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**EDUCATIONAL EVENTS**

- August 10, 2020**  
*Understanding How Overnight Telehealth Hospitalists are Improving Satisfaction and Generating Revenue in Critical Access Hospitals*  
Webinar
- August 18, 2020**  
*HHS Begins Clarifying Reporting Requirements for Provider Relief Funds*  
Webinar
- August 27, 2020**  
*The Impact of COVID-19 on Workers' Compensation*  
Webinar

**President Trump Releases Executive Order on Improving Rural Health Care and Telehealth**

President Donald Trump issued an executive order August 3 on [Improving Rural Health Care and Telehealth](#).

The order contains four main areas:

1. **Telehealth** – HHS is directed to issue a regulation within 60 days extending certain Medicare telehealth flexibilities beyond the public health emergency declared for the COVID-19 pandemic.
2. **New Rural Hospital Financing Models** – HHS is directed to announce a new payment model within 30 days that would allow rural areas to deliver innovative, high-quality, value-based care.
3. **Physical and Communications Infrastructure** – Federal agencies are directed to improve rural health care’s physical and communications infrastructure.
4. **Rural Policy Initiatives** – HHS is directed to release a report within 30 days to improve rural health care by reducing regulations, developing initiatives to improve health outcomes, reducing maternal mortality and morbidity, and improving mental health.

WHA has been [strongly advocating](#) for permanently extending the telehealth flexibilities granted during the COVID-19 pandemic, and this is a further signal that the Trump administration intends to use its executive authority to extend flexibilities that are within its power to do so. At the same time, WHA has been [pressing the Wisconsin congressional delegation](#) to push for making these flexibilities permanent in the COVID relief package that is currently being negotiated in Congress.

While the details on additional rural initiatives under this order are scarce at this time, WHA will continue to follow new developments and will share additional details as they are available.

**Federal Appeals Court Overturns Prior 340B Decision, Allowing 340B Cuts to Hospitals to Proceed**

The U.S. Court of Appeals for the District of Columbia Circuit on July 31 [ruled](#) in favor of the U.S. Department of Health and Human Services and against hospital groups in determining reimbursement cuts to certain 340B hospitals were legal. The decision overturned [prior district court decisions](#) from 2018 and 2019 which had determined HHS acted unlawfully in issuing the cuts. In Wisconsin, the cuts are estimated to account for about \$40 million annually.

The [340B prescription drug discount program](#) helps hospitals that serve a disproportionate share of Medicaid recipients obtain certain outpatient prescription drugs at a discount. The program was created to stretch scarce federal resources, recognizing that Medicare rates (which pay about 73% of the cost of care in Wisconsin) do not cover the full cost of care. However, CMS proposed cutting reimbursement for outpatient drugs acquired under the 340B program for most

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## *(Federal Appeals Court Overturns Prior 340B Decision . . . continued from page 1)*

hospitals paid under the Outpatient Prospective Payment System (OPPS) rule by about 30% in its 2018 rule and subsequent OPPS rules (see related article below). The cuts do not apply to sole community hospitals, children's hospitals, PPS-exempt cancer hospitals, or critical access hospitals.

The American Hospital Association has vowed to continue fighting these cuts but has not yet detailed whether it will appeal the ruling. WHA is working closely with the AHA and continues to advocate for the importance of the 340B program with Wisconsin's congressional delegation. Contact WHA Director of Federal and State Relations [Jon Hoelter](#) with any questions.

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## **CMS Proposes Even Deeper 340B Cuts in 2021 Outpatient Rule**



On August 4, the Centers for Medicare & Medicaid Services (CMS) released its [2021 Outpatient Prospective Payment System \(OPPS\) Rule](#). Like previous rules, the agency proposes to continue reimbursement cuts to certain 340B hospitals. However, in response to its Spring 2020 Hospital Acquisition Cost Survey, it is proposing a net payment rate of Average Sale Price (ASP) minus 28.7%, which is about six percentage points lower than current policy. CMS also seeks comment on whether it should continue its current payment policy first suggested in the 2018 OPPS rule of ASP minus 22.5%.

In addition to the 340B cuts, CMS proposes the following policy changes for 2021:

- A net increase in OPPS payments of 2.6% from 2020.
- Adding cervical fusion with disc removal and implanted spinal neurostimulators to the prior authorization list.
- Removing the inpatient-only list of procedures over the course of three years.
- Changing the level of supervision required for certain outpatient therapeutic services from direct supervision to general supervision.
- Making changes to the Hospital Outpatient Quality Reporting and Star Ratings.
- Removing certain restrictions on the expansion of physician-owned hospitals that qualify as "high Medicaid facilities."

WHA continues to review the proposed rule in advance of the October 5 comment deadline. Contact WHA Director of Federal and State Relations [Jon Hoelter](#) for more information.

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## **CMS Issues Proposed Physician Fee Schedule Rule for Calendar Year 2021**

The federal Centers for Medicare & Medicaid Services (CMS) on August 3 issued the [proposed Physician Fee Schedule for 2021](#). The rule proposes a \$3.83 reduction in the Physician Fee Schedule conversion factor for CY 2021. Additionally, the rule proposes several changes to Medicare telehealth coverage. Category 1 services, which are similar to existing services, are updated in the rule.

Importantly, CMS proposes to create a third temporary category of criteria for adding services to the list of Medicare telehealth services. Category 3 describes services added to the Medicare telehealth list during the public health emergency (PHE) for the COVID-19 pandemic that will remain on the list through the calendar year in which the PHE ends. These include services like home visits for the evaluation and management (E/M) of an established patient with problems of higher severity than those allowed under Category 1, as well as emergency department E/M visits for a patient.

CMS is not proposing to continue to recognize audio-only payment codes under the PFS in the absence of the PHE for the COVID-19 pandemic; however, it acknowledges that the need for audio-only interactions could remain as beneficiaries continue to try to avoid sources of potential infection. Therefore, CMS is seeking comments on whether CMS should develop coding and payment for a service similar to the virtual check-in but for a longer unit of time and subsequently with a higher value. CMS is also seeking comments on whether this should be a provisional policy to remain in effect until a year after the end of the PHE for the COVID-19 pandemic or if it should be a permanent PFS payment policy. The Remote Patient Monitoring (RPM) services that were added during the COVID-19 pandemic are modified in the proposed rule. CMS is proposing to return to the requirement that an established patient-physician relationship exist for RPM services to be furnished. Several other RPM clarifications are also proposed in the rule.

For purposes of limiting exposure during the duration of the PHE for COVID-19, CMS adopted an interim final policy revising the definition of "direct supervision" to include virtual presence of the supervising physician or practitioner using interactive audio/

*(continued on page 3)*

video real-time communications technology. CMS is proposing to continue this policy through December 31, 2021 and is seeking comments on whether there should be additional guardrails for the policy during this time, as well as comments on whether the policy should be continued beyond 2021.

Payment for outpatient E/M visits, as finalized in the CY 2020 PFS final rule, will largely be aligned with rule changes laid out by the CPT Editorial Panel for office/outpatient E/M visits, beginning January 1, 2021.

The proposed rule contains several proposals regarding professional scope of practice, including making permanent a COVID-19 policy that allowed nurse practitioners, clinical nurse specialists, physician assistants and certified nurse-midwives (CNMs) to supervise the performance of diagnostic tests in addition to physicians. The rule also proposes to allow physical and occupational therapists to use the same discretion to delegate maintenance therapy services to PT and OT assistants that they utilize for rehabilitative services.

The rule also contains provisions to implement year five of the Quality Payment Program (QPP) created under MACRA.

WHA will seek input on the rule from WHA members before submitting comments to CMS, which are due October 5. For more information contact WHA Vice President of Policy Development [Laura Rose](#).

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## Wisconsin Hospitals State PAC & Conduit Maintains Strong Pace

*See full contributor list*



The Wisconsin Hospitals State PAC & Conduit maintains its strong pace with a total of \$203,815 contributed to date by 152 individuals. The average gift remains consistent at an impressive \$1,341 per individual!

Take a look at the full 2020 contributor list on page 7 to see who made the list.

The Wisconsin Hospitals State PAC & Conduit works to support candidates for state office who value hospitals and health systems.

“The election season is now. The Wisconsin Primary Election is next week, Tuesday, August 11, with the General Election less than three months later, on Tuesday, November 3,” WHA Vice President of Advocacy Kari Hofer said. “Now is the time to get involved and make an impact.”

Individuals can personally contribute online at [www.whconduit.com](http://www.whconduit.com) or by contacting WHA’s [Hofer](#) at 608-268-1816 or [Nora Statsick](#) at 608-239-4535.

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## WHA’s 100th Anniversary Values Award

WHA is proud to celebrate 100 years of advocating, advancing and leading on behalf of hospitals and health systems so they can provide high-quality, affordable and accessible health care for Wisconsin families and communities.

In honor of its 100 years, WHA is offering the opportunity to a member hospital to apply for the “WHA 100th Anniversary Values” award. This award is based on the values of WHA – Advocacy, Integrity, Foresight, Relationships and Leadership.



### WHA is Committed to the Following Values:

**ADVOCACY** – achieving excellence by being responsive, knowledgeable, influential, impactful and relevant.

**INTEGRITY** – honoring the trust of our members and partners by practicing wise stewardship of resources and influence.

**FORESIGHT** – anticipating, understanding and responding to the rapid pace of health care change and industry transformation.

**RELATIONSHIPS** – appreciating the value of strategic partnerships to advance our agenda and those priorities shared with key partners.

**LEADERSHIP** – striving to be the most proactive, respected and difference-making voice in health care policy and advocacy.

### Application Information

Any Wisconsin Hospital Association hospital member can apply for the Award. A total of three awards will be granted. Award applications must be received by WHA by **August 21, 2020**.

*(continued on page 4)*

*(WHA's 100th Anniversary Values Award . . . continued from page 3)*

### **Award Selection Process**

Applications will be reviewed (blinded review) by select employees of WHA representing various departments and job functions. Winners will be notified the week of September 14. Award winners will receive an engraved crystal award presented in person by WHA President and CEO Eric Borgerding, and recognition in WHA's *The Valued Voice* newsletter and on the WHA website.

[Click here](#) for more information and to access the award nomination.

## **WHA Tours Foxconn Plant Producing Important PPE**

WHA President and CEO Eric Borgerding and Senior Vice President Government Relations Kyle O'Brien recently visited Foxconn's Mount Pleasant manufacturing plant in Racine County, where the company is producing masks under their Sharp brand. The company has also partnered with Medtronic to produce portable ventilators at the [Wisconsin Valley Science and Technology Park](#).

Foxconn's Experimental Training Center facility pivoted to producing face masks in March 2020, producing millions of pieces of the personal protective equipment since then. The plant can make a mask every 0.8 seconds using multiple manufacturing lines. The company donated 100,000 masks to the State of Wisconsin in April.

"Since the beginning of the pandemic, WHA has been advocating with federal and state governments and private sector industries to increase the supply of PPE to our state's health care workforce," Borgerding said. "We are fortunate to have these significant capabilities right here in Wisconsin made possible by Foxconn's transition to manufacturing PPE."

"Foxconn is grateful to all front-line professionals who tirelessly work to serve others," said Foo-Ming Fu, CEO of Foxconn Industrial Internet Wisconsin. "Foxconn's flexibility to quickly react to global markets makes opportunities like this possible."

Foxconn says that they will be able further scale up their mask production capabilities later this summer when the company moves into its nearly 1,000,000 square foot Advanced Manufacturing Facility at the Mount Pleasant technology park.

WHA members interested in learning more about Foxconn's capabilities to supply surgical masks and ventilators to hospitals or health systems can contact [Kyle O'Brien](#) at 608-274-1820.



*WHA's Borgerding asks a question about a Foxconn mask production line while Foxconn engineer Jacob looks on.*



*Alan, a Foxconn Line Supervisor, shows WHA's O'Brien and Borgerding around the Mount Pleasant plant.*



*Foxconn Line Supervisor Alan, and WHA's Borgerding.*



*Dr. Y.W. Sun, Foxconn, WHA's Borgerding and O'Brien and Foxconn engineer Jacob with a finished box of Sharp face masks.*

# Two Hot Topic Webinars Added to the WHA Education Schedule for August; Register Today!

## [HHS Begins Clarifying Reporting Requirements for Provider Relief Funds](#)

Tuesday, August 18 | 1-2 p.m.

This webinar will provide reporting obligation guidance for recipients of the Provider Relief Funds (PRF) which were established under the Coronavirus Aid, Relief, and Economic Security (CARES) Act. Recently HHS informed providers that reports will be required of any recipient who received PRF payments exceeding \$10,000. Recipients will also be asked to explain how they complied with PRF applicable terms and conditions. This presentation is brought to you by WHA Corporate Member Husch Blackwell.

**Recording:** This webinar will be recorded and posted, within 24 hours after its completion, to the [WHA On-demand Learning Center](#). This webinar will be secure. After clicking on the title, you will be brought to the Member Portal where you will need to enter your login and password.

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## [The Impact of COVID-19 on Workers' Compensation](#)

Thursday, August 27 | 10-11 a.m.

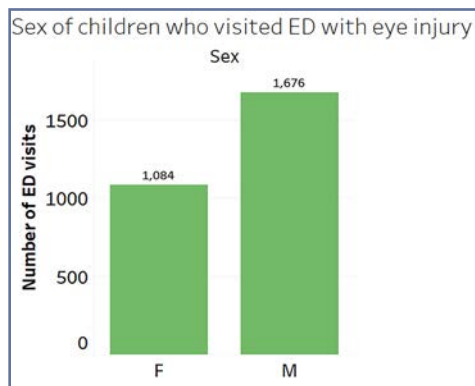
The worldwide pandemic has affected each of us in many ways. Your employees may have concerns about exposure-related illness and absence from work. We will talk about the impact of COVID-19 on workers' compensation, including what hospitals can do to support employees during this uncertain time. This presentation is brought to you by WHA Premier Partner Assured Partners (Formerly LMC Insurance & Risk Management) and RAS (Risk Administration Services).

**Recording:** This webinar will be recorded and posted, within 24 hours after its completion, to the [WHA On-demand Learning Center](#). This webinar will be secure. After clicking on the title, you will be brought to the Member Portal where you will need to enter your login and password.

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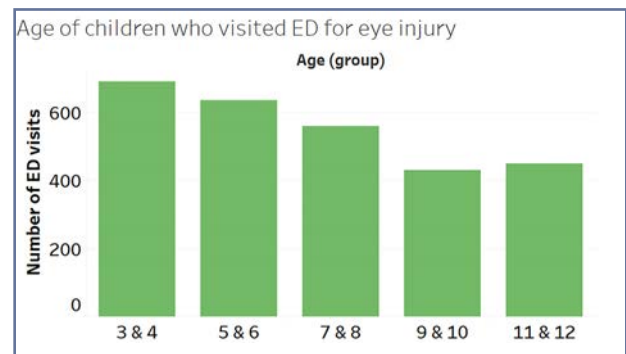
## August is Children's Eye Safety Month

Eye injuries when sustained in childhood can be very dangerous and potentially permanent depending on the situation. Accidentally prone children may not understand the implications that come with hurting their eyes. The goal of Children's Eye Safety Month is to raise awareness about eye and vision injuries, show the importance of healthy vision and early detection of vision problems.



Over the past three years (2017-19), children aged 3-12 accounted for nearly 2,800 visits to Wisconsin hospital emergency rooms with reported eye injuries. Of those ED visits, 39% of cases seen were female and the remaining were males.

Based off the data, age also seems to play a factor into the likelihood of a child injuring their eyes. Those aged 3 and 4 had the highest number of eye injuries, accounting



for 689 cases. Visits trend downward as the children get older, except for ages 11 and 12.

Certain description codes are attached to the child's medical record after an eye injury diagnosis. The description with the highest number of reported cases was "exposure to inanimate mechanical forces." Examples of this category include struck by a thrown or falling object, contact with sharp objects or tools, and explosions.

Almost all ED visits were caused by accidental injuries. The following proactive tips are extremely important for parents and caretakers.

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## Convention Fun Run and the World Series - 1982

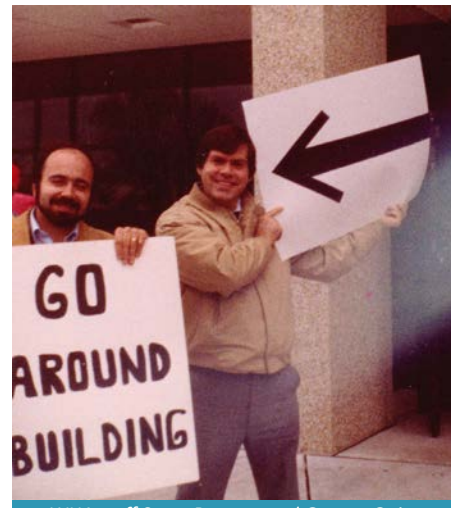
WHA’s members work hard, but they also like to play hard. Singalongs, karaoke and golf were among the activities enjoyed at conventions while also networking with colleagues. Members also looked forward to participating in “Fun Runs.” One of the most memorable was the 1982 Convention Fun Run in La Crosse. Toward the end of the run, a train came through and the runners had to run alongside the train before they could cross the tracks to get to the finish line. It was a FUN Run yes, but the members were still competitive about their finish times.

The day of the Fun Run in La Crosse (October 20, 1982) the Brewers were playing the seventh and final game in the World Series. Members and auxiliaries boarded the La Crosse Queen, a double-deck paddle-wheeler for a cruise on the Mississippi River. The cost for this trip was \$6. It was a rainy, windy evening so the upper deck wasn’t available for use and everyone crowded onto the main deck. Televisions were available to watch Game 7 – a 6-3 loss to the St. Louis Cardinals.

See the [race results](#) from the 1982 Run.



Participants prepare for the 1982 Fun Run in La Crosse.



WHA staff Steve Brenton and George Quinn kept the runners on track.



Fun Run t-shirts. In 1982 the convention keynote speaker was Dr. William Ouchi, Professor of Management at UCLA and the author of Theory Z, which contrasts Japanese and American management styles. The t-shirt reflects the theme. See a [Convention speaker handout](#).

## Political Action Fundraising Campaign Contributors

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Size, Tim & Pat Rural Wisconsin Health Cooperative

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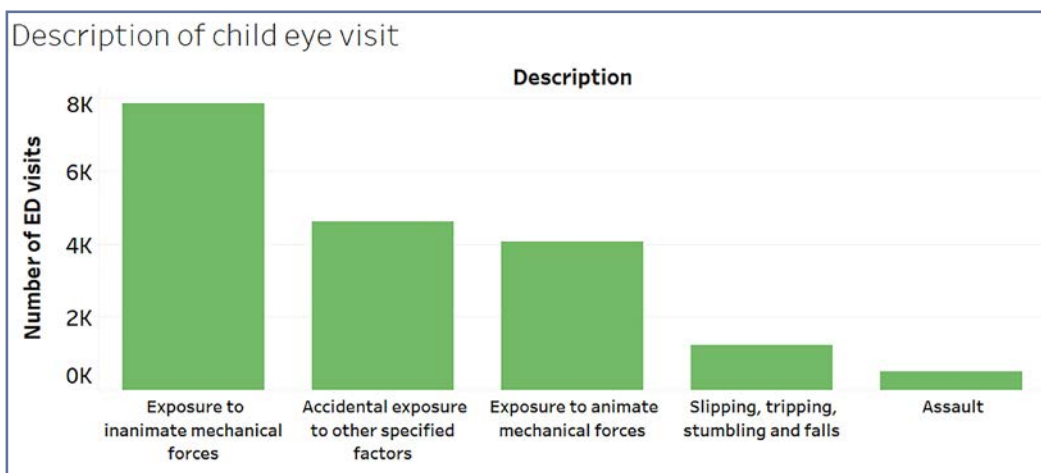
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Marquardt, Amy	Froedtert & The Medical College of Wisconsin	Wymelenberg, Tracy	Advocate Aurora Health
Mays, Laura	Stoughton Health	Wysocki, Scott	SSM - St. Clare Hospital & Health Services
Meicher, John	SSM - St. Mary's Hospital Madison		

**(August is Children's Eye Safety Month . . . continued from page 5)**

**Tips:**

- Make sure the sharp edges of furnishing and home fixtures are padded or cushioned.
- Locks should be put on cabinets and drawers that children can reach.
- Lights and handrails can be installed to improve safety on stairs.
- Use guards on power equipment and tools around the house.
- Keep all hazardous solvents and detergents away and out of reach of your child.
- Keep children away when using a lawnmower or weed trimmer due to flying debris.
- Avoid purchasing toys like bow and arrows, darts, and other small missile-firing toys.
- Keep all firearms locked in a gun cabinet and out of reach of children.



Tips come from the American Academy of Ophthalmology and University of Rochester Medical Center. You can also read the AAO's ["Seven Myths About Children's Eyes."](#)

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**Optimize Your WHA Website Viewing**

With the Internet Explorer (IE) browser no longer supported on Windows 7 operating systems, WHA's websites work best with Google Chrome or Microsoft Edge browsers. Using IE may result in errors on some parts of the website.