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EDUCATIONAL EVENTS

- August 11**
The Winning Race: Diversity, Equity and Inclusion Coaching Clinic
 Webinar
- September 2**
SURPRISE! *It’s tne No Surprises Act*
 Webinar
- September 14**
Legal and Risk Management Issues in the Emergency Department
 Webinar

Visit www.wha.org for more educational opportunities

Physician Leadership Development Conference Moving to Virtual Platform

After much thought and consideration and out of an abundance of caution for attendees, their colleagues and the patients they serve, WHA has decided to pivot the Physician Leadership Development Conference in September to a virtual platform. WHA remains committed to this important educational opportunity for its members. The agenda remains unchanged; however, the conference will be split up over two days.

Below are details:
Wednesday, September 15
 1.5 CME

9 a.m. – 10 a.m.
 The Journey from Clinician to Physician Leader to CEO
 Scott Rathgaber, M.D.
 CEO, Gundersen Health System, La Crosse

In our rapidly changing health care environment, physicians are natural candidates to lead health care organizations. Despite the unique perspective and experiences that physicians bring to leadership, many physicians who attain senior leadership roles are not as successful as they would like to be. In this session, attendees will gain insight into the transition from clinical practice to physician leader and to the unique opportunities and challenges a physician leader faces in being a successful CEO.

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Bellin Health’s Chris Woleske 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 Chris Woleske to receive the AHA Grassroots Champion Award for her service and efforts.

Currently, Woleske serves on the WHA board of directors. Woleske regularly participates in WHA grassroots advocacy initiatives, including Advocacy Day, promoting the WHA’s grassroots program HEAT and attending roundtable events with



Chris Woleske Receives the Grassroots Champion Award from Eric Borgerding.

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10 a.m. – 10:30 a.m.

Q&A and discussion with Dr. Rathgaber

Beginning to Mid-November

Panel Discussion – EHR Burden and Physician Well-being

*Panelists, CME, and date/time TBD

If you are not yet registered for the Physician Leadership Development Conference, there is still time to register. Learn more and register [here](#). Questions can be addressed to the WHA education department at education@wha.org.

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elected officials. Woleske is also active in the Wisconsin Hospitals PAC & Conduit, personally contributing to the program and engaging with candidates through WHA PAC events.

WHA President and CEO Eric Borgerding presented the Grassroots Champion award to Woleske virtually during the Bellin Health board of directors meeting on Aug. 24.

“Chris is an exemplary leader, fostering relationships with policymakers and 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 Chris for this well-deserved award, and we know she will continue to be an advocacy model for others.”

“Thank you very much for this award,” said Woleske. “Advocacy is a strong part of our philosophy at Bellin Health, prioritizing access to quality health care for our patients and our community. It is an honor to be a voice for them.”

Federal Government Delays Enforcement for Parts of No Surprises Act and Insurer Price Transparency Provisions

The Biden administration has announced it will defer enforcement of certain provisions of the No Surprises Act and Insurer Price Transparency Rule. The Departments of Health and Human Services (HHS), Labor and Treasury issued a release on Aug. 20 indicating that they recognize that compliance is likely not possible for some provisions by the Jan. 1, 2022, implementation date.

While impacts of COVID-19 were not cited in the rationale for the delayed enforcement, the deferral of certain aspects of what is known as “the good faith estimate” is welcome news for hospitals and other health care providers as they are again facing workforce shortages and challenges due to the demands from the increasing numbers of patients they are treating with COVID and other respiratory infections.

The No Surprises Act was passed by Congress in December 2020 to address out-of-network billing, with many of the provisions expected to be implemented on Jan. 1, 2022. WHA is sponsoring a [webinar](#) for members on the Act on Sept. 2.

As part of the Act, providers and facilities will have to provide a good faith estimate of expected charges for all items and services, including for items and services furnished by another provider or facility. The estimate is required to be provided to insurers for any patients enrolled in a health plan or to the individual for those who are uninsured. The federal agencies are deferring enforcement of the good faith estimate for individuals who are enrolled in a health plan until rulemaking to implement the requirement is adopted, which is not expected in time for the Jan. 1, 2022, implementation date. However, providers and facilities will still have to provide a good faith estimate to uninsured individuals, and HHS intends to issue regulations implementing this requirement before the Jan. 1 date.

Also of note, the federal departments announced that they will delay enforcing the price transparency requirements for insurers. Under the price transparency rule, health plans are required to publish in machine-readable format their in-network rates, out-of-network allowed amounts and billed charges, and all negotiated rates and historical net prices for prescription drugs.

Although the machine-readable file provisions go into effect Jan. 1, 2022, the Centers for Medicare & Medicaid Services (CMS) will not enforce the requirements until July 1, 2022. CMS indicates it will also defer enforcement of the prescription drug pricing information until further rulemaking is complete.

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These announcements come as the price transparency rule is being challenged in court by the U.S. Chamber of Commerce. As reported by [WHA on Aug. 12](#), the Chamber argues that the requirements threaten to increase costs to consumers as insurers would be required to reveal confidential and commercially sensitive information to competitors.

WHA Offers Complimentary Webinar on the No Surprises Act

On Dec. 28, 2020, Congress passed the No Surprises Act as part of the year-end omnibus spending bill. The Act, which largely goes into effect on Jan. 1, 2022, protects consumers from surprise medical bills, including from out-of-network emergency treatment and for non-emergency services performed by out-of-network providers. While many details of the No Surprises Act will be forthcoming as federal agencies engage in the necessary rulemaking, WHA will host a webinar to address the provisions of the Act and the first set of implementing regulations as they apply to health care providers.

Surprise! It's the No Surprises Act

Thursday, Sept. 2
10 a.m. – 11:30 a.m.

Brian Stephens, CEO of Door County Medical Center and chair of WHA's Transparency Task Force, will kick off the session, which will include remarks from WHA Senior Vice President of Public Policy Joanne Alig and a presentation by Kelly Noyes from WHA's valued corporate member von Briesen and Roper.

The target audience for this webinar includes CFOs, revenue cycle management, patient financial services management, compliance representatives and in-house counsel.

For more information, including registration, please click [here](#).

If you have questions regarding this webinar or any WHA educational event, please contact the education department at education@wha.org

WHA Data Tools Aid Health Equity Assessments

WHA's quality department and the WHA Information Center (WHAIC) have joined together to develop tools to support members in identifying and eliminating barriers to the delivery of equitable health care.

From Wisconsin's picturesque rural settings in Bayfield and the tribal community of St. Croix to the Capitol city of Madison and the culturally diverse city of Milwaukee, social determinants of health (SDOH) have different impacts on each of the communities WHA member hospitals serve. A community's distinctive characteristics can significantly influence access, cost and quality of care.

Information and tools developed by WHA will help members address this priority. The first step will be the launch of a health equity organizational assessment (HEOA) to all Wisconsin hospitals. The HEOA survey will evaluate current efforts around health equity. The assessment evaluates the ability to identify and address health disparities in several evidence-based areas, including:

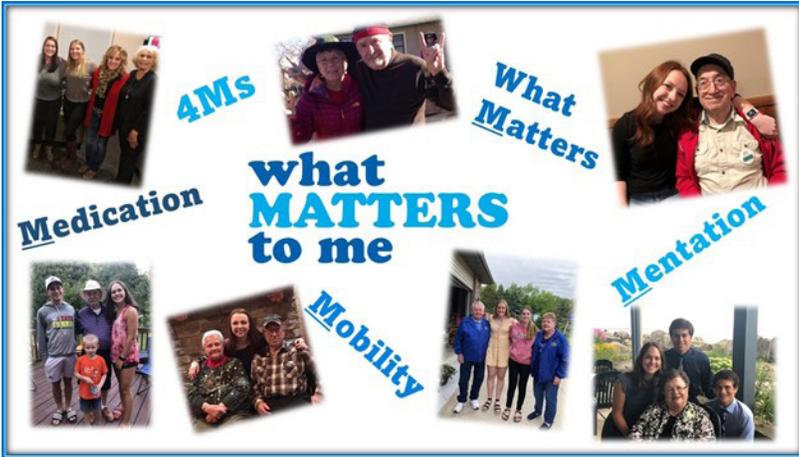
- Consistent collection of accurate demographic data;
- Use of demographic data to identify and resolve disparities; and
- Implementation of organizational and cultural structures required to sustain the delivery of equitable care.

Based on the results from this survey, WHAIC will introduce a HEOA summary dashboard, an interactive tool that can be used to assist hospitals in identifying areas of opportunity, next steps and recommendations to address disparities in care. WHA and WHAIC will also work with members to devise strategies that focus on making a positive impact on SDOH.

WHA members can expect to receive the HEOA survey soon. For questions, please contact WHA's Clinical Quality Improvement Advisor [Jill Lindwall](#).



Age-Friendly Health Systems Seek to Improve Care for Older Adults

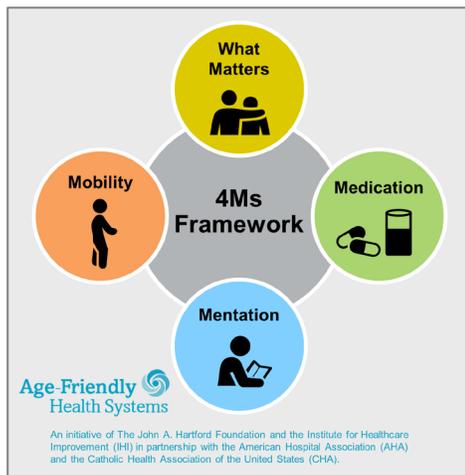


“Clinicians, and those who train them, should learn how to ask less, ‘What is the matter with you?’ and more, ‘What matters to you?’”
 - Donald M. Berwick, M.D., M.P.P., President Emeritus and Senior Fellow, Institute for Healthcare Improvement

The population of the United States is not as young as it used to be. The year 2035 represents a major demographic turning point in the U.S. The legendary baby boomer generation will all be over the age of 65. Also, one-in-five Americans will be of retirement age, and for the first time in history, persons over the age of 65 will outnumber those under 18 years old.

Addressing the health care needs of a large and diverse older adult population will require new and innovative solutions. To prepare to meet these ensuing challenges, WHA invites members to join the Age-Friendly Health System movement. This movement, dedicated to improving the care of older adults, was founded by The John A. Hartford Foundation and the Institute for Healthcare Improvement, in partnership with the American Hospital Association (AHA) and the Catholic Health Association of the United States.

4Ms Framework – What Matters, Medication, Mentation, Mobility



What Matters

Know and align care with each older adult’s specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

Hospitals joining the joining the Age-Friendly Health Systems Action Community will receive the following benefits:

- Access to national experts, team networking and peer coaching webinars;
- Direct line of support with a WHA quality advisor;
- Free participation at no cost to you or your organization;
- Strategies to utilize existing hospital/health system resources;
- An advantage, placing your organization ahead of the curve in preparing for the impending market shift; and
- Recognition of achievement as either “Age-Friendly Health Systems Participant” or “Committed to Care Excellence”

The next Age-Friendly Action Community will run September 2021- April 2022. To learn more, contact WHA Clinical Quality Improvement Advisor [Jill Lindwall](#) or see the full AHA program [here](#).

Bipartisan Group of Lawmakers Circulate Clarifying Legislation on Provider Prompt-Pay Discounts

A bipartisan group of legislators, including Sens. Dan Feyen, John Jagler and Jon Erpenbach along with Reps. Pat Snyder, Tony Kurtz and Lisa Subeck, introduced WHA-supported legislation that would clarify the ability for Wisconsin health care providers to offer discounts to their patients who owe health insurance cost-sharing amounts, such as copayments, coinsurance, and deductibles, and pay those amounts timely.

As providers have weighed offering prompt-pay discounts to their patients, they have considered the applicability of a number of federal and state laws, guidance and other factors. For example, there is an unpublished 2004 Wisconsin attorney general opinion that stated if certain conditions are met, prompt-pay discounts are allowed under Wisconsin law. Other views, however, have discouraged the practice.

“Health insurance plans often require health care consumers to pay a portion of their health care costs through various cost sharing arrangements, such as copayments, coinsurance and deductibles. These out-of-pocket costs, which have been increasing over the years, are not only a significant burden for consumers to pay, but also a cost for providers to collect,” said the bipartisan group of six lawmakers in a memo to their colleagues requesting lawmakers co-sponsor the proposal. They added, “This bill is a common-sense way to help both patients reduce their out-of-pocket costs and health care providers avoid collection costs.”

Under this bill, a discount for the prompt payment of a coinsurance or deductible may be offered when the following conditions are met:

- The discount is offered without regard to the reason the individual was seeking the product or service;
- The discount amount bears a reasonable relationship to the amount that the health care provider would avoid in collection costs;
- The health care provider notifies the health insurance company of the discount;
- The health care provider does not, unless required by law, publicly advertise this discount;
- The cost of the discount is not shifted to any other payer; and
- The health care provider does not include the discount in a price reduction agreement with a third-party payer except as allowed by law.

An identical proposal was introduced during the last legislative session. The bill received broad, bipartisan support and passed the state Assembly, but was stalled, along with many other pieces of legislation, in the Senate due to the COVID-19 pandemic.

To contact your state lawmaker to express support for this proposal and ask him or her to co-sponsor the legislation, email [Kyle O'Brien](#) or [Kari Hofer](#) on WHA's government relations team.

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