

April 7, 2020

IN THIS ISSUE

State Legislative Action on COVID-19 Awaiting Further Analysis of Federal CARES Act 1

WHA Updates State Policymakers on Hospital/System COVID-19 Efforts, Needs 1

DHS Seeks Approval to Submit Section 1135 Waiver Request..... 2

WHA Cancels Wisconsin Rural Health Conference for 2020, Thanks Sponsors..... 2

CMS Announces COVID-19 Telehealth Waivers for Medicare Program..... 3

WHA Releases 2019 Quality Report..... 3

State Legislative Action on COVID-19 Awaiting Further Analysis of Federal CARES Act

WHA has been very active in sharing hospital and health system priorities needed to help combat the COVID-19 pandemic at both the state and federal policymaking levels. Three COVID-19 bills have already passed Congress and have been enacted by President Trump, with multiple WHA-pursued regulatory waivers having taken effect.

Activity continues at the state level to pursue government support for hospital efforts. Governor Tony Evers released [proposed legislation](#) including funding and state regulatory flexibility on March 28, followed by a [second package](#) of proposals April 1.

The initial Evers proposal included more than \$700 million in funding, primarily to state and local government agencies, with \$500 million specifically allocated to emergency response funds at the Departments of Administration and Military Affairs. In addition, the bill includes an unlimited appropriation for the Department of Health Services to respond to a public health emergency. The second package of proposals includes an additional \$274 million in state and federal funding for health care providers, with \$75 million targeted specifically to hospitals.

In addition to funding, the legislation would also create new public policies including provisions that would allow DHS to temporarily suspend Medicaid enrollee cost-sharing and other requirements to make Wisconsin eligible for enhanced Federal Medical Assistance Percentage (FMAP) funds.

(continued on page 4)

WHA Updates State Policymakers on Hospital/System COVID-19 Efforts, Needs

WHA has been focused on gathering and sharing data to inform decisions in response to the global COVID-19 outbreak in Wisconsin. To help educate state policymakers on hospital and health system priorities, WHA President and CEO Eric Borgerding sent [this memo](#) to the Wisconsin State Legislature on March 31, along with [this infographic](#) describing actions hospitals are taking to ensure citizens are cared for during this time.

Both communications pieces highlight the diligent efforts hospitals and systems have made to increase bed capacity, including postponing non-emergency elective surgeries and procedures. These postponements create increasingly difficult financial challenges for a growing number of hospitals, but the health care system takes very seriously the threat of a COVID-19 surge in their communities.

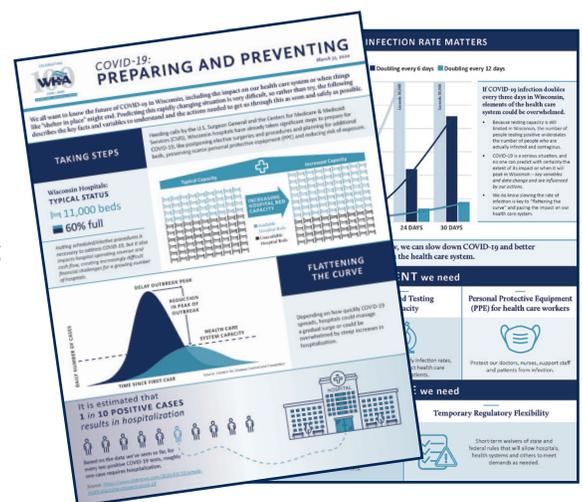
(continued on page 2)

EDUCATIONAL EVENTS

April 7, 2020
 COVID-19 and FEMA's Public Assistance Program for Hospitals Webinar - 12-1 p.m.

April 14, 2020
 Health Care Workforce Resilience Webinar Series: Coping With Change and the Neuroscience of Hope Webinar - 11 a.m. - 12 p.m.

Visit www.wha.org for more educational opportunities



(WHA Updates State Policymakers on Hospital/System COVID-19 Efforts, Needs . . . Continued from page 1)

The memo emphasizes the continuing need for personal protective equipment (PPE) to help protect patients from further spread and protect our vital health care workforce from falling victim the virus. WHA also shared the continued lack of COVID-19 testing kits, including the special elements needed to process tests to determine positive or negative results. As the memo states, “*Testing is critical* – it allows us to identify and quarantine those who are positive and contagious, communicate with personal contacts and thus mitigate spread.” Better identifying cases through testing also provides valuable data that can help gauge the size and growth of COVID-19 spread and the efficacy of mitigation strategies.

Both communications also emphasize the need for temporary regulatory flexibility to ensure that red tape doesn’t interfere with a hospital’s ability to provide necessary care in extraordinary times. WHA has already successfully received federal regulatory waivers and is pursuing important additional variances at the state level.

Stay tuned to future editions of *The Valued Voice* for updates on these and other efforts related to WHA’s work supporting hospitals and systems during the current pandemic.

DHS Seeks Approval to Submit Section 1135 Waiver Request

Expects providers will operate under all CMS blanket waivers

The Wisconsin Department of Health Services (DHS) sought approval March 24 from the State Legislature’s Joint Committee on Finance to submit DHS’ initial Section 1135 waiver request to the Centers for Medicare & Medicaid Services (CMS). [DHS’ submission](#) includes a number of acknowledgements to support health care providers’ response to the COVID-19 pandemic, such as:



- DHS expects all its licensed providers will operate under all CMS blanket waivers announced by CMS on March 13, 2020.
- Wisconsin is implementing all of the blanket waivers issued by CMS in Medicaid and CHIP.

The blanket waivers include CMS waiving the requirement that critical access hospitals limit the number of beds to 25 and that the length of stay be limited to 96 hours. DHS’ request includes temporary authority related to a number of items, such as:

- Allowing providers to receive payments for services provided to affected beneficiaries in alternative physical settings, such as mobile testing sites, temporary shelters or other non-traditional or alternative care facilities.
- Allowing the state to draw federal financing match for payments, such as hardship or supplemental payments, to stabilize and retain providers who suffer extreme disruptions to their standard business model and/or revenue streams as a result of the public health emergency.

DHS is also seeking temporary authority on behalf of hospitals, nursing homes, and others to operate flexibly under certain specified Medicare Conditions of Participation, Life Safety Code, and other standards. DHS requested quick action by the Joint Committee on Finance “to ensure the state is able to receive flexibility to serve the people of our state during this time of emergency.”

At this time, it is not clear when there will be legislative action on DHS’ request.

WHA Cancels Wisconsin Rural Health Conference for 2020, Thanks Sponsors

WHA has canceled the Wisconsin Rural Health Conference, scheduled for June 24-26, 2020. While we are all hopeful the COVID-19 pandemic curve will be flattened by then, there is the understanding and sensitivity that our members will most likely not have capacity to attend such a conference at the end of June. While this was a difficult decision to make, we feel that it is responsible and appropriate to do so. We hope you can join us in 2021 when the Wisconsin Rural Health Conference will be held June 2-4 in Green Bay.

WHA would like to thank the sponsors of the 2020 Rural conference who have supported not only WHA, but also the state’s hospitals and health systems:

- Healthcare Associates Credit Union
- EUA
- Market & Johnson
- CG Schmidt, Inc.

Thank you, sponsors!

CMS Announces COVID-19 Telehealth Waivers for Medicare Program

The federal Centers for Medicare & Medicaid Services (CMS) this week issued [information](#) on waivers of Medicare telehealth restrictions for the duration of the COVID-19 pandemic.



The major changes announced March 17 for Medicare telehealth include:

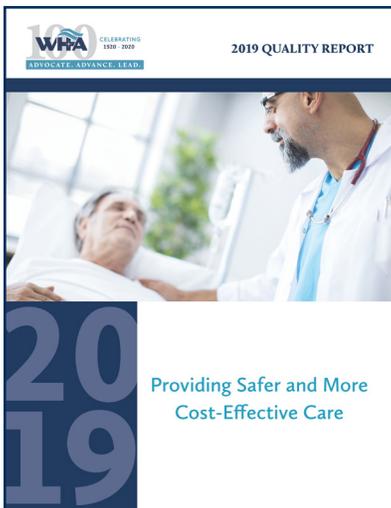
- Geographic restrictions placed on Medicare telehealth are waived. Starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for professional services furnished to beneficiaries in all areas of the country in all settings.
- Restrictions on location of the patient are waived. Starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for Medicare telehealth services furnished to beneficiaries in any health care facility and in their home.
- Payment for Medicare telehealth visits will be the same as in-person visits. The Medicare coinsurance and deductible will generally apply to these telehealth services. However, the HHS Office of Inspector General (OIG) is providing flexibility for health care providers to reduce or waive cost-sharing for telehealth visits paid by federal health care programs.
- HHS will not conduct audits to ensure that a prior patient-provider relationship existed for claims submitted during this public health emergency.
- HHS Office for Civil Rights (OCR) will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies.

In the March 13 declaration by the President of a national emergency, the Secretary issued a 1135 waiver for “requirements that physicians or other health care professionals hold licenses in the state in which they provide services if they have an equivalent license from another state.” However, CMS did not issue further guidance in the March 17 information on how this will be implemented.

CMS also reminds providers that Medicare virtual check-ins and e-visits are already available as other means to communicate with patients without face-to-face contact. These modes of communication are explained further in the [CMS fact sheet](#).

CMS has also prepared a “[Frequently Asked Questions](#)” document for Medicare telehealth that contains useful information.

For questions concerning telehealth reimbursement during the COVID-19 pandemic, contact WHA Vice President of Policy [Laura Rose](#).



WHA Releases 2019 Quality Report

Amid the challenges of these days, WHA is pleased to release the latest annual quality report: the [WHA 2019 Quality Report: Providing Safer and More Cost-Effective Care](#). The latest report is a timely reminder of the high-quality care Wisconsin hospitals and health systems provide daily. The report highlights the important partnerships between state legislators and hospital leaders, who continue to provide a culture that fosters patient safety and quality outcomes. Most importantly, this year’s report includes a record number of stories submitted by hospital quality teams that describe how they are improving care and conserving health care resources.

“Wisconsin is fortunate to have so many health care professionals dedicated to improving what is already nation-leading care, and WHA is proud to tell their story in this year’s Quality Report,” WHA President and CEO Eric Borgerding said.

For more information on the latest report, contact WHA Chief Quality Officer [Beth Dibbert](#).

(State Legislative Action on COVID-19 Awaiting Further Analysis of Federal CARES Act . . . continued from page 1)

The bill includes several insurance related provisions related to COVID-19 as well. Among these are: prohibiting policy cancellation within 90 days of premium non-payment; requiring COVID-19 cost-sharing for health plan enrollees; and requiring telehealth parity with in-person care for commercial health insurance plans. The bill would prohibit balance billing by out-of-network providers during a public health emergency for the duration of the emergency, This would apply to services for the condition causing the emergency or for other services resulting from limited provider availability due to the emergency, with out-of-network providers to be reimbursed at 250% of the Medicare rate.

Consistent with the Governor's [Emergency Order #16](#), the initial proposal delays renewal requirements for health care providers during the public health emergency and creates a temporary licensure process for former health care providers and health care providers in other states. The legislation also enables certified medical liability coverage in other states to fulfill Wisconsin's practice liability insurance requirements.

Republican legislative leaders reacted to the first proposal with caution, citing funding concerns the state's coffers are likely to experience in at least the next fiscal quarter. At a press event the morning of April 1 (just before Gov. Evers' second proposal was announced), Senate Majority Leader Scott Fitzgerald (R-Juneau) and Assembly Speaker Robin Vos (R-Rochester) said they would wait to make their own legislative proposals until after they received analysis from the nonpartisan Legislative Fiscal Bureau of the federal Coronavirus Aid, Relief, and Economic Security (CARES) Act. The CARES Act allocates about \$150 billion to the states as part of an overall \$2 trillion package, leaving to federal agencies the distribution of funds to the states.

"Certainly we want to know everything that's in the federal bill before we decide if we're going to spend precious state resources," Speaker Vos said at the event.

The LFB released CARES Act analysis later on April 1, but included a significant caveat to its 15-page summary: "It is important to note that although this memorandum describes provisions of the federal legislation based upon materials currently available, the administration of and funding of the Act will be known once guidelines from the federal government have been promulgated."

The LFB shared similar concerns about the ambiguity in the CARES Act's \$100 billion earmarked for health care. "The Secretary of the Department of Health and Human Services is responsible for developing criteria for distributing funds," the memo says, "and it is unknown how much funding, if any, Wisconsin healthcare providers will receive from this source."

WHA continues to work with leading state policymakers on the development of state proposals, stressing the urgent need for regulatory flexibility and funding support.

Follow Us



[@WIHospitalAssociation](#)



[@WIHospitalAssn](#)



[@Wisconsin Hospital Association](#)