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WHA Welcomes HHS Deputy Secretary, AHA President to Board Retreat

While this year’s WHA Board of Directors annual retreat was held virtually August 20 due to the COVID-19 pandemic, the board took full advantage of the opportunity to interact with U.S. Health & Human Services Deputy Secretary Eric Hargan and AHA President and CEO Rick Pollack to discuss the latest major issues for hospitals and health systems.



WHA President and CEO Eric Borgerding welcomes AHA’s Rick Pollack to the Board’s virtual annual retreat.

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EDUCATIONAL EVENTS

September 15, 2020

Overview of Team Training, Tools, Techniques and Integration into Existing Infrastructure with Dr. Kyle Rehder & Dr. J. Bryan Sexton
 Webinar

September 17, 2020

HHS Begins Clarifying Reporting Requirements for Provider Relief Funds
 Webinar

September 22, 2020

Telehealth/Remote Patient Monitoring for Surveillance and Management of Postpartum Hypertension and Beyond: Development & Implementation Strategies
 Webinar

New WHA Information Center Website

The WHA Information Center (WHAIC) is known as the respected source of health care data in Wisconsin and is now in its 18th year of service. WHAIC helps health care stakeholders in Wisconsin turn data into actionable insights that enable timely and reliable decision-making. Today, WHAIC invites you to visit its redesigned website to find information you need to maximize your use of the many WHAIC resources, data sets and staff expertise.



The redesigned website at www.whainfocenter.com includes:

- Improved website navigation and page layouts, making it easier to find key information.
- Better organized navigational categories for more complete information on data submission, data sets and data reporting.
- A more mobile-friendly design.
- An improved search feature.

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(New WHA Information Center Website . . . continued from page 1)

WHA has also made getting to the WHAIC website much easier by providing a more prominently-featured WHA Information Center button on [WHA's homepage](#). Visit the new website early and often to stay current on the latest information available at the WHA Information Center!

New CMS Payment Model Aims to Improve Rural Health Care

In conjunction with an August 3 Executive Order issued by President Donald Trump, the Centers for Medicare & Medicaid Services (CMS) announced a new payment model on August 11 with the goal of increasing access to and improving the quality and financial economics of rural health care.



This new demonstration model, the [Community Health Access and Rural Transformation \(CHART\) Model](#), aims to increase rural providers' financial stability by providing up-front funding and predictable payments that are less dependent on service volume. The CHART model will also relax certain requirements via waiver to reduce regulatory burden and increase flexibilities for model participants. CHART has two tracks: The Community Transformation Track, and the Accountable Care Organization (ACO) Transformation Track.

Under the guidance of a lead agency which will manage funding, recruit hospitals, engage with the state Medicaid agency and ensure compliance with CHART model requirements, participating rural hospitals in the Community Transformation Track will be involved in implementing a health care delivery redesign strategy. Model participants will benefit from regulatory flexibilities to support the redesign process, including cost sharing waivers for Part B services, transportation assistance for beneficiaries with transportation, waiver of the three-day inpatient stay requirement prior to admission to a Skilled Nursing Facility and the Critical Access Hospital 96-hour rule, telehealth expansion, post-discharge and care management home visits, and the waiver of certain Medicare hospital conditions of participation.

Applications for the Community Transformation Track will be available in September, with implementation expected in the Summer of 2021. Up to 15 lead agencies will receive as much as \$5 million to implement the redesign, and participating hospitals will receive a prospectively set capitated payment amount each year.

The ACO Transformation Track will provide up-front funding for up to 20 rural-focused ACOs. Participating ACOs will be required to enroll in a two-sided level of the Medicare Shared Savings Program (MSSP) and will have access to all waivers and beneficiary incentive programs available in the MSSP program. ACOs will receive a one-time up-front payment of at least \$200,000 plus \$36 per beneficiary, and a prospective per-beneficiary, per-month (PBPM) payment of at least \$8 for up to 24 months. The actual amount will be based on the level of risk assumed by the ACO. A request for application for the ACO Transformation Track will be available in spring 2021, with implementation expected in January 2022.

Contact WHA Vice President of Policy Development [Laura Rose](#) for more information on these programs.

WHA Telemedicine Work Group Hears about DHS Medicaid Telehealth Expansion Plans

At its August 24 meeting, WHA's Telemedicine Work Group welcomed Brooke Anderson, DNP, RN, of the Wisconsin Department of Health Services' (DHS) Division of Medicaid Services. Anderson provided a status update on DHS' Telehealth Expansion Project.

While [2019 Act 56](#), developed by a bipartisan group of legislators with WHA input, requires DHS to provide reimbursement under the Medical Assistance (MA) program for any Medicaid-covered benefit that is delivered by an MA-certified provider through interactive telehealth, DHS' approach has been somewhat different. DHS is engaged in identifying which services among the 18,000 CPT service codes covered by Wisconsin Medicaid can be provided via telehealth in a "functionally equivalent" manner to in-person health care visits. Work group members said providers should determine the functional equivalence of telehealth with face-to-face services.

DHS has identified the following service areas where codes will be identified for coverage in the first phase:

- School-based services
- Medication therapy management
- Targeted case management
- Therapies (Occupational, Physical and Speech)
- Behavioral health
- Medicare parity
- Remote patient monitoring
- Provider-to-provider consults

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2019 Act 56 authorizes DHS to promulgate rules that limit specific telehealth services, as follows:

- Medicare-adopted telehealth services which should be covered under Medicaid
- Provider-to-provider consultations
- Remote patient monitoring
- Asynchronous telehealth services
- Audio-only telephone, facsimile machine, or e-mail services

If DHS does not promulgate these rules by Dec. 1, 2020, the above-listed services will be covered by Medicaid. The work group provided feedback to Anderson on the scope of coverage for these services, focusing its comments on audio-only services, remote supervision of providers, coverage of ancillary therapies such as genetic counseling, and diabetes management. Work group members discussed lessons learned during the COVID pandemic on how audio-only services have improved health care access for several type of patients, including those with transportation barriers, lack of broadband access and inadequate data plans to support video visits. Behavioral health patients have greatly benefited from being able to receive Medicaid-reimbursable services in an audio-only mode.

WHA will continue to work closely with DHS as the state agency formulates policies on Medicaid coverage of telehealth services. For more information, contact WHA's [Laura Rose](#), [Jon Hoelter](#) or [Matthew Stanford](#).

Governor's Task Force on Reducing Rx Drug Prices Crafts Policy Recommendations

The Governor's Task Force on Reducing Prescription Drug Prices met for the final time on August 25, working through a compendium of policy options related to prescription drug costs as presented to the task force by its members and other experts.

Some of the major items tentatively receiving majority support by the task force include:

- Endorsing the provisions in [2019 AB 114](#), as amended by the Assembly. This bill places requirements on pharmacy benefit managers (PBMs) such as state licensure, prohibiting gag clauses (when a PBM prohibits a pharmacy from notifying a consumer of an out-of-plan, cheaper option to purchase a drug), rebate transparency, and setting standards for PBM audits of pharmacies.
- Exploring efforts to create physician access within electronic health records to real-time prescription drug cost information.
- Establishing a copay cap for insulin obtained through a commercial health plan.
- Establishing additional transparency and reporting requirements by all entities within the drug supply chain.
- Enhancing consumer protection oversight by creating more attorney positions within the Departments of Justice.
- Providing additional state support for free and charitable clinics.
- Creating a centralized donated drug supply repository with real-time inventory reporting accessible by the free and charitable clinics that provide the drugs to their patients.
- Ensuring that federal 340B entities use savings from the program to increase access to prescription drugs and provide critical community-based health programs for underserved individuals.
- Creating a public sector prescription drug purchasing entity to coordinate and leverage the buying power of state agencies and other public sector purchasers.
- Advocating for federal regulatory changes to address practices that delay the market entry of affordable generic equivalents and other market practices identified as drivers of prescription drug unaffordability.
- Creating additional regulatory oversight (including potential licensure or registration) of Pharmacy Services Administrative Organizations.

The Office of the Commissioner of Insurance (OCI) will now synthesize the discussions and feedback received over the course of the eight task force meetings into a report for submission to the Governor in late September. For more information, contact WHA Vice President of Policy Development [Laura Rose](#) or WHA Director of Federal and State Relations [Jon Hoelter](#).

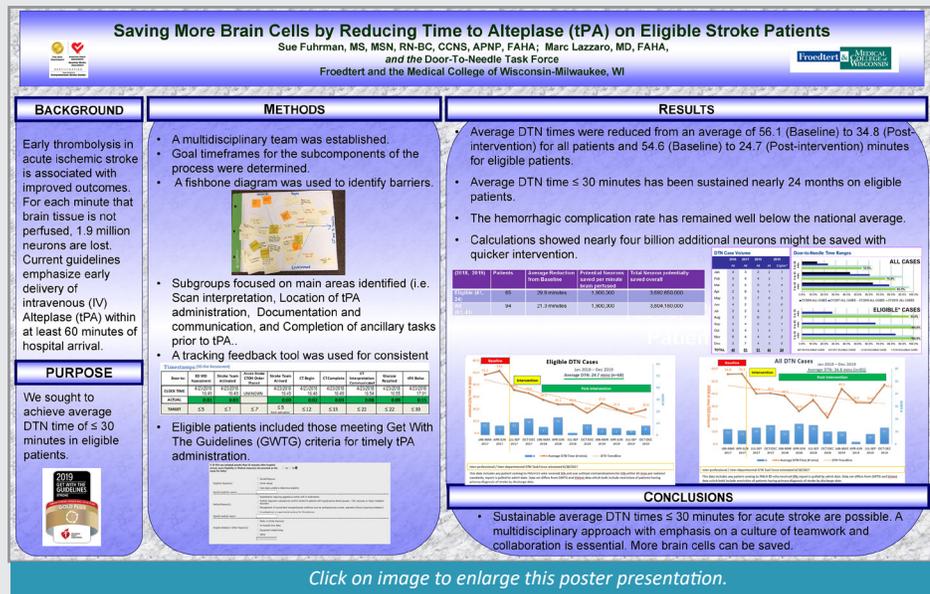
Member Quality Spotlight: Froedtert & The Medical College of Wisconsin

Saving more brain cells by reducing time to alteplase (tPA) on eligible stroke patients

With current guidelines emphasizing delivery of intravenous treatment for stroke patients within 60 minutes of hospital arrival, Froedtert sought to reduce this arrival-to-treatment time to 30 minutes. A multidisciplinary team was established to analyze the process and steps needed from emergency department physician assessment, to activating the stroke team, to placing orders, obtaining CT scans and labs, to treatment. Froedtert used a tracking feedback tool for consistent timekeeping and to diagram a workable and efficient, streamlined process. As a result, Froedtert decreased the average door-to-needle time to less than 30 minutes, which may improve outcomes for stroke patients.

This project is important for patient safety because early delivery of intravenous alteplase saves brain cells. Up to 1.9 million brain cells are lost for each minute the brain is not perfused. By saving more neurons, function and recovery may also be facilitated.

In this initiative, we shared the unified vision of keeping the patient as the focus, so silos of care were effectively eliminated, and true teamwork was experienced.



Exceptional Education for You During September

[Pandemic Considerations for Health Facility Design](#)

September 15/10-11 a.m.

Pandemics are public health challenges that put enormous stress on health care workers, supplies, processes and facilities. Recognizing that all of these must be part of our strategy for improvement, and applying its expertise in facility design, EUA has been focusing on potential changes to architectural and interior design. Our primary focus has been on areas where there is already momentum for change, because that is where we anticipate the best adoption. We see several approaches working in concert to further improve our ability to minimize communicable disease transmission. These include reducing patient presentations at the facility, isolating infectious patients who do present, improving the facility's ability to prevent the spread of infection, and providing surge capacity for high volume episodes. During this discussion, EUA's health care experts will be fielding questions about the ongoing and upcoming shifts in health care facility planning.

[HHS Begins Clarifying Reporting Requirements for Provider Relief Funds](#)

September 17/1-2 p.m.

This webinar will provide reporting obligation guidance for recipients of the Provider Relief Funds (PRF) which were established under the Coronavirus Aid, Relief, and Economic Security (CARES) Act. Recently HHS informed providers reports will be required of any recipient who received PRF payments exceeding \$10,000. Recipients will also be asked to explain how they complied with PRF applicable terms and conditions.

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[Telehealth/Remote Patient Monitoring for Surveillance and Management of Postpartum Hypertension and Beyond: Development & Implementation Strategies](#)

September 22/10-11 a.m.

This webinar was designed to increase awareness to hypertension in pregnancy and the associated morbidity/mortality experienced by women through the postpartum period. We will share our experience in developing a postpartum specific home telehealth/remote patient monitoring program from the research and clinical program perspectives. We will demonstrate a virtual example of how we conduct our patient interactions with the patient at home through the tablet provided to them by our institution. We hope to have a robust question and answer session with discussion on how other health care institutions may consider implementing such a program.

[Opioid Epidemic Case Study – Meeting the Increasing Challenges of the Opioid Epidemic in America](#)

September 24/10-11 a.m.

Tackling the opioid epidemic is an ongoing, uphill battle for many health care organizations and the lack of access to information poses an additional challenge for hospitals striving to improve their systems. Join us for a discussion on what you can do today to learn more about your data and what you can do as an organization to tackle this industry challenge.

[Utilizing Telehealth to Advance Rural Health Access: Wisconsin Hospitals' Experiences](#)

September 29/10-11 a.m.

Hear from two Wisconsin hospitals on how they have utilized telehealth as well as the story that the data is telling.

Title: *Lessons from the Data: What we can learn from COVID-19 Telehealth Data*

The rapid shift to delivery of almost all care to virtual platforms in response to COVID-19 has provided a unique opportunity to evaluate some of the long-held concerns and promises of telemedicine. How much of a barrier is broadband? Does Telehealth increase utilization of healthcare? Do patients like telehealth? We will analyze the data in effort to answer these questions

Speaker: Chris Meyer, Director of Telehealth and Virtual Care, Marshfield Clinic Health System

Title: *Maintaining the Momentum*

Traditional face-to-face healthcare has been changed forever by the pandemic. Patients and providers, in their demand for safe, timely, and accessible care, turned to Telehealth for solutions. We will explore Gundersen Health System's experience with telehealth before, during and after Covid-19. We will review barriers, lessons learned, and strategies to maintain the energy surrounding telehealth.

Speaker: Jessica Easterday, MBA, BSN, RN, Program Manager for Telemedicine, Gundersen Health System

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HHS' Hargan shared his department's support for enhancing telehealth services during COVID-19 and reiterated the Trump administration's desire to make permanent some of the flexibilities that were established to allow greater access to care. Hargan also discussed how the administration hoped to soon announce an update on its plans to finalize its proposed changes to the Stark Law and Antikickback Statute to help advance value-based payments (note: those plans solidified August 26 with HHS announcing that it was [delaying publishing a final rule](#) until August 2021). Responding to board member questions regarding CMS' price transparency rule, Hargan mentioned that CMS will soon publish FAQs on the rule, and shared that questions can be emailed to PriceTransparencyHospitalCharges@cms.hhs.gov.

Board members raised concerns about the lack of adequate COVID-19 testing supplies and asked what HHS is doing to help. Hargan responded that HHS is aware of oversupplies in some areas and shortages in others. He said they will continue to work with states, including Wisconsin, to assist with testing needs. WHA will continue to prioritize working with the state's federal congressional delegation and HHS officials to gain clarity on what role the federal government can play to alleviate these supply shortages.

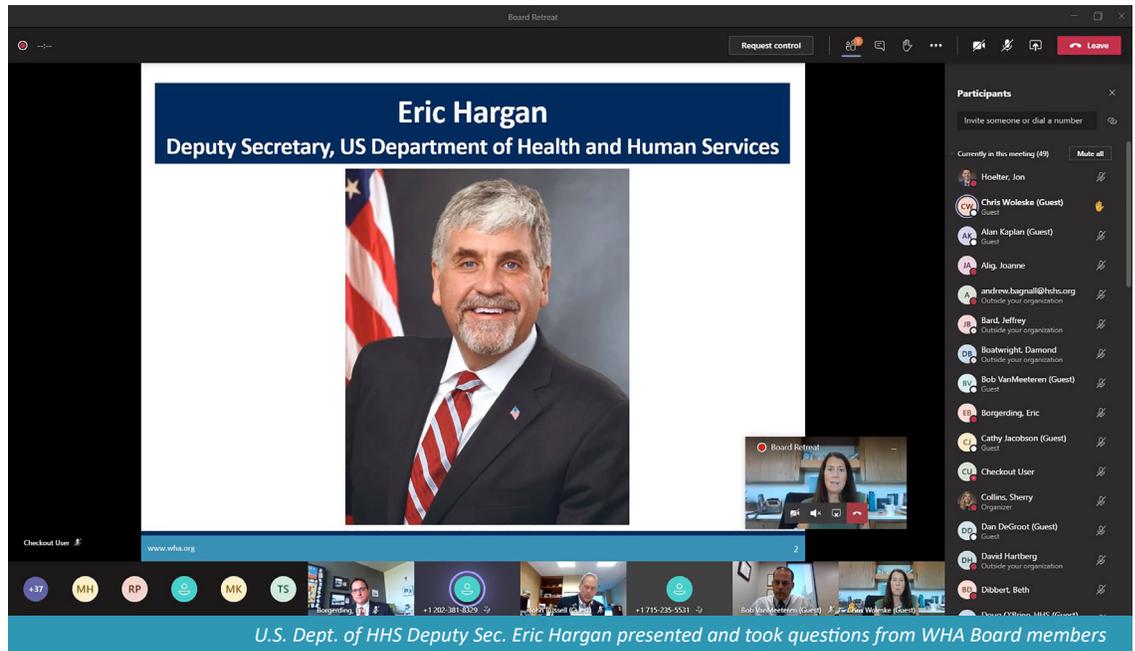
AHA's Pollack shared lessons his organization has learned during the nationwide pandemic and discussed the challenges the nation's hospitals have faced as COVID-19 cases spiked at different times throughout the country. Pollack highlighted the upcoming November elections and how the health care landscape might look under a second Trump term or a Biden administration.

Following comments from Hargan and Pollack, WHA board members engaged in a robust discussion about Wisconsin's health care landscape, sharing both the continuing challenges of providing health care during a generational pandemic as well as areas of optimism for health care's future. That optimism is fueled by how hospitals and health systems have come together – especially through involvement with WHA – to face COVID-19 with a united front.

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A number of physicians noted the acuity of patients presenting to their emergency departments has been higher over the past few weeks. Roundtable members believe that some of the public is fearful of going to an emergency room for non-COVID medical concerns and, because of that self-imposed delay, eventually present with more advanced conditions. As rural hospitals return to performing previously postponed necessary procedures, roundtable members shared how their individual hospitals are approaching screening and/or testing patients and caregivers. Physician leaders are aware of and working to lessen staff anxiety and potential burnout.



Overall, roundtable members are feeling more comfortable about their hospitals' ability to understand and manage COVID-19. Nonetheless, many expressed concern about potential future spikes or secondary surges. One positive aspect of COVID-19 that physician leaders noted is that the pandemic has pushed their institutions to more quickly embrace the advantages of providing care through telehealth.

The Rural Physician Leaders Roundtable meets quarterly and is a "virtual" meeting using audiovisual conferencing. Physicians interested in joining the roundtable or who would like to learn more should contact WHA Medical Director [Mark Kaufman, M.D.](#)

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Optimize Your WHA Website Viewing

With the Internet Explorer (IE) browser no longer supported on Windows 7 operating systems, WHA's websites work best with Google Chrome or Microsoft Edge browsers. Using IE may result in errors on some parts of the website.