WISCONSIN HOSPITAL ASSOCIATION
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EDUCATIONAL EVENTS

September 6, 2019
WHA 2019 Post-Acute Care Conference
Wisconsin Dells, WI

September 11-12, 2019
Health Equity and Literacy Workshop
Madison, WI

Visit www.wha.org for more educational opportunities

CMS Issues Proposed Rule on 2020 Medicare Physician Fee Schedule and Quality Measures

The Centers for Medicare & Medicaid Services (CMS) has issued the annual update to the Medicare Physician Fee Schedule (PFS). The rule proposes changes to certain quality measures for the upcoming year. Here is a brief summary of the rule:

- **Physician Fee Schedule Adjustment:** The proposed calendar year (CY) 2020 PFS conversion factor is $36.09, a slight increase above the CY2019 PFS conversion factor of $36.04.
- **Medicare Telehealth Codes Added:** Reimburse telehealth services for three HCPCS codes, GYYY1, GYYY2, and GYYY3, which describe a bundled episode of care for treatment of opioid use disorders.
- **Evaluation and Management (E&M) Coding Changes:** Allow five E&M codes for existing patients and four codes for new patients beginning in CY2021. Changes also revise the times and medical decision-making process for all the codes and requires performance of history and exam only as medically appropriate. The CPT code changes also allow clinicians to choose the E/M visit level based on either medical decision making or time.
- **Physician Assistant (PA) Supervision:** Relax the requirements for required physician supervision of PAs that would apply in states where the physician/PA relationship is not outlined in state law.

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Public Policy Council Discusses Health Care Data, Increasing Inpatient Psychiatry Capacity

The head of WHA's Information Center (WHAIC), Jennifer Mueller, was a guest presenter before the August 8 meeting of the Public Policy Council, providing an overview of WHAIC and discussing how data products available through WHAIC benefit hospital members, policymakers and the general public.

WHA President Eric Borgerding and WHA Information Center Vice President Jennifer Mueller

For more than a decade, Wisconsin's hospitals—through the Wisconsin Hospital Association Information Center—have led the way in publicly disclosing hospital price and quality data. The WHAIC PricePoint transparency tool is not only an asset for patients in Wisconsin, it is leased out to 10 other states for their hospital price transparency efforts. In 2017, WHAIC announced a significant upgrade to the PricePoint tool, using data to provide consumers with cost-estimates for professional and ancillary services they may experience with their hospital stay. WHAIC always encourages consumers to seek information from their insurance company related to out-of-pocket costs for care provided.

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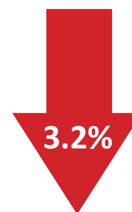
Wisconsin Individual Health Insurance Premiums Drop Again

Decrease of 3.2% projected for 2020



On August 2, Governor Tony Evers announced premium rates in Wisconsin's individual health insurance market will decrease an average of 3.2% from 2019 rates. This is the second consecutive year rates have declined, following a decrease of 4.2% for 2019.

This encouraging downward trend is largely credited to the bipartisan Wisconsin Healthcare Stability Plan (WIHSP), which had strong WHA support and passed the Legislature in spring 2018. The program was fully funded in the recently enacted state budget. The WIHSP creates a reinsurance pool that will cover a portion of high-cost claims in the individual market. WHA strongly advocated for the WIHSP to ensure affordability and stability in the individual insurance market.

"Rising premiums threaten access to affordable health insurance and erode the impressive gains Wisconsin has made over the past several years in reducing the number of uninsured," said Eric Borgerding, WHA President and CEO. "Wisconsin's Health Care Stability Plan has represented a crucial, bipartisan step in protecting access to Wisconsin's top-ranked health care."

Actuarial analysis from the Office of the Commissioner of Insurance projected premiums would have increased 9% for 2020 in the absence of the reinsurance program. Prior to the implementation of the WISHP, the Wisconsin individual market was experiencing double-digit premium increases and reduced competition from insurers.

For more information on this topic, contact WHA's Vice President of Public Policy Lisa Ellinger.

Larson Joins WHA as Vice President of Education & Marketing

Leigh Ann Larson

The Wisconsin Hospital Association is pleased to welcome Leigh Ann Larson as Vice President of Education and Marketing. Prior to joining WHA, Larson spent seven years at Group Health Cooperative of South-Central Wisconsin as the Learning and Development Manager. Prior to that, she worked for Dean Health Plan. Larson holds a bachelor's degree in secondary education from the University of Wisconsin – La Crosse.

As Vice President of Education and Marketing, Larson will be responsible for the overall direction and oversight of the WHA Education Department.

"Leigh Ann brings a lot of relevant experience in not only developing content, but also in all of the logistical components of putting on education events. She will be a great fit with the WHA team," said Brian Potter, WHA Senior Vice President of Finance and COO.

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- **Re-documentation revisions:** Further relax the documentation of medical record requirements that were instituted in last year's PFS rule. Under the proposed rule, physicians, physician assistants, nurse practitioners, clinical nurse specialists, and certified nurse-midwives could review and verify rather than re-document notes made in the medical record by other physicians, residents, nurses, students, or other members of the medical team.
- **Care Transitions:** Proposes a payment increase for transitional care management, as well as a set of codes for chronic care management.

WHA staff will keep members posted on the development and submittal of our comments on the proposed rule, which are due to CMS by September 27. For further information, contact WHA Vice President of Policy Development Laura Rose.

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When asked by Council members about utilization of PricePoint and CheckPoint, WHAIC Vice President Mueller commented that the general public is the largest user of WHAIC's transparency website tool—indicating that consumers are looking more and more to the WHA Information Center for accurate and reliable data.

"As lawmakers at the federal and state levels look to further engage patients in their health care decisions, Wisconsin should be viewed as a leader and model for tools that patients will actually utilize to understand the cost and quality of care they will receive," said Eric Borgerding, WHA President and CEO.

WHA's Public Policy Council meeting, August 8, 2019

In addition, data from WHAIC has undergone advancements to better equip hospitals and researchers with population health data. Several Council members discussed the utility of WHAIC discharge data to help inform local hospital community needs assessments.

"Because of the Wisconsin Health Care Data Modernization Act, we have been able to look at patient conditions by neighborhood and better understand where population health initiatives could impact overall outcomes for patients," said Mueller. Signed into law in 2016 and championed by a bipartisan group of state lawmakers, the Wisconsin Health Care Data Modernization Act aligned Wisconsin's data collection program with current industry standards and armed hospitals and researchers with better population health metrics.

As lead author and Assembly Health Committee Chairman Joe Sanfelippo (R-New Berlin) said at the time, the Health Care Data Modernization Act—which is now nearing completion of its implementation—is truly enabling health care providers to "put water where the fire is" by more efficiently targeting population health resources to areas of need.

"While implementation of the Health Care Data Modernization Act has been a strong step forward for the Information Center's ability to inform policymakers and hospitals, there continues to be a need for our members to analyze and develop effective methods to impact a Medicaid enrollee along the continuum of care," said Borgerding. "Giving hospitals the ability to better analyze and deploy tools to impact patient needs outside of the walls of a hospital is critical to improving outcomes and lowering costs in our state's Medicaid program."

Also asked by Council members about border state data, Mueller said that WHAIC just finalized an agreement with the Minnesota Hospital Association to receive discharge data from bordering counties and is currently working directly with the Illinois Hospital Association to do the same. Mueller reported that WHAIC will attempt to reach similar agreements with Iowa and Michigan.

Budget Bill Signed, Robust Legislative Agenda for Fall Floor Period Remains for WHA

Borgerding and WHA Senior Vice President of Government Relations Kyle O'Brien provided the Council with an update on the recently enacted state budget, which included a substantial investment in Wisconsin's health care infrastructure to improve access to care for Medicaid enrollees. WHA continues to work with the Evers administration and the Wisconsin Department of Health Services to implement provisions of the state budget, including hospital reimbursement increases funded through the Disproportionate Share Hospital and Rural Critical Care supplement program.

O'Brien also provided the Council with an update on a proposal to remove outdated regulatory references that do not allow advanced practice providers to practice in areas of health care they are trained in, including the activation of a medical power of attorney or living will. O'Brien reported that WHA-crafted legislation to address this outdated regulatory reference has been offered by a bipartisan group of lawmakers, and WHA expects to see action on the proposal in the coming weeks.

In addition, WHA Director of Federal and State Relations Jon Hoelter provided the Council with an update on WHA's efforts to modernize Wisconsin Medicaid's telehealth laws, including a WHA capitol issue briefing that packed one of the largest

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committee rooms in the state capitol. Ninety lawmakers and staff attended the briefing put on by WHA staff and four members from all corners of the state. A bipartisan group of legislators hosted this briefing and subsequently circulated legislation last week to address four areas identified by WHA in need of reform *(see related story)*.

Surprise Billing Proposals Dominate Congress' Efforts, WHA Federal Advocacy Throughout Summer

Hoelter provided the Council with an overview of WHA advocacy efforts related to federal proposals attempting to address so-called "surprise medical bills." Additionally, Hoelter discussed recent announcements from the Trump administration related to the disclosure of charges and negotiated prices for hospitals.

Hoelter said that due to Wisconsin's highly integrated health care environment, data from the Health Care Cost Institute has shown Wisconsin has one of the lowest rates of hospital admissions that result in out-of-network "surprise bills." In addition, Hoelter said the state Office of the Commissioner of Insurance has analyzed this issue and found only 61 surprise billing complaints over a recent 15-month period, with a small group of insurers that make up half of such complaints.

Congress has been pushing a mechanism to resolve surprise billing disputes that would require providers to accept the local median in-network rate. Hoelter outlined concerns about how such an approach will "undermine the free market contract negotiation process and erode provider networks and provider choices for consumers." WHA has instead advocated for ending surprise billing by using an arbitration model that would preserve provider networks and continue to allow providers and insurers to negotiate in a free market, while serving as a backstop in instances where an agreement cannot be reached.

While House and Senate legislation were not able to get enough support before Congress' August recess, Hoelter said he expects this issue will remain a top priority for federal lawmakers once Congress resumes work after the August recess. WHA is continuing to engage lawmakers in Wisconsin and in Washington, D.C., requesting this legislation be fixed before being brought to the floor for a vote.

Council Members: Lawmakers Need to Better Support Existing Inpatient Psychiatric Care, Need More County and State Focus on Prevention and Post-Acute Placements to Prevent Readmission

WHA General Counsel and staff to WHAs' Behavioral Health Task Force Matthew Stanford led a discussion with Council members regarding ways to increase inpatient psychiatry capacity in Wisconsin, with the goal of providing more locations to treat patients with high-acuity mental illness. Over the past several years, several Wisconsin lawmakers, along with Republican and Democratic Wisconsin Attorneys General, have been working with WHA to identify barriers and solutions that could address capacity concerns.

The Council provided substantial feedback to WHA staff, including the need to remedy the already-existing reimbursement shortfalls hospitals experience from providing all levels of inpatient psychiatric care. Council members that currently provide inpatient psychiatric services discussed the geographic creep that is occurring right now, due to the lack of reimbursement and providers in other communities. Hospital leaders expressed concern with businesses and families in their local community bearing additional uncompensated care and government cost-shifting from more and more patients outside their community's service territory.

In addition, both capital resources for expansion and operating expenses were considered barriers to expand access to inpatient psychiatric care—along with a heavy emphasis on the unique workforce needed to staff an inpatient psychiatric unit that can become difficult to recruit and/or replace. Regulatory compliance and costs, both operational and capital, associated with regulatory compliance was also cited as a strain on existing providers and a barrier to those looking to expand access to care.

Several rural hospital members discussed the need to look at federal limitations on distinct part units for critical access hospitals (CAHs), citing regulatory uncertainty, workforce and federal CAH bed limits as reasons to not expand access to inpatient psychiatric care. While providing additional resources to sustain and possibly expand operations, a cost-based reimbursement system alone may not be enough to incentivize all hospitals to provide new or additional inpatient psychiatric capacity.

Council members indicated a strong need for public policymakers to inventory how counties and Medicaid managed care are meeting the needs of behavioral health patients. Council members discussed the wide variation in county services which can have a significant impact on demand for inpatient psychiatric care. In addition, policymakers need to focus on holding the state and local governments accountable when government doesn't provide adequate levels of community and preventive care support to patients at risk of crisis.

Finally, the Council discussed the need to ensure that post-acute placements are appropriate so a patient—who was successfully treated by a Wisconsin hospital—isn't readmitted. To prevent the need for more inpatient psychiatric care, several Council members discussed the need for counties to have much more intensive outpatient care, while at the same time further supporting and sustaining the existing inpatient infrastructure Wisconsin already has.