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State COVID-19 Relief Legislation Now Law, Includes Priorities to Protect Access to Care

On April 15, Governor Tony Evers signed into law Assembly Bill 1038 as [Wisconsin Act 185](#), legislation related to the state government response to the COVID-19 pandemic. The legislation, which received near unanimous support in both houses of the legislature, addresses several key issues facing the state's residents, hospitals, providers and patients.

The Legislative Fiscal Bureau has produced memos summarizing [provisions of the introduced bill](#) and the [Assembly Amendment](#) engrossed into Assembly Bill 1038 before passage and enactment.

WHA has supported several elements of the proposed bill, which includes:

- Authorizing the legislature's Joint Finance Committee to allocate \$75 million to address the public health emergency, including aid to hospitals and health care providers.

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Popular WHA COVID-19 Dashboard Adds Important Trending Data

Already receiving positive feedback from policymakers and the public, the WHA Information Center's COVID-19 hospitalization dashboard was further enhanced April 15 with the addition of important trending data related to COVID-19 cases, hospitalizations and PPE supplies for health care workers in Wisconsin's hospitals.

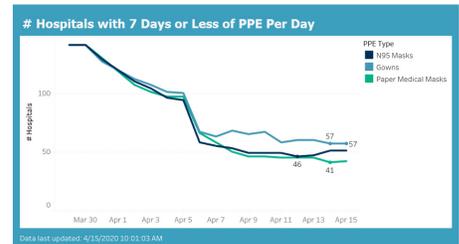
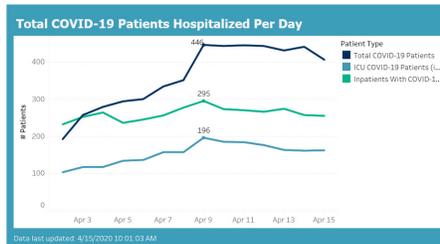
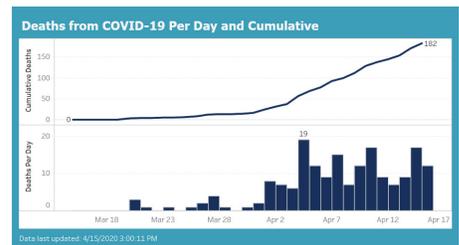
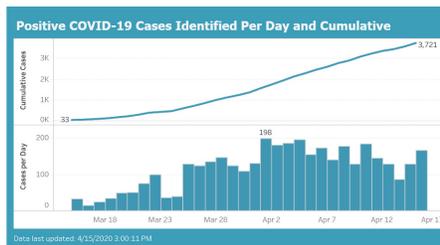
EDUCATIONAL EVENTS

April 30, 2020

Ensuring your infrastructure can support a remote workforce, telemedicine and increased patient load
 Webinar

May 5, 2020

Open Meetings in the Age of Technology
 Webinar



Since it was unveiled April 9, the [dashboard](#) has received national attention and numerous plaudits from state elected officials for the variety of information provided and the clarity of the display. Statistics include a daily snapshot of the number of

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(State COVID-19 Relief Legislation Now Law . . . continued from page 1)

- Temporarily suspending cost-sharing requirements for Medicaid enrollees, allowing the state’s Medicaid program to receive an additional \$150 million per quarter in federal matching dollars.
- Creating a new [public health emergency dashboard](#), operated by the Wisconsin Hospital Association Information Center, to educate the public and lawmakers about relevant COVID-19 related data.



Gov. Tony Evers signs COVID-19 Response Legislation into law April 16, 2020

- Providing limited liability protections, as done by Democratic and Republican governors and legislatures in other states, for health care providers and professionals for certain acts or omissions taken during a state of emergency declared by the Governor under [Executive Order 72](#) or during the period 60 days following the expiration of the state emergency.
- Creating a presumption in Wisconsin’s worker’s compensation law for certain health care workers who are exposed to COVID-19 at work and test positive for COVID-19 that the condition was acquired on the job.

The bill also includes several provisions regarding health insurance coverage for COVID-19 and other conditions provided during or after the public health emergency.

- Prohibiting health plans from requiring out-of-pocket cost sharing for COVID-19 related testing until March 13, 2021.
- Requiring health insurers to reimburse out-of-network health care providers for certain services at 225% of the Medicare rate and requiring providers to accept the payment as payment in full. These provisions apply during a state of emergency declared by the Governor under Executive Order 72 and during the period 60 days following the expiration of the state emergency.

WHA’s Borgerding Q&A in *Wisconsin Health News*

WHA President and CEO Eric Borgerding recently sat down (via conference call) for a lengthy chat with Wisconsin Health News founding editor Tim Stumm. The two discussed how the COVID-19 pandemic has upended typical hospital and health system operations, including how hospitals “stepping up” to help during a COVID-19 surge has resulted in dramatic net revenue losses for hospitals across the state.



Borgerding and Stumm also discussed continuing uncertainty regarding federal stimulus legislation that included \$100 billion to the states for a wide range of health care entities, and how WHA is working with the State Emergency Operations Center and the state’s Department of Health Services to bolster publicly-reported data related to COVID-19 hospitalizations.

The interview, which is also available [here](#):

WHN: What’s the financial impact of canceling elective procedures and other steps that hospitals are taking to prepare for the COVID-19 crisis?

EB: It ranges from hospital to hospital, but I talked to one of our rural hospital CEOs two days ago, he said their revenue is down 40 to 50 percent on a weekly basis... If you factor in the impact on hospitals, then also the impact on clinics and the procedures and appointments that are being canceled there, it’s net about \$262 million in revenue not coming in the door in Wisconsin a week. That’s net, not charges. That’s actual reimbursement.

And this has been going on now for a couple of weeks. Hospitals are taking these steps at the direction of the federal government. We’re not disputing that these are wise steps, but hospitals are taking steps to prepare for COVID-19 and at the same time some are standing, in a lot of ways, almost empty.

I know that there are hospitals that have furloughed staff because they’re just not needed right now. But, for the most part, a lot of those workers are still being paid. Because whenever the limitations on procedures goes away, we need those people to come back. It’s putting a fairly significant and growing financial strain on hospitals all across Wisconsin. And every day that goes by that strain becomes larger and more widespread in terms of its severity.

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WHN: Do you anticipate that some smaller hospitals may shut down as a result of this?

EB: We are concerned about the short, medium and long-term impact of the loss of \$262 million a week in net operating revenue. We're very concerned about the ongoing impact of that and I do think that it could threaten the viability of some of our smaller, maybe more at-risk hospitals if this continues for the foreseeable future.

WHN: The latest federal stimulus package included \$100 billion for healthcare providers. What impact will this have on Wisconsin hospitals?

EB: We still do not know how or when those dollars will flow. We are as anxious for information on that assistance as anyone. The [Legislative] Fiscal Bureau was quoted in their analysis saying it's unknown how much funding, if any, Wisconsin healthcare providers will receive. And I can't at this point offer anything concrete that would disagree with what the Fiscal Bureau said.

WHN: As you meet with lawmakers about this, what is your message to them?

EB: We understand that there are some hospitals and states across the country that are dealing with these issues at a greater level than we are, at least currently. But, the impact of being shut down is significant here, and that's a good part of what those dollars were meant to address.

This is about making sure we are stabilizing our hospitals in Wisconsin. Making sure that the short-term impact of COVID-19, and the preparations that are taking place don't damage them in the medium or long-term.

WHN: State and federal officials are working on a field hospital at the State Fair Grounds in West Allis to prepare for a surge of COVID-19 patients. What role are area health systems playing in this project?

EB: They're providing a lot of the administrative support. The administrative structures and leadership are coming together from existing or recently retired hospital and health system leaders. They're also very closely coordinating with the state and local governments, so the (State Emergency Operations Center) and the local EOC in Milwaukee, and other emergency government and planning agencies, to get a good sense of what's needed, get a good sense of the supplies that are necessary, and get a good sense of the staffing that is going to be necessary. And then once they have that in place, and I think that's moving along quite nicely, then going to (Federal Emergency Management Agency) and the federal government for resources there, first and foremost. And then also trying to make contingency plans for what can be provided from within those health systems themselves to help stand up the alternate care facility.

WHN: On Friday, Department of Health Services Secretary-designee Andrea Palm said the state is working with hospitals to provide more real-time data on ICU bed occupancy and the number of available ventilators. When will this information be available to the public?

EB: No one wants more data available than the hospitals in Wisconsin. We need data in order to get an accurate picture of what's going on in the state, do planning, those kinds of things. So do other decision-makers like lawmakers, policymakers, the governor. We need robust sets of data that help us not only plan, but gauge what the impact is of this pandemic in Wisconsin. And gauge it over a period of time. Looking at data on a daily basis is important, but you also have to have that information over time.

We worked with the State Emergency Operations Center to add data points to that system that has been in existence. It's not a system that WHA runs. It's not a system that we administer like the hospital data that we collect at the Wisconsin Hospital Association Information Center. And it's a system that doesn't so readily have, for example, COVID-19 hospitalizations in it. Those things have been added. We've been a strong advocate for adding that type of data to be collected.

WHN: What additional information will be added?

EB: Some of the things that can be really important that we think are coming next are back to those gauges of the impact of COVID on healthcare systems' capacity. We know total hospitalizations, which is a rate of positive COVID tests. What we need, and I expect we'll see very soon, is COVID positive hospitalizations on a daily basis. So, how many COVID patients are occupying inpatient and ICU beds today? How many patients under investigation are there today in the hospital? Because when they have to be monitored and isolated in an inpatient facility, that's essentially the same as taking up a bed of your COVID-positive patient. And then also ideally being able to look at that, say, regionally. We think that all of these are critical pieces of information that should be not only gathered but also reported. Other states are doing this. Wisconsin should be doing this.

(Popular WHA COVID-19 Dashboard Adds Important Trending Data . . . continued from page 1)

COVID-19 patients currently hospitalized, ICU bed availability, and supplies of important equipment such as ventilators, N95 respirators, gowns and surgical masks. The dashboard was created in collaboration with the state’s Department of Health Services, with various data points updated daily.

By adding additional trending data displays, policymakers and the public can better assess Wisconsin’s efforts to “flatten the curve” of the COVID-19 pandemic. Hospitals and public officials can also utilize the information as an aid in future planning.

State Promotes WEAVR Website for Pandemic Staffing Resource

To help aid with health care staffing if necessary to help hospitals handle any COVID-19 pandemic surge, Governor Tony Evers recently highlighted a state volunteer registry program as a central repository for active and retired health care professionals to offer their help: [Wisconsin Emergency Assistance Volunteer Registry](#) (WEAVR). Managed by the state’s Department of Health Services, WEAVR is a system for identifying, activating and deploying volunteers during disasters.



Anyone can volunteer with WEAVR, although emphasis is currently focused on licensed medical and health care volunteers. The site allows for secure, password-protected input of information, including the volunteer’s preference on the types of service they are willing to provide, as well as willingness to travel. The WEAVR system alerts volunteers via email or text message when local or county health officials notify the state that extra staffing is needed for a particular area.

For more information related to the WEAVR program, visit the program’s [Frequently Asked Questions](#).

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