exchange marketplace enrollees in 61 of Wisconsin's 72 counties will have three or more insurers from which to choose – a large gain from the 46 counties offering that level of choice in 2018.

California's attorney general, defending the legitimacy of the ACA in the case, says he will appeal the decision to the U.S. Supreme Court; many legal experts believe the nation's highest court is unlikely to take up the case before all potential lower court proceedings have been exhausted.

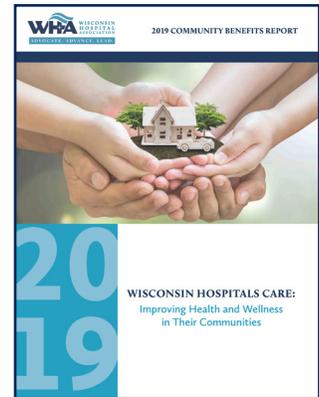
## WHA Community Benefits Report Shares Impressive Community Involvement

Showing how Wisconsin's hospitals and health systems are integral parts of their local communities, WHA released its [2019 Community Benefits Report](#) on Dec. 16. Filled with examples of initiatives and programs from every corner of the state, the report highlights just some of the more than \$1.9 billion hospitals and health systems contributed in 2018 to their local communities through community benefits and charity care.

"Every day in Wisconsin hospitals and health systems are contributing more than \$5 million in care that might not exist in their area but for their involvement," WHA President and CEO Eric Borgerding said. "They are vibrant members of their communities, dedicated to ensuring overall health and well-being of the people they are privileged to serve."

The report shares highlights from seven distinct areas of the state, describing the impressive range of services and programs hospitals and health systems provide for their communities. The wide variety of these efforts show how they are tailored to the needs of each community, including helping patients who otherwise could not afford opioid addiction treatment, providing school-based therapy for our children to help them maximize their education potential and numerous programs aimed at helping our friends and neighbors gain access to healthy food.

WHA will send an email to hospital public relations and community benefits contacts in late summer/early fall calling for stories for inclusion in the 2020 report. We will also publish a call for stories and reminders in *The Valued Voice*. If you have questions, contact WHA Communications Manager [Shannon Nelson](#).



### Leap Year Data Fix Leads to Erroneous "License Renewed" Emails

Licensed members of four Wisconsin health care professions received a surprise email congratulating them on their license renewal this week, even though they had not yet completed an application for renewal, due at the end of February 2020. Wisconsin's Department of Safety and Professional Services (DPS) identified as the cause of the error a data fix designed to reflect the extra "Leap Day" next February. DPS sent registered nurses, nurse midwives, perfusionists and physician assistants who received the false alert a follow-up email advising them to disregard the earlier message. The renewal period for these four professions opens on Jan. 13, 2020 and ends on Feb. 29, 2020.

### DHS Announces Grant Opportunity for Hospital/Health System Intensive Care Coordination Programs

Wisconsin's Medicaid program announced the release of a grant-funding opportunity for up to two hospitals/health systems to implement a two-year Intensive Care Coordination pilot program, designed to reduce inappropriate utilization of a hospital emergency department by Medicaid enrollees. The Wisconsin Department of Health Services (DHS) indicates that \$1.5 million will be available annually for the program, for a period of two years.

As prescribed in 2017 Wisconsin Act 279, a WHA legislative priority during the 2017-19 state biennial budget, hospitals and health systems would be eligible for between \$250 to \$1,000 per year per enrollee for care management services. In addition, hospitals may also be eligible for additional shared savings payments from the state for savings attributable to the care coordination intervention.

DHS [has asked](#) that interested hospitals submit a letter of intent to DHS by Dec. 20, although the agency has made clear that hospitals can still apply even if they have not submitted a letter of intent by that date. The application process will open on Jan. 17, 2020.

For more information about this program, contact WHA Senior Vice President of Government Relations [Kyle O'Brien](#).

## CMS to Repay Hospitals for 2019 Site-Neutral Payment Cuts

*But HHS appealing court decision, proceeding with cuts for 2020*



The Centers for Medicare & Medicaid Services (CMS) has quietly [announced](#) it will begin paying back hospitals who were impacted by site-neutral cuts in the 2019 Outpatient Prospective Payment System (OPPS) rule. In that rule, CMS cut payments for clinic visit services at off-campus hospital outpatient departments (HOPDs) to be in line with payments under the physician fee schedule. This represented an estimated loss of about \$440 million over 10 years for approximately 40 Wisconsin hospitals.

CMS' actions to repay hospitals comes in response to a lawsuit filed by the American Hospital Association (AHA) and a decision from U.S. District Judge Rosemary Collyer, who [ruled in September](#) that the cuts were unlawful. WHA supported this lawsuit and also spearheaded an effort to gain [support from Wisconsin's Congressional Delegation](#) pushing back at CMS, as Congress had previously exempted existing HOPDs from any site-neutral payment policy.

While this is welcome news for impacted hospitals, CMS has also announced they are appealing the court decision and will continue the planned two-year phase-in of these site-neutral cuts for FY 2020. While the AHA had urged the federal court to apply its recent ruling to block the FY 2020 cuts, the judge announced on Dec. 16 that hospitals would have to file a separate lawsuit in 2020. That means this litigation will continue to play out well into next year. WHA is continuing to keep a close watch on this issue and will provide updates as the issue progresses.

For more information, contact WHA Director of Federal & State Relations [Jon Hoelter](#) or visit WHA's [OPPS page](#).

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## Congress Passes End-of-Year Funding Package to Keep Government Open

*A number of health care provisions receive extensions*

On Dec. 17, the U.S. House of Representatives approved an omnibus spending package to avert a government shutdown before federal funding runs out on Dec. 20. The U.S. Senate followed suit Dec. 19. The deal includes a number of health care funding extenders, as well as a permanent repeal of a number of health care taxes.

Among the notable funding extensions:

- A reauthorization of the Conrad-30 program which helps hospitals obtain doctors from foreign countries if they practice in an underserved area.
- Extension of the physician geographic practice cost index (GPCI) work floor through May 22, 2020.
- Funding for the National Quality Forum, which helps improve the credibility and measurement of federal health care quality programs, through May 22, 2020.
- Funding for Community Health Centers through May 22, 2020.

Congress also delayed scheduled cuts to the Medicaid Disproportionate Share Hospital (DSH) program through May 22, 2020. These cuts were originally scheduled to go into effect in exchange for the ACA decreasing hospitals' uncompensated care, but have since been delayed. The current cuts are not projected to impact Wisconsin, as our state already spends less than its federal DSH cap. The funding package also permanently repeals the 2.3% excise tax on medical devices, the sales tax on health insurance premiums, and the 40% excise tax on employer-provided health insurance plans known as the "Cadillac Tax." Like the DSH cuts, these were all taxes passed as part of the Affordable Care Act but have previously been delayed by Congress.

In addition to extending funding for a number of public health programs, the package will also require states to raise the minimum age for sale of tobacco products to 21 in order to continue receiving public health block grant funding in future years.

Notably, the package does not include any provisions related to surprise medical billing or reducing the cost of prescription drugs. Congressional leaders have been trying for months to find agreement on both topics but were unable to reach an agreement in advance of the funding deadline. Congress is expected to resume talks on both of those issues, and the May 22 funding deadline for many of these health care programs could spur action on both areas. WHA is continuing to advocate against any surprise billing legislative package that includes a government-set benchmark payment due to the adverse consequences it would cause for hospitals and patients.

For more information, contact WHA Director of Federal & State Relations [Jon Hoelter](#).

# WHA Physician Leaders Council Tackles Myriad Issues

*CEO survey results on physician leadership, WHA advocacy successes, medical-dental integration and establishing a rural physician leader roundtable are among many topics discussed*

Mark Kaufman, MD, WHA chief medical officer, presented the results of WHA's recent CEO survey on physician leadership. This survey complements WHA's 2018 CMO survey. The survey's purpose is to better understand the CEO perspective on physician leadership and to guide WHA's future educational initiatives. In general, there was a great deal of congruence between the two surveys but also some differences.

## **With respect to the three greatest challenges that physician leaders face:**

*CEO response:*

1. Adequate time to do the work
2. Physician burnout
3. Leadership skills and training

*CMO response:*

1. Physician engagement
2. Physician burnout, especially the EHR burden
3. Disruptive physicians

## **With respect to what single issue is most likely to keep you up at night:**

*CEO response:*

1. Physician leader burnout and retention
2. Physician leadership skills
3. Succession planning

*CMO response:*

1. Recruitment, physician workforce supply
2. Quality and patient safety
3. Physician engagement
4. Disruptive physicians



Not surprisingly, the Physician Leaders Council discussion on this topic was lively. WHA will use this information to help shape physician leader-focused initiatives going forward.

Matthew Stanford, WHA general counsel, reviewed recent WHA advocacy wins for its member organizations and physicians, including the final Wisconsin state budget that resulted in a \$49 million increase (73%) in Disproportionate Share Hospital (DSH) payments, a \$4.9 million increase (800%) in Rural Critical Care (RCC) hospital payments, a 33% increase in Medicaid reimbursement to psychiatrists and APNP-psych nurses, and \$70 million for the insurance market stability program. Other advocacy highlights included reauthorization of the Interstate Medical Licensure Compact and passage of a comprehensive Medicaid telehealth reform package. Steve Kulick, MD, chair of the Physician Leaders Council, characterized the telehealth bill as a "huge win" and pointed out that telehealth reform was a major focus of WHA's Advocacy Day in 2018. Dr. Kulick added: "The passage of the telehealth package exemplifies the positive impact that WHA Advocacy Day participants can have on legislative outcomes that will benefit our patients."

Other significant issues discussed at the Dec. 11 Physician Leaders Council meeting included:

- Finalization of a 2019 update to the WHA Physician Engagement and Retention Toolkit. The Toolkit now includes a section on physician wellness, links to a recent Mayo Clinic publication identifying nine organizational strategies to reduce physician burnout, and a new report from the National Academy of Medicine that focuses on a systems approach to address clinician burnout.
- Representatives from the Children's Health Alliance presented an integrated dental hygienist model in which dental hygienists function as part of the primary care team, providing preventive care within the medical clinic setting, particularly for young children not yet enrolled in school. This sparked much interest and discussion among PLC members.
- The Physician Leaders Council continues its discussion and work regarding how to reduce the burden of redundant annual compliance training for physicians who care for patients at multiple hospitals.
- The launch of WHA's Rural Physician Leader Roundtable that will debut in 2020 in collaboration with the Rural Wisconsin Health Cooperative (RWHC).
- WHA's 2019 Health Care Workforce Report.
- WHA's upcoming Physician Leader Development Conference on March 13 and 14.
- WHA's 2020 Advocacy Day on March 18.

## Minnesota Border Discharge Data Now Available to WHA Members



Since 2003, the Wisconsin Hospital Association Information Center (WHAIC) has been helping health care stakeholders in Wisconsin turn data into actionable insights that enable timely and reliable decision-making. As the data collection entity under state law, WHAIC's data currently include all Wisconsin hospital and ambulatory surgery center (ASC) patient

discharge data. Many WHA members along the Minnesota border have requested additional information on Wisconsin residents who seek care in that state. Access to those data would help complete the picture of their patient populations and allow for a more complete and accurate analysis.

WHAIC has been working with the respective hospital associations in our border states, and we are pleased to announce that **effective Jan. 1, 2020**, patient discharge information from the Minnesota Hospital Association (MHA) covering relevant portions of Minnesota will be available to WHA members that sign a business associate agreement with MHA. Additionally, MHA and WHAIC have also reached an agreement enabling WHAIC to integrate that Minnesota data with WHAIC's data products available to you, including through Kaavio, WHAIC's self-service analytics and visualization tool.

**If you are interested in obtaining the Minnesota data, please contact WHAIC Vice President [Jennifer Mueller](#) at 608-274-1820 to walk you through the process.**

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## Spreading Success: A Playbook on How to Successfully Reduce ED Recidivism

WHA is partnering with The Great Lakes Partners for Patients Hospital Improvement Innovation Network (GLPP HIIN) in hosting a full-day interactive event focused on innovations to reduce ED recidivism, unnecessary hospital admissions and preventable readmissions.

The morning will entail in-depth learning, highlighting concrete concepts, operations, guidelines and tactical steps to take to implement the innovation. The afternoon will be a guided action planning session for you and your team to engage in vision, strategy and planning activities to begin the process of implementing the innovation at your hospital.

Gather your team and save the date! WHA encourages attendance of multidisciplinary readmissions teams of two or more who will be empowered to implement these innovative approaches at your hospital. Teams may include MDs, CNOs, CMOs, administrative leaders, quality leaders, nurse managers, and should include ED representation as well as anyone with the shared commitment to making a positive impact on reducing readmissions.

**Date:** Feb. 6, 2020

**Location:** Marshfield Clinic Health System, Marshfield, WI

To register or for additional information: <https://www.whareg4.org/ReadmissionsPlaybook>.

Contact WHA Clinical Quality Improvement Advisor [Jill Lindwall](#) with questions.

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## Webinar Opportunity: Wisconsin Medical-Dental Integration Project

**January 9, 2020, 10 -11 a.m.**

Dental disease is the most common chronic disease of childhood. In 2018, more than 80,000 children in the state's Medicaid program had a dental-related medical encounter but did not visit a dentist. In Wisconsin, there is a new opportunity to integrate a dental hygienist into the primary care team to provide preventive oral health services to children at well-child visits.

The webinar will be offered Jan. 9, 2020 from 10 – 11 a.m. [Click here](#) to learn more about this webinar and to register.



WHA 2019 Board Chair Diamond Boatwright adjourns his final meeting as Board chair on Dec. 12, 2019.

Borgerding also discussed other areas comprising the extensive goals list, including proactive efforts on specific health care topics such as telemedicine, behavioral health, post-acute care and dental access.

### **Staff Briefs Board on Budget Implementation, Fall Legislative Accomplishments**

Borgerding and WHA Senior Vice President of Government Relations Kyle O'Brien discussed recent announcements from leadership at the state's Department of Health Services (DHS), including new commitments to key WHA priorities like Medicaid Disproportionate Share Hospital (DSH) funding. These changes were made possible through the most recent state budget bill, which was passed by the Legislature and signed into law by Governor Tony Evers in July.

Borgerding reminded the board that the Medicaid DSH increase from the last state budget is funded for two years and will need reauthorization during the next state budget – something that will be a key priority for WHA moving into the 2021-23 biennial state budget period.

In addition, O'Brien covered various other elements of a package of reimbursement changes that DHS is expected to announce over the coming weeks. One, a psychiatrist/advanced practice nurse-psych evaluation and management code reimbursement increase, was released by DHS in early December and is now before the state legislature's powerful Joint Committee on Finance for passive review. The reimbursement increase is intended to take effect Jan. 1, 2020.

O'Brien also covered several WHA priorities that have been enacted into law or are continuing to progress through the state legislative process. This includes a permanent reauthorization of Wisconsin's participation in the Interstate Medical Licensure Compact, enactment of a comprehensive telehealth covered services and regulatory reform bill for Medicaid enrollees, and legislation that has passed the Assembly and is now on its way to passage in the Senate allowing an advanced practice clinician to join physicians in certain decisions that fulfill a patient's advance directive.



Kyle O'Brien

Borgerding underscored the strong partnership WHA has with a bipartisan group of lawmakers and the Evers administration allowing passage and signing of [2019 Wisconsin Act 56](#), the enacted telehealth reform legislation. Borgerding was asked to join Gov. Evers, DHS Secretary-designee Andrea Palm, State Senate Democratic Leader Jennifer Shilling and Richland Hospital CEO Bruce Roesler to make comments during the bill signing ceremony at The Richland Hospital on Nov. 25, which can be [viewed here](#).

### **Federal Advocacy Activity Continues with Important Issues Pending**

WHA Director of Federal & State Relations Jon Hoelter provided the board with an update on federal surprise billing legislation and transparency provisions from a recent CMS rule. Congressional leaders have been attempting to attach a harmful surprise billing fix to an end-of-year spending package, and WHA recently sent a letter from its board officers and Transparency Task Force chair expressing concern. A recent announcement that the House Ways and Means Committee intends to work on this issue has made it less likely that Congress will be able to find agreement on this issue before the spending package needs to be passed.

Hoelter also shared an update on the final federal transparency rule introduced by the Trump administration. While a lawsuit filed by the American Hospital Association and other hospital groups will likely prevent the requirement that hospitals post privately-negotiated rates from going into effect, WHA is already looking into how it might utilize [PricePoint](#) to assist hospitals in properly following any future implemented requirements.



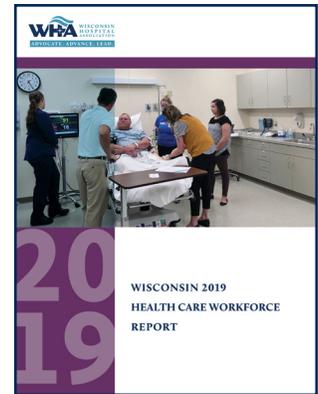
Jon Hoelter

*(continued on page 7)*

### WHA Board Briefed on 2019 Health Care Workforce Report

WHA Vice President of Workforce and Clinical Practice Ann Zenk discussed highlights and key takeaways from WHA's 2019 annual workforce report. The 16th annual report heralds the arrival of the "Silver Tsunami" – the manifestation of the aging baby boom generation. Not only has the "Silver Tsunami" arrived, but the impact on health care – increased demand for care and a shrinking health care workforce – will persist for at least the next two decades. Wisconsin's health care workforce is stretched thinner and thinner as Wisconsin citizens require more complex and intense care.

Board members confirmed that their organizations are feeling the impact of an aging population and a shrinking workforce. The board also discussed other key influences on the health care workforce, including the safety net Wisconsin hospitals and health systems provide, and the additional work required to leverage technologies like electronic health records and telemedicine.



WHA's Board of Directors meeting, Dec. 12, 2019.

Zenk described to the board how the report's recommendations will drive WHA's workforce agenda. [The 2019 Health Care Workforce Report](#) urges state policymakers to support strategically-targeted workforce recruitment and retention, break down barriers to team-based health care delivery and use technology wisely, and take care to not only avoid creating burdensome new regulations, but find ways to reduce current regulatory hurdles hampering the ability to provide high-quality care efficiently.

### PAC Meets Goal

WHA Vice President of Advocacy Kari Hofer provided a near-final year-end report for the Wisconsin Hospitals PAC & Conduit fundraising campaign. She reported 2019 goals for fundraising, disbursement, and events were met as of Dec. 12, 2019. Hofer thanked the members of the WHA board for their leadership and commitment to WHA's strong political advocacy in 2019.

The board is scheduled to meet next on Feb. 13, 2020.



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