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**EDUCATIONAL EVENTS**

- December 2020**  
*Chargemaster Coding Updates and  
 Implementation for 2021*  
 Self-study module series
- December 2020**  
*Critical Access Hospital Conditions of  
 Participation 2020: Ensuring Compliance*  
 Recorded webinar series
- March 12, 2021 (Virtual)**  
**September 14-15, 2021 (In-person)**  
*2021 Physician Leadership Development  
 Conference*

**Our 100th Year ... Our Best Year.**

*By Eric Borgerding, WHA President and CEO*



2020 marked the Wisconsin Hospital Association's (WHA's) 100th anniversary, but COVID muted our planned year-long celebration. While that was disappointing, and despite all our cancelled plans, I don't think there has ever been a more important year in WHA's proud history. Our members have been challenged in ways unfathomable just 10 months ago, and WHA has been by their side every hour of every day.

But for the [great series of stories](#) that appeared in *The Valued Voice* throughout 2020, it was easy to forget that 2020 was WHA's centennial, COVID rendering this monumental milestone an afterthought. Some may see the confluence of a global pandemic and WHA's 100th year as an unfortunate twist of fate. I see it much differently.

To me, 2020 has been WHA's epoch year, the most remarkable and affirming of all our previous 100. A once-in-a-lifetime, career-testing/defining opportunity to help thousands of others by doing what WHA has been very intentionally built to do best—advocacy. A chance to use our resources and skills to truly make a difference for some of the most remarkable places and people in our society—our state's hospitals and the true heroes who staff and keep them running no matter the challenge. What more can we ask than to be the advocate and voice for the individuals and organizations who are saving and improving lives and giving hope and comfort to thousands of people and families every minute of every day? That is a privilege and an honor, especially in this, our 100th year.

WHA has a well-earned reputation for results and a commitment to excellence, but I firmly believe that in all our past 100 years, WHA has never been as impactful and valuable to our members as we are right now. Here are just some of the things WHA accomplished for our members in 2020, *none of which were on our agenda 365 days ago*:

- Like other sectors, the pandemic has inflicted serious financial damage on health care. A federal directive in March that postponed non-emergency hospital care translated into approximately \$2.5 billion in net losses for Wisconsin hospitals over four months. WHA successfully lobbied federal policymakers for fair distribution of the CARES Act Provider Relief Fund, ensuring no hospitals were left out; and to date, Wisconsin hospitals and health systems have received an estimated \$1.1 billion from this funding. WHA also worked with the Evers administration to create a grant program for hospitals during COVID, these efforts leading to the distribution of \$40 million to 72 eligible hospitals. WHA also applied for and received more than \$3.5 million in grant money through the Assistant Secretary for Preparedness and Response (ASPR). WHA chose to use those dollars to help our members and quickly distributed funds to 114 hospitals.

*(continued on page 5)*

# President Trump Signs \$900 Billion COVID Package

On Dec. 28, President Trump signed a \$900 billion COVID relief package, ending speculation that he may veto the package after posting a video on Dec. 22 in which he railed against the amount of pork in the bill unrelated to COVID and called for larger rebate checks for Americans.

The package contains a number of important health care provisions, including:

- **Flexibility in Spending Provider Relief Funding** – In addition to adding \$3 billion to the Provider Relief Fund, the package includes provisions supported by the Wisconsin Hospital Association (WHA) to give hospitals flexibility in spending funds they've already received. This includes the ability to use any reasonable method to calculate lost revenue (consistent with the original June Health and Human Services guidance) and allowing systems to move targeted distributions within their system.
- **Funding for Testing, Tracing and Vaccines** – The legislation includes additional funding (\$22.4 billion) that will go directly to states for testing, contact tracing, and COVID mitigation efforts.
  - o Wisconsin can expect to see between \$350-400 million based on previous distribution formulas.
  - o Additionally, unspent state dollars from the CARES Act will roll over through all of 2021.
  - o On top of this, the package adds \$30 billion in funding for vaccine acquisition, including \$4.5 billion going directly to states (Wisconsin is expected to receive around \$75 million based on past distribution formulas).
- **Surprise Billing** – Effective in 2022, the legislation implements the [surprise billing solution](#) supported by WHA: independent dispute resolution. Patients are protected from out-of-network bills and providers and insurers can negotiate disputes while using an independent third party as a backstop to ensure providers get paid.
  - o Notably, the final legislation removes onerous billing provisions WHA had requested to be removed, including establishing a 90-day billing timeline and requiring hospitals to be responsible for billing of professional fees. The legislation does include a new transparency provision requiring providers and health plans to work together to generate a good faith estimate for patients.
- **Extends Medicare Sequester Grace Period** – The CARES Act had removed the 2% Medicare Sequester cuts through 2020. This legislation extends their removal through March 31 of 2021.
- **Graduate Medical Education** – The package [includes legislation introduced by Wisconsin Reps. Ron Kind \(D-WI\) and Mike Gallagher \(R-WI\)](#) to fix the rotator cap issue, something WHA has long advocated for. The fix addresses the cases of two Wisconsin hospitals, Bellin and Hospital Sisters Health System St. Vincent, that had their federal Graduate Medical Education (GME) frozen at less than 1.0 full-time employee (FTE) after briefly hosting rotating medical residents in 1996. It also increases GME-funded slots in teaching hospitals by 1,000 slots in 2023.
- **Rural Provisions** – The legislation extends the Work Geographic Practice Cost Index (GPCI) Floor through 2023 and the Conrad State 30 J-1 visa waiver program, which helps underserved areas recruit foreign-born physicians, through 2021. It also creates a new Rural Emergency Hospital designation which allows existing rural hospitals to continue providing emergency and outpatient services without needing to offer inpatient services.
- **Medicare Physician Fee Schedule Payments** – The package offsets some of the cuts to specialty services from the 2021 Physician Fee Schedule [final rule](#) by including about \$3 billion in funding and putting a moratorium on the add-on/complex Evaluation and Management Code until 2024.

Please contact WHA Vice President of Federal and State Relations [Jon Hoelster](#) with questions.

## HSHS CEO Announces Retirement

### *Starmann-Harrison leaves “wide wake” of influence on Wisconsin health care*

Mary Starmann-Harrison, president and CEO of Hospital Sisters Health System (HSHS), has announced her plan to retire in 2021 after 10 years at the system’s helm.

Under Starmann-Harrison’s leadership, HSHS has grown to 15 hospitals in Illinois and Wisconsin, including the addition of HSHS St. Claire Memorial Hospital in Oconto Falls to the system’s service area in 2014. Before joining HSHS in 2011, Starmann-Harrison served for 12 years as regional president and CEO of SSM Health Care. She also played an instrumental role in establishing Prevea360 health insurance in Wisconsin.

“It has been an honor and privilege to serve HSHS for the past decade,” said Starmann-Harrison. “As I reflect on my long career in health care, there have been so many learnings, especially in the most challenging years such as 2020. I am so grateful for the incredible colleagues I have worked with over the years.”



The Wisconsin Hospital Association (WHA) also benefitted from Starmann-Harrison’s leadership. Participating in numerous annual WHA events and contributing to influential committees, task forces and councils for more than 15 years, Starmann-Harrison, who served as a WHA board member from 2007 and as board chair in 2006, has left a wide wake of influence on health care in Wisconsin, noted WHA President and CEO Eric Borgerding. “I am grateful to Mary for the help, support and counsel she has provided over the years,” said Borgerding. “Her dedication to her colleagues and the patients and communities she serves is truly inspirational. Because of Mary’s leadership, many more people in Wisconsin today have access to high-quality health care.”

Starmann-Harrison will assist in transitioning her successor prior to her retirement in the second half of 2021, after which she and her husband Greg plan to move to Arizona.

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## Prairie Ridge Health’s John Russell Receives AHA Grassroots Champion Award

Every year, one individual in each state is honored as a “Grassroots Champion” by the American Hospital Association (AHA) in consultation with state hospital associations. This year, the Wisconsin Hospital Association (WHA) nominated John Russell to receive the AHA Grassroots Champion Award for his service and efforts.

Currently, Russell serves as the chair-elect on the WHA board of directors. Russell regularly participates in WHA grassroots advocacy initiatives, including attending Advocacy Day, promoting the WHA’s Hospitals Education & Advocacy Team (HEAT) program, traveling with WHA to Washington, D.C., and more. Russell is also active in the Wisconsin Hospitals PAC & Conduit, personally contributing to the program and engaging with candidates through events.



WHA President and CEO Eric Borgerding presented the Grassroots Champion Award to Russell virtually on Dec. 17. “John is an exemplary leader, advocating for the important issues that impact Wisconsin hospitals, the patients they serve and their critical role in our communities,” said Borgerding. “WHA was pleased to nominate John for this is well-deserved award, and we know he will continue to be an advocacy model for others.”

“Thank you very much for this award,” said Russell. “I feel advocacy is part of our obligation as health care leaders—to be involved, to build those relationships, and hopefully, in some way, influence the direction of health care in our communities and in our state.”

## WHA Physician Leadership Development Conference to Feature Separate Virtual and In-Person Events

In response to attendee feedback and continued prohibitions on public gatherings, the Wisconsin Hospital Association (WHA) is adapting its Physician Leadership Development Conference to include two distinct, but complementary professional development opportunities, one virtual and one in-person. The Physician Leader Learning Day, a virtual conference, will take place March 12, 2021. The Physician Knowledge Sharing Event is planned as an in-person event in Kohler Sept. 14-15, 2021. Both events offer continuing medical education-certified instruction focused on developing leadership skills, while also providing a forum for discussion, networking and collegiality. Registration is inclusive of both sessions.

Complete event information and registration is available [here](#).

For any questions regarding this event or any other WHA educational opportunity, email [education@wha.org](mailto:education@wha.org)

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## UW-System Student Health Care Worker Incentive Program Now Live

The University of Wisconsin System (UW System) [is offering incentives](#) for students with nursing skills and other health backgrounds to work on the front lines of Wisconsin's fight against the COVID-19 pandemic.

UW System students meeting the program's eligibility requirements can receive a \$500 tuition credit for working in a clinical setting for at least 50 hours between Dec. 1, 2020 and Feb. 1, 2021. This includes students qualified to work in inpatient units and emergency departments, including nurses, nursing assistants, techs, and EMTs. The goal of the program is to increase the labor pool for hospitals struggling to meet staffing challenges under COVID.

The Wisconsin Hospital Association (WHA) is partnering with UW System to maximize the potential of this program for Wisconsin hospitals. Anyone interested in participating should contact WHA Senior Vice President of Workforce and Clinical Practice [Ann Zenk](#) for additional details.

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- Delayed care, whether by government mandate or capacity conserving necessity, has other serious, yet underappreciated, ramifications. According to the [WHA Information Center](#), from March through June of this year colonoscopies and mammograms were down 63% and 58%, respectively, compared to 2019. Hip and knee replacements were also down 38% and 54%, and most concerning was the decrease in the diagnosis of mental health issues such as anxiety and depression, both down 50% from 2019.

WHA worked with the state to avoid Wisconsin issuing its own orders limiting non-emergency care, thus allowing our members to ramp up to normal volumes and provide important delayed care sooner. More than 30 other states issued such orders and restrictions; Wisconsin has not. WHA also launched a statewide [PSA campaign](#) and joined with [physician partners](#) and others to assure the public that hospitals were safe and urge important health care not to be delayed.

- March, April and May were largely a dry run for what COVID became this fall, but it took information to help health care leaders, elected officials and others make critical decisions that served our state well then and still very much today. WHA was instrumental in filling the information void when on April 9 the [WHA Information Center launched](#) Wisconsin's COVID "situational awareness" [dashboard](#), a voluntary effort initiated by WHA. Our dashboard team collects, proofs and uploads 12 separate data elements from 155 hospitals into the dashboard *every single day, including on Thanksgiving and Christmas*. Entirely WHA staffed and funded, the WHA COVID dashboard has now been viewed over 800,000 times and has become the "go to" daily information staple for those monitoring the status and impact of COVID in Wisconsin.
- Applying lessons learned in the spring, hospitals did everything possible to minimize "crowd-out" of non-COVID care during the fall and winter COVID surge. This is one of the many reasons slowing down COVID became a statewide, multi-industry imperative. In September, as COVID began raging in earnest here, WHA led the creation of a multi-industry coalition "[Stop the COVID Spread!](#)", a diverse group intent on cutting through the politicization of COVID to drive widespread adoption of simple, yet critical, healthy behaviors. Since its launch in October, the coalition has grown to more than 125 Wisconsin organizations and aired six different safe practices ads on TV, radio and digital platforms that have been viewed, seen or heard an estimated 30 million times. The coalition is one of several [WHA-initiated efforts](#) to curb the spread of COVID, including partnering with the state's hospital and health system [physician leaders](#).
- As the numbers of COVID inpatients drastically spiked in September, October and November, hospitals leveraged their earlier experiences and planning to reprioritize care, reallocate resources and retool space. With determination and creativity, Wisconsin hospitals added capacity for more than 1,400 inpatients in order to absorb the COVID wave, restructuring lobbies, waiting rooms and even ambulance garages to handle patient overflow and safely treat both COVID and non-COVID patients. All this took place while hospitals and health systems massively expanded their COVID testing capacity and conducted the majority of community testing across our state.

Staffing that expanded capacity, in a highly contagious pandemic, has proven an immense challenge. Community spread of COVID has taken thousands of Wisconsin health care workers out of the fight at the same time demand surged. Hospitals have used every staffing tool and resource to cope, and here again, WHA was instrumental in supporting this incredible hospital response. We worked directly with Wisconsin Legislature, the Governor and federal policymakers to initiate, craft and implement facility waivers; expedite physician and nurse licensure; and expand use and reimbursement for telehealth, liability protections and other emergency actions, enabling hospitals to maximize space, capacity and workforce to respond to COVID.

From adversity comes opportunity, and not surprisingly, Wisconsin's hospitals initiated and refined new methods of care and resource use that are driving better outcomes and that should substantiate—and help government embrace—more regulatory reforms in the future. Health care will be forever changed by COVID and so, we hope, will government. Pandemic-driven regulatory innovation is an opportunity to maximize health care quality, access and affordability long after COVID recedes. WHA crafted and with our partners in Madison and Washington, D.C., advanced many of the temporary regulatory changes that turbo-charged these innovations, and now we are working to make many of them permanent.

Yes, 2020 has been difficult and so, too, will 2021, but I could not be prouder of the WHA staff and the Wisconsin hospitals and health systems we fight for every day. It is a privilege and honor to be your advocate and your voice, especially in challenging times like these. And I know that working together, we will emerge from this pandemic stronger than ever.