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Latest Stop the COVID Spread! Coalition Message Strikes Bipartisan Note

Rep. Pocan, Speaker Vos collaborate to urge Wisconsin residents to stay safe



Congressman Mark Pocan and Assembly Speaker Robin Vos in the latest Stop the COVID Spread! coalition ad.

Keeping ourselves, our friends, neighbors and loved ones safe is not political. That’s the message delivered by Republican Wisconsin Assembly Speaker Robin Vos and Democratic Congressman Mark Pocan, who appear together in the latest [“Stop the COVID Spread!”](#) coalition public education announcement aimed at combating the pandemic raging throughout Wisconsin. The [new ad](#), the coalition’s fifth, began airing on broadcast and digital

channels throughout the state this week as rampant community spread of COVID-19 continues to stress the state’s health care system.

Representing different political parties, geographic areas and bodies of government, Congressman Pocan and Speaker Vos have come together for a cause that all Wisconsin residents can agree on: beating COVID-19. “After another election, it’s clear we have differences, but we can also agree,” says Speaker Vos in the ad. “We can still live our lives and be sensible and safe.” Both elected officials speak about the importance of preventative measures including wearing masks, hand washing, practicing social distancing, and staying home whenever possible. “We have to do all we can to stay safe,” adds Congressman Pocan.

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WHA Names New Chief Medical Officer

Long-serving UW-Health physician leader Chris Green, MD, will replace retiring WHA CMO Mark Kaufman, MD

With the retirement of current Chief Medical Officer Mark Kaufman, MD, at the end of the year, the Wisconsin Hospital Association (WHA) has tapped UW Health’s Dr. Chris Green to serve as the organization’s top physician leader to provide expert guidance and perspective on issues affecting hospitals and health systems in Wisconsin.



Chris Green, MD

A pediatric pulmonologist, Dr. Green has been a practicing physician with the University of Wisconsin-Madison since 1983. In addition to a long career in patient care and clinical leadership, Dr. Green has for more than 20 years served in key executive leadership roles in the university’s health system, including vice chair and interim chair of the Department of Pediatrics, medical director for American Family Children’s Hospital

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and, most recently, senior vice president of medical affairs and chief medical officer of UW Hospital and Clinics.

As WHA chief medical officer, Dr. Green will be the lead liaison to WHA's chief medical officer community and Wisconsin-based physician leaders. He will also help to lead, develop and execute WHA's growing integrated physician and clinic agenda.

"Dr. Green will be a great addition to the WHA team," said WHA President and CEO Eric Borgerding. "We look forward to his leadership as Wisconsin hospitals and health systems respond to and work toward overcoming the long-term challenges posed by COVID-19."

Dr. Green and his wife Ann, a retired nurse, have two grown children. The couple enjoy hiking, biking, reading and caring for their home and yard. They are fans of the University of Wisconsin-Madison's men's basketball and football and of the Green Bay Packers.

Dr. Kaufman has served as WHA's chief medical officer since 2018 and was actively involved in helping find his successor. "We have been so fortunate to have Mark on the team the past few years, and particularly during COVID," said Borgerding. "He has been a tremendous asset to WHA and our members and a wonderful and supportive colleague who fit right in with our team. He will be greatly missed. We all learned a lot from Mark and wish him and his family all the best."

"My time at WHA has been fun, fast and furious working with wonderful and talented colleagues through a very challenging time. I will miss them all, but it is simply time for me to let go of work," said Dr. Kaufman.

Dr. Kaufman will assist Dr. Green with his transition over the next month. Dr. Green's official start date is Dec. 28.

Stop the COVID Spread! Coalition Efforts Continue Thanks to Support of WHA Corporate Members

The multi-industry coalition "[Stop the COVID Spread!](#)" continues its public education campaign through the month of December thanks in part to the generous support various Wisconsin Hospital Association (WHA) corporate partners have given to the [Healthy Wisconsin Alliance](#), which is funding the coalition's efforts. Corporate supporters include Coverys, C.G. Schmidt, Wipfli LLP, Deloitte Consulting LLP, Quarles & Brady LLP, Eppstein Uhen Architects (EUA), GRAEF, Von Briesen & Roper, S.C., Central Minnesota Diagnostic, Inc. (CMDI), and First Business Bank.

The Healthy Wisconsin Alliance is a 501(c)(4) organization affiliated with WHA that works to ensure the good health of all Wisconsin residents while maintaining the strength and vibrancy of Wisconsin's health care system. The "Stop the COVID Spread!" coalition was formed on Oct. 9 by WHA, Wisconsin Counties Association, Wisconsin Manufacturers & Commerce/Wisconsin Safety Council, Wisconsin Grocers Association, and the Wisconsin Restaurant Association, all of whom serve as co-chairs. The coalition has grown to include more than 125 organizations across the state.



"We salute the enormous efforts that these organizations have extended to halt the spread of the pandemic in Wisconsin and instead spread awareness," said Quarles & Brady LLP Partner Sarah Coyne. "Quarles & Brady is pleased to support the "Stop the COVID Spread!" coalition."

"Stop the COVID Spread!" has released five public education announcements, with two more planned to air on broadcast TV, radio and digital channels statewide. The ads can be viewed [here](#).

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(Stop the COVID Spread! Coalition Efforts Continue Thanks to Support of WHA Corporate Members . . . continued from page 2)

“The Coverys Community Healthcare Foundation (CCHF) is committed to helping those organizations who deliver health care services in the communities we serve,” said Coverys Senior Advisor Mary L. Ursul. “This commitment has never been more important as now, when hospitals and health care workers on the frontlines are fighting an intense battle against COVID in communities across Wisconsin. CCHF is honored to support the “Stop the COVID Spread!” coalition’s efforts during this difficult time.”

“We are extremely grateful for the generous support of our corporate partners this year, and especially to those who have supported the Healthy Wisconsin Alliance and the continuing efforts of the ‘Stop the COVID Spread!’ coalition’s public education initiative,” said WHA President and CEO Eric Borgerding.

To learn more about “Stop the COVID Spread!” and how your organization can get involved and help, contact [Kari Hofer](mailto:Kari.Hofer@healthywi.org) at (608) 268-1816. Corporate contributions to the Healthy Wisconsin Alliance which supports “Stop the COVID Spread!” can be made online at <https://www.healthywi.org/contribute>.

WHA Asks Wisconsin Lawmakers to Support Insurance Provisions, Calls for Caution with Health Insurer’s Comparisons

In a [memo to Wisconsin lawmakers](#), Wisconsin Hospital Association (WHA) President and CEO Eric Borgerding and Senior Vice President of Government Relations Kyle O’Brien expressed support for several COVID-19 insurance coverage provisions included in recent legislation circulated by Governor Evers related to telehealth and prohibiting health plans from implementing out-of-pocket costs for COVID-19 diagnosis, testing, treatment and vaccination.

“As hospitals have, unfortunately, become both the frontline of battle and the last line of defense to COVID-19, their perspective is important on public policies impacting patient insurance coverage and costs. As you consider the health care coverage proposals included in LRB 6522/1 from Governor Evers or other proposals developed by lawmakers in the Assembly and the Senate, we ask you to understand and support the following perspective from our state’s hospitals,” said WHA in the memo.

The memo reminded lawmakers how regulatory and payment policy must align to sustain and improve access to care. “Practice, policy and payment must all align for a resource like telehealth to be used to treat patients—if one of those elements is missing it will become a barrier for providers to deliver care and a patient’s ability to access care.”

In addition, Borgerding and O’Brien raised objections to how health plans portrayed the governor’s proposal establishing a benchmark rate to settle billing disputes between patients, providers and a health insurer that chooses not to contract with the patient’s provider. The governor’s proposal, limited in its scope to the diagnosis and treatment of COVID-19, establishes the benchmark rate for out-of-network care at 250% of Medicare’s rate, requires the provider to accept this payment as payment in full and prohibits the provider from charging the patient an additional amount for the service beyond what the health insurance company has paid.

Borgerding and O’Brien stated that WHA has been neutral on this limited provision in the interest of the current public health emergency, but objected to lawmakers using benchmark rates more broadly in any future public policies to settle disputes for out-of-network provider bills when an insurer doesn’t contract with a patient’s provider.

In a Nov. 20 [memo to the state Legislature](#), three insurance company trade associations in Wisconsin—America’s Health Insurance Plans, Alliance of Health Insurers and the Wisconsin Association of Health Plans—wrote that the governor’s proposed benchmark rate was “simply too high” and countered that other states like California, Massachusetts and Michigan had legislated benchmark rates that were far lower at 125%, 135% and 150%, respectively.

“Health insurers have indicated that a benchmark rate of 250% of the Medicare rate is too high. We disagree. The health insurers compare Medicare rates in Wisconsin to other states, which is not a valid comparison to make,” wrote Borgerding and O’Brien in their memo. “The concerns about inequitable Medicare payments and how Medicare sets its rates geographically are widely known. Simply, Medicare rates are low in Wisconsin compared to other states,” they continued.

The group of health insurers propose that the benchmark rate be established individually by each health plan’s median in-network rate for its geographic region.

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WHA's memo objected to the health insurance company's median in-network proposal. "The health insurers propose using each respective plan's median in-network rate for a specific geographic region. This black box approach provides no transparency to the provider nor to the state Office of the Commissioner of Insurance. WHA strongly opposes requiring out-of-network providers to accept a payment derived from an unknown data source," stated the memo.

Later in the day on Dec. 1, Assembly Republicans offered an alternative proposal to Governor Evers' proposal which rejected the health plans recommendation but offered a lower proposed benchmark rate at 225% of Medicare. Governor Evers and legislative leaders continued discussions about potential legislation, but any floor action in either the Assembly or Senate remains uncertain.

Growing the Health Care Workforce

Three state agencies—the Department of Health Services (DHS), the Department of Safety and Professional Services and the Department of Workforce Development (DWD)—have teamed up to launch a campaign to reach all Wisconsinites in search of meaningful employment. The campaign uses both traditional and social media.

Residents will see the call to action on television and radio and in local newspapers. The campaign will also use social media platforms such as Facebook, Twitter and Instagram.

"Our ability to fight COVID-19 depends on having a robust workforce caring for our most vulnerable residents," said DHS Secretary Andrea Palm. "The surge in cases has put a strain on every community in the state, and we need motivated Wisconsinites to step up and fill in where they are needed most."

Health care employers can help! If you have job openings, please post them to the Department of Workforce Development job portal at JobCenterofWisconsin.com. Detailed instructions on registering with Job Center of Wisconsin and posting your positions can be found [here](#). This measure will ensure you get connected with the people who respond to this recruitment campaign. If you need assistance registering as an employer on Job Center of Wisconsin or adding your open positions, contact DWD at JobNetHelp@dwd.wisconsin.gov.

CMS Releases Final Physician Fee Schedule and Outpatient Rules for CY 2021



The Centers for Medicare & Medicaid Services (CMS) released the annual Physician Fee Schedule (PFS) and Outpatient Prospective Payment System (OPPS) final rules on Dec. 1 and 2, respectively. CMS finalized a number of positive changes for telehealth and quality ratings, but also continued down the path of reducing reimbursements in some areas of concern.

Under the final PFS rule, CMS increased reimbursement for primary care and chronic disease management services, including many services that are similar to Evaluation and Management office visits such as maternity care bundles, emergency department visits, end-stage renal disease capitated payment bundles, and physical and occupational therapy evaluation services.

The final 2021 PFS conversion factor is \$32.41, a decrease of \$3.68 from the 2020 conversion factor of \$36.09. The PFS conversion factor reflects the statutory update of 0.00% and the budget-neutrality adjustment, as required by law, necessary to account for changes in relative value units and expenditures that would result from finalized policies. This decrease in the conversion factor, coupled with increased reimbursement for primary care and chronic disease management, has resulted in payment cuts to certain specialties to maintain budget neutrality.

Since the beginning of the public health emergency for COVID-19, CMS has added 144 telehealth services such as emergency department visits, initial inpatient and nursing facility visits, and discharge day management services, that are covered by Medicare through the end of the public health emergency. In this final rule, CMS is adding more than 60 services to the Medicare telehealth list that will continue to be covered beyond the end of the public health emergency, as urged by WHA in its [comment letter](#), and CMS will continue to gather more data and evaluate whether more services should be added in the future. In the OPPS rule, CMS finalized many of the proposed changes to the Overall Star Ratings it uses to publicly report quality of hospitals. The changes, many of which the Wisconsin Hospital Association (WHA) supported, will simplify the calculation

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Door County Medical Center Awarded WHA 100th Anniversary Values Award

On Dec. 2, Door County Medical Center was awarded the Wisconsin Hospital Association (WHA) 100th Anniversary Values Award. Presenting the award was WHA President and CEO Eric Borgerding.

Borgerding highlighted the commitment Door County Medical Center has made to serving the poor and vulnerable in its community, a demonstration of the WHA value of leadership. “The work your staff does with prison ministry, meals on wheels delivery and working side-by-side with families who are building their Habitat for Humanity homes are outstanding examples of your community support and commitment ... and why you are receiving this recognition,” Borgerding said.

Borgerding also made special note of Door County Medical Center’s Help our Heroes program and the work it does to recognize frontline caregivers and support them and their families. “With the COVID-19 pandemic, this support program has never been more important.”

Congratulations to Door County Medical Center, its leadership, frontline staff and entire team for receiving this very well-deserved recognition and honor.

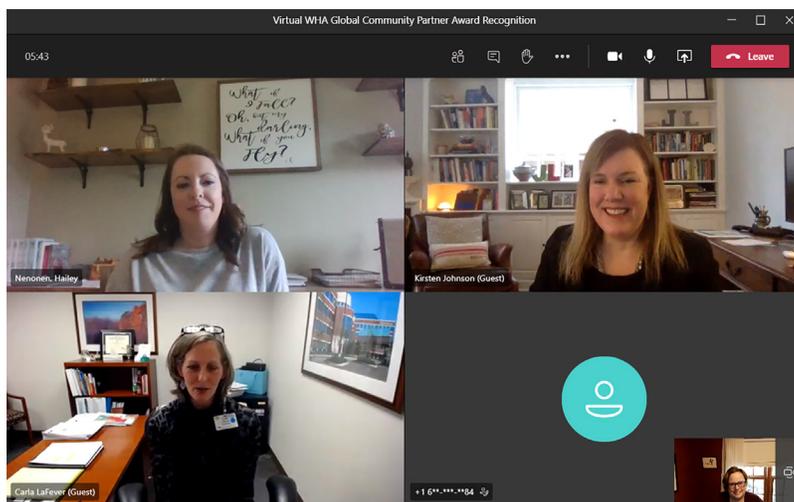


**Door County
Medical Center**

IN PARTNERSHIP WITH HOSPITAL SISTERS HEALTH SYSTEM

WHA Foundation 2020 Global Vision Community Partnership Award Presented to Aurora Medical Center-Grafton

On Nov. 30, Wisconsin Hospital Association (WHA) Foundation Executive Director Leigh Ann Larson presented the 2020 Global Vision Community Partnership Award to Aurora Medical Center-Grafton for its Cultivate Mental Wellness Program. Aurora Medical Center-Grafton is one of two recipients of the 2020 award, which includes a \$2,500 grant and commemorative plaque.



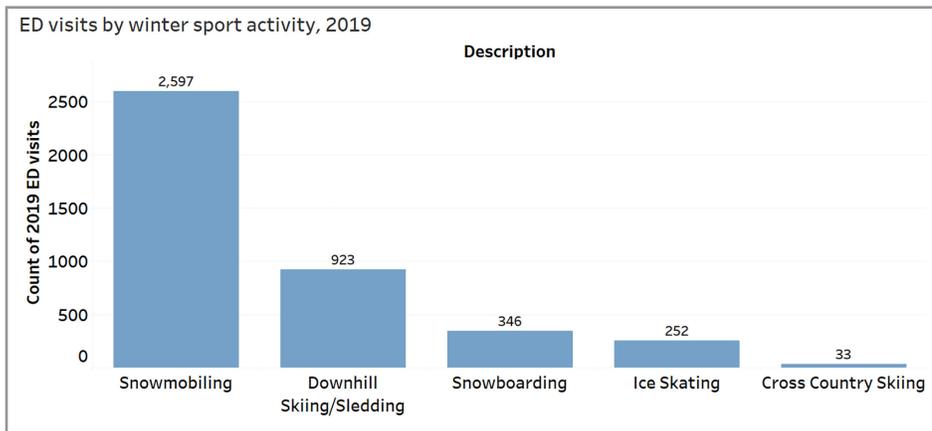
Cultivate Mental Wellness uses a public health framework to promote mental health and to eliminate stigma surrounding mental illness, while also supporting growing communities’ resiliency. Under this framework, communities build a culture where individuals seek answers, get diagnosed and have access to the care they need. Each Cultivate Community works to accomplish objectives through a four-phase process— Kindness, Empathy, Support and Resiliency. There are several strategies a Cultivate Community implements to move through each phase, including building awareness and understanding of mental health and building and equipping the community with sustainable resources. Cultivate Communities promote mental health training and educational opportunities, policy change, ongoing data collection, expansion of funding for mental health, and increased access to mental health services and resources. Current pilot communities in Wisconsin participating in the program include Port Washington/Saukville and West Bend.

*WHA Foundation Global Vision Award Winner Aurora Medical Center-Grafton
Pictured, clockwise from bottom left: Carla LaFever, Vice President, Operations, Aurora Medical Center-Grafton; Hailey Nenonen, Community Outreach Manager, Aurora Medical Center-Grafton; Kirsten Johnson, Director of Public Health & Health Officer, Washington Ozaukee Public Health Department; Leigh Ann Larson, Vice President of Education and Marketing, WHA.*

The purpose of the Global Vision Community Partnership Award is to recognize and reward community partnership projects that work with a WHA member hospital(s) to meet an identified community health need in an innovative or creative manner.

Fast Facts from the WHA Information Center: Winter Sport Injury

Nothing captures the delight of snowy Wisconsin winters like outdoor activities that make the most of cold winter days—skiing, sledding and snowmobiling. Outdoor winter activities add to the quality of life for people living in Wisconsin and draw visitors from other states seeking to take advantage of our recreational amenities. Wisconsin has a total of 36 ski resorts allowing for both skiing and snowboarding. These places provide people the opportunity to get outdoor exercise during the long, cold months. In 2019 nationwide, 51 million people participated in either skiing or snowboarding throughout the United States.



The Wisconsin Hospital Association Information Center is able to analyze claims data to report on winter sport injuries that Wisconsin hospitals have seen in 2019. Of all winter sport injuries, snowmobiling is the outdoor activity that caused the greatest number of emergency room injuries. Snowmobiling caused more injuries than all other winter sports combined. Thirty-two percent of winter-sport-related emergency department visits involved those age 20 and younger.

Males had twice as many hospital emergency department (ED) visits than females. The average age of injured patients was 30, and the age group with the greatest number of hospital emergency department visits was 11-20.

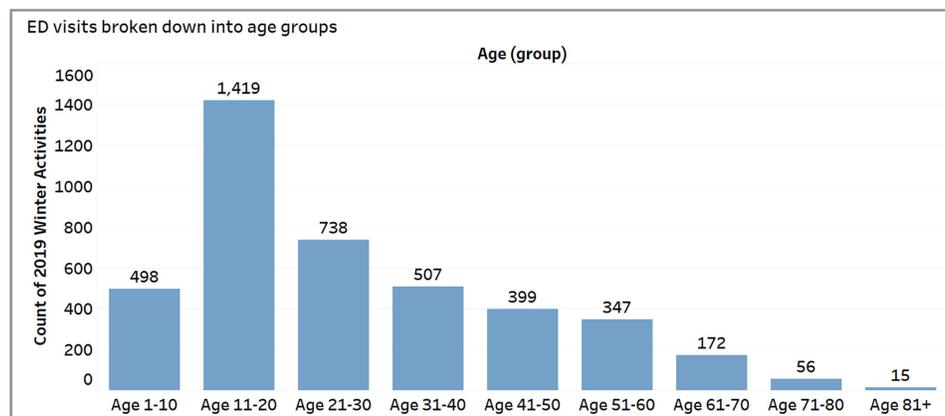
To ensure the maximum amount of injury-free fun with your winter sport, follow these safety tips from State Farm:

For skiing and snowboarding:

- Take lessons on how to stop, slow down and turn.
- Always wear a certified helmet with wraparound goggles.
- Secure loose straps or clothing.
- Identify the appropriate trails for your skill level.

For snowmobiling:

- Wear a helmet that meets the current Department of Transportation certification standards.
- Wear appropriate cold weather gear—such as a snowmobile suit, snow bib, jackets and gloves—to cut the wind, repel water and allow ventilation.
- Always go snowmobiling in groups, and notify someone at home where the group is headed and the expected return time.
- Always check the weather conditions before departing.
- Always ride sober, which includes avoiding prescription medications that may affect how you ride.
- Be cautious when crossing roadways.



Regulatory Reform Takes Center Stage

“Regulatory reform,” “regulatory streamlining” and “cutting red tape” are frequently among the named goals for a piece of legislation or administrative rulemaking effort supported by advocacy organizations, including the Wisconsin Hospital Association (WHA). But for WHA, these common phrases have real meaning—and real impact. WHA’s efforts during the last several legislative sessions have resulted in meaningful reform with significant benefit to our members.



Governor Scott Walker signed the Hospital Regulatory Reform Bill into Law April 8, 2014. The photo includes: Eric Borgerding, WHA; Matthew Stanford, WHA; Rep. Howard Marklein, Spring Green; Laura Leitch, WHA; George Kerwin, Bellin Health System; Michael Wallace, Fort HealthCare; Kyle O’Brien, WHA; Sen. Leah Vukmir, Wauwatosa; Front, seated: Gov. Walker

“Hospitals and health care systems strive to provide reliable access to high quality, efficient health care throughout Wisconsin. They work to provide real value to their communities,” said Eric Borgerding, WHA president and CEO, when asked to recall WHA’s regulatory reform efforts. “But to be successful, those efforts sometimes depend on government action, to guard against or address regulatory redundancies and inconsistencies and to ensure once-necessary government standards do not become obsolete. We have been fortunate in Wisconsin that legislators, regulatory agencies and the Administration have worked with providers to support excellent health care in our communities.”

A good example of that work was the Hospital Regulatory Reform Bill (Act 236), which was co-authored by then-Representative, now Senator Howard Marklein. When Act 236 was signed into law in 2014, an article in *The Valued Voice* noted, “Hospitals and health systems across the state applauded the new law, which will synchronize the state’s hospital regulations with existing federal rules. For years, hospitals have had to comply with inconsistent state and federal rules, making compliance confusing and inefficient.”

The Wisconsin Department of Health Services completed the work on the regulatory reforms kicked off by Act 236 when it recently finalized changes to DHS 124, the state hospital regulation, which had not been updated significantly since 1988.

The Mental Health Coordination Bill, which was also part of WHA’s regulatory reform efforts, passed the same legislative session. WHA described that bill as removing “statutory obstacles to providing integrated and coordinated care to individuals with mental illness.” Borgerding said at the time, “While the views and treatment of mental illness have evolved, our laws have not kept pace with that change. WHA is very pleased to see the governor’s signature on the bipartisan [bill].”



Gov. Tony Evers (front) approved Senate Bill 380 at a bill-signing ceremony Nov. 25, 2019 at The Richland Hospital in Richland Center. Bruce Roesler, the hospital’s CEO (fifth from left), was invited to speak at the ceremony. Also pictured is WHA President and CEO Eric Borgerding (3rd from left) and Sen. Jennifer Schilling (far right).

WHA’s regulatory reform efforts have continued. At the end of last year, a WHA-supported bill that would enhance the availability of telehealth services in Wisconsin received strong, bipartisan support in the Legislature. At the bill signing, Borgerding said, “The bill Governor Evers is signing into law today brings more parity between in-person and telehealth-provided care and removes outdated barriers to delivering and receiving care through telehealth.” Borgerding continued, “This is especially important for expanding access to critical areas of care like behavioral health, where the need for services is being increasingly understood and growing rapidly.”

The telehealth changes were fortuitous given the increased reliance on those services during the pandemic that emerged a few months later.

(Latest Stop the COVID Spread! Coalition Message Strikes Bipartisan Note . . . continued from page 1)

“Wisconsin needs unified responses to the COVID pandemic and aligning around a common message is critical,” said Eric Borgerding, president and CEO of the Wisconsin Hospital Association (WHA). “We’re grateful to Speaker Vos and Congressman Pocan for joining us to send the public a crucial message about working together to slow COVID’s spread.”



“We all need to do our part to stop the spread of COVID and get Wisconsin out of this public health crisis,” added Wisconsin Counties Association Executive Director Mark D. O’Connell.

“As Congressman Pocan and Speaker Vos have demonstrated, keeping Wisconsin safe is something upon which we can all agree.”

WHA’s [ongoing work with elected officials](#) to identify and implement bipartisan strategies aimed at curbing the spread of COVID-19 and providing much-needed relief to Wisconsin’s hospitals and health systems has spurred a groundswell of legislative activity, including numerous expressions of support for adoption of safe public health measures. As an example, State Representatives Steve Doyle (D-Onalaska), Jill Billings (D-La Crosse) and Loren Oldenburg (R-Viroqua) released a [joint statement](#) regarding the continued rising number of COVID-19 cases in Wisconsin referencing a virtual incident command meeting organized by WHA.

“Recently we had the opportunity to participate in a webinar where a number of medical professionals discussed their current day-to-day experiences as hospital workers during this pandemic. The stories that the hospital staff shared show the reality, and the severity of the COVID-19 pandemic. The Wisconsin Hospital Association is asking that we all work together to stop the spread,” the legislators wrote. “We are in the midst of a public health crisis. Across the state our hospitals are filling up or are already full, and in some cases, are sending sick people home to make room for the sickest of the sick. In addition, our medical staff are overburdened, stretched too thin, facing their own quarantines, or are so burned out that they cannot continue to work. We can each do our part to help stop the spread of COVID-19. The Wisconsin Hospital Association asks us to wear a mask, wash our hands and socially distance,” the statement continued.

Representatives Doyle’s, Billings’ and Oldenburg’s joint statement is but one recent expression of bipartisan support for desperately needed measures to fight COVID-19 coming from Wisconsin lawmakers.

Participation in the “Stop the COVID Spread!” coalition has also grown quickly to include more than 125 of Wisconsin’s leading health care, business and advocacy organizations. The organizations have joined together in a campaign to educate the public about the seriousness of the growing crisis in Wisconsin and the critical and growing need for preventative measures.

Watch the [full video](#) here. For more information about the “Stop the COVID Spread!” coalition and the importance of safe behaviors for both public and state economic health, visit www.wha.org/stopthecovidspread.

(CMS Releases Final Physician Fee Schedule and Outpatient Rules for CY 2021 . . . continued from page 4)

methods of the ratings. Hospitals will be able to more easily replicate the data results, translate the results for consumers and hospital providers, and discover actionable opportunities for improvement.

Unfortunately, CMS also decided to continue the concerning cuts surrounding the 340B prescription drug discount program and site-neutral payment policies. On 340B cuts, CMS opted to continue the policy of paying the average sales price (ASP) minus 22.5%, rather than the proposed ASP minus 28.7%. It also opted to continue the site-neutral payment cuts which originated in the 2019 OPPS rule. WHA has continued to oppose such cuts, noting AHA’s ongoing lawsuits challenging their legality and the financial stresses hospitals are already facing due to COVID-19 in its [comment letter](#).

CMS also finalized its proposals to allow more flexibility for physician-owned hospitals, eliminating the inpatient-only list and adding to the list of procedures allowed in ambulatory surgical centers. WHA noted concerns for how these changes could impact hospital patient-mixes and finances if cherry picking of more lucrative patients and services results, and strongly urged CMS to consider ensuring an adequate realignment of hospital payments to account for continued losses from government payors that such changes could exacerbate.

Lastly, CMS included two new topics for required data reporting to the Department of Health and Human Services as an interim final rule concurrent with the OPPS rule. Beginning Jan. 1, hospitals will need to report their distribution and use of therapeutic COVID treatments and include the numbers of patients with other respiratory and flu-like illnesses.

WHA will provide more details on both rules in a future communication. Contact WHA’s [Laura Rose](#) for more information on the PFS final rule and WHA’s [Jon Hoelster](#) for more information on the OPPS rule.