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EDUCATIONAL EVENTS

October 30, 2019
Data Collection and Quality Reporting Conference
Wisconsin Dells

November 21, 2019
Preparing the Chargemaster for 2020
Wisconsin Dells

Monthly
Health Care Workforce Resilience
Free Member Webinar Series

WHA Submits Comments on CMS' 2020 Physician Fee Schedule Proposed Rule

WHA found a lot to support in its comments to the Centers for Medicare & Medicaid Services (CMS) on the proposed CY 2020 Revisions to the Medicare Physician Fee Schedule. But because other parts of the rule have the potential to negatively impact members, WHA also voiced concerns. WHA's comments are summarized:

Evaluation and Management (E/M) Documentation Revisions and Payment Changes.

Responding to broad complaints about last year's proposal to consolidate the five E/M coding levels into two levels, CMS now proposes to assign separate payments to all E/M visit levels for new and established patients. Further, CMS extended flexibilities finalized in last year's rule to additional types of clinicians. Those flexibilities permitted physicians, residents and nurses to document a teaching clinician's presence during the time the teaching clinician participates in services involving residents, rather than requiring the teaching clinician to document this information. Also, CMS proposes to establish a general principle that physicians, physician assistants, and advanced practice nurses may review and verify, rather than re-document, information included in the medical record by other members of the medical team. **WHA expressed strong support for these changes.**

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WHA-Proposed Amendment Seeks to Protect All Health Care Providers from Violence

WHA shared its support in back-to-back State Capitol hearings recently for expanding a legislative proposal enhancing penalties for harm caused to a nurse to include all professionals who are licensed to deliver health care to Wisconsin patients.

Rose Russell, RN, SSM Health St. Mary's Hospital, shared her experience with violence directed at nurses and other health care professionals and noted to the Senate Committee on Judiciary and Public Safety, "In health care we function as a team. As nurses, we may have the most face time with patients, but we all have the potential to face violence."



WHA Vice President of Workforce and Clinical Practice, Ann Zenk, echoed Rose's sentiments the next day at the Assembly Committee on Criminal Justice and Public Safety. "Employers and professionals are partnering to take action to minimize risks to health care staff, and Wisconsin hospitals and health systems are always seeking

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further deterrents to violence against health care workers,” Zenk noted. “Thank you for taking this step to add one more strategy to this tool kit to keep not just nurses, but the entire patient care workforce safer.”

For additional information on amended Senate Bill 163, Assembly Bill 175 and other efforts underway to prevent violence against health care professionals, contact [Ann Zenk](#) at 608-274-1820.

Individuals who want to stay up-to-date on this and other important legislation as well as take action on those issues should contact WHA Vice President of Advocacy [Kari Hofer](#) or join WHA’s grassroots advocacy program, [HEAT](#).



Assembly Committee Hears WHA Push for Telehealth Modernization

WHA members and staff appeared before a key State Assembly Committee September 24 promoting WHA-supported legislation that would improve Wisconsin’s telehealth law. The bill, [Assembly Bill 410](#), enjoys bipartisan support from more than 60 state legislators and is a key WHA legislative priority for the remaining 2019-20 legislative session.

In [testimony](#) presented to the Assembly Committee on Medicaid Reform and Oversight, a panel of WHA staff and expert members shared the major recommendations from WHA’s Telemedicine Work Group which was created to help inform state policymakers how state law could better promote health care’s ability to provide high-quality care to Medicaid patients at a potential cost savings to the state. The recommendations:

- Reimburse telehealth the same as in-person care when the quality of the care provided is functionally equivalent.
- Catch up to Medicare in the number of telehealth-related services that are covered.
- Cover in-home or community services.
- Increase access to behavioral health.



Dr. Thomas Brazelton and Rachel Zorn from UW Health, Shana Kettunen from HSHS-Eastern Wisconsin Division and WHA General Counsel Matthew Stanford (all pictured at left) shared the WHA workgroup’s findings and provided real-world examples of how removing barriers in state law could allow more Medicaid patients to enjoy efficient, effective health care services via telehealth. Ms. Kettunen also shared a [video HSHS produced](#) showing telehealth-related caregiving in action.

The bill saw widespread support from a number of other organizations at the hearing and did not receive any opposition. The next step will be to have the committee vote on this legislation before it can come to the floor for a vote in the full Assembly. A companion bill to AB 410, [Senate Bill 380](#), is currently in the Senate Committee on Health and Human Services, which is tentatively slated to hold a public hearing on this legislation the morning of October 9. Contact WHA’s [Matthew Stanford](#) or [Jon Hoelter](#) with questions..

WHA’s Physician Improvement Advisor’s Work Featured in AHRQ News Now

Dr. Bobby Redwood’s 2018 journal article, “Antimicrobial Stewardship in the Emergency Department,” was featured in the September 24, 2019 edition of AHRQ’s *News Now*. Dr. Redwood is well-known for his work in antimicrobial stewardship at both the local level – as a full-time employed Emergency Department physician at Divine Savior Healthcare in Portage, WI – and the state level, where he advises and supports providers in quality improvement efforts.



Abstract: The emergency department (ED) is the hub of the US health care system. Acute infectious diseases are frequently encountered in the ED setting, making this a critical setting for antimicrobial stewardship efforts. Systems level and behavioral stewardship interventions have demonstrated success in the ED setting but successful implementation depends on institutional support and the presence of a physician champion. Antimicrobial stewardship efforts in the ED should target high-impact areas: antibiotic prescribing for nonindicated respiratory tract conditions, such as bronchitis and sinusitis; overtreatment of asymptomatic bacteriuria; and using two antibiotics (double coverage) for uncomplicated cases of cellulitis or abscess.

Wisconsin's Competitive Health Insurance Market a National Leader

[Data from the Henry J. Kaiser Family Foundation](#) highlights Wisconsin as a leader in market competitiveness among health insurers.

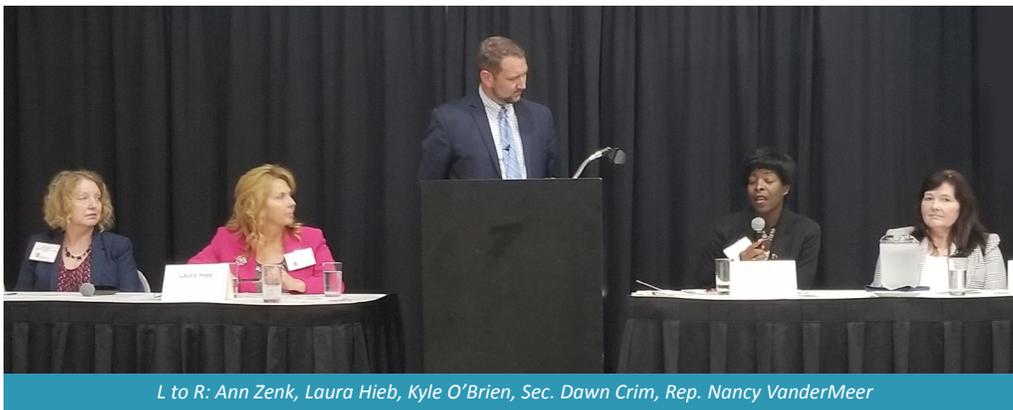
The data analyzes the large group health insurance market and identifies the market share for the insurers with highest enrollment. Wisconsin is second only to New York in terms of lower market share, indicating a healthier level of competition. In 2018, insurer market share in Wisconsin was led by Quartz (21%), SSM (15%) and Anthem (15%). [Additional research from the Urban Institute](#) has highlighted the positive impact on access and premiums resulting from insurer competition in the exchange market.

“Market stability is consistently noted by our members as a top priority,” said Eric Borgerding, WHA president and CEO. “WHA will continue to advocate for policies like the bipartisan Wisconsin Healthcare Stability Plan that help keep premiums reasonable, and encourage insurers to remain and expand in the Wisconsin insurance marketplace.” (See more information on the Wisconsin Healthcare Stability Plan in the [August 6 Valued Voice](#).)

For more information on this topic, contact WHA Vice President of Public Policy [Lisa Ellinger](#).

WHA Leads Policymaker Panel at Workforce Summit

Compacts, collaboration and culture key



L to R: Ann Zenk, Laura Hieb, Kyle O'Brien, Sec. Dawn Crim, Rep. Nancy VanderMeer

Wisconsin Department of Safety and Professional Services Secretary Dawn Crim summarized a key theme of a WHA-moderated panel concisely: “It’s really all about collaboration, isn’t it?”

Secretary Crim was joined by State Rep. Nancy VanderMeer, Bellin Health System Chief Nursing Officer Laura Hieb and WHA Vice President of Workforce and Clinical

Practice Ann Zenk in a panel moderated by WHA Senior Vice President of Government Relations Kyle O’Brien. *The Policymaker Panel: Solutions to Grow and Support Wisconsin’s Healthcare Workforce* was part of the September 24 Wisconsin Council on Medical Education and Workforce (WCMEW) 2019 Healthcare Workforce Summit.

Secretary Crim and panelist Hieb touched on a common theme represented throughout the WCMEW Summit as they discussed the importance of health care leaders and educators sharing their expertise and a willingness to work together to create educational programs for urgently-needed professionals and clinical training sites for those enrolled in those programs. As Hieb noted, “We need to be open to taking students at our sites, rural and urban, which can be difficult for areas we already have a shortage in; but we just have to do it.” Hieb added, “We also need to keep moving our culture to reflect the providers and practice we have, and one way to do that is to make sure our own policies and structures accommodate our provider mix of physicians and advanced practice providers.”

Crim and VanderMeer discussed another theme: the ability of state legislators and state agencies to break down barriers for professionals who want to practice in our state. VanderMeer recognized Wisconsin as a leader in utilizing policy solutions like voluntary interstate licensure compacts noting, “The partnership between lawmakers and our state licensing agency, meant that not only could we be part of the compact, but also allowed Wisconsin to be the first state in the U.S. to use the medical licensure compact process to issue a physician license.”

Panel discussion was not limited to policy solutions for training, recruiting and retaining a high-quality health care workforce. “As our population ages,” Zenk noted, “health care demand is rapidly increasing, and despite our best efforts our workforce will not be able to grow fast enough to keep up with this rising demand. Our state policies need to help us most effectively utilize the available health care workforce by, for instance, modernizing telemedicine requirements and reimbursement to keep up with this valuable technology and by eliminating unnecessary documentation and regulatory requirements that create electronic health record inefficiencies.”

Quality Payment Program (MACRA) Changes. WHA was positive about many of CMS' proposed changes to the Merit-Based Incentive Payments (MIPS) categories of Quality, Cost/Resource Use, Promoting Interoperability, and Improvement Activity, with the exception of adding 10 new measures to the cost category. However, WHA continues to stress to CMS that the MIPS cost measures still aren't robust. WHA therefore opposed increasing the Cost/Resource Use category from 15% to 20% and decreasing the Quality category from 45% to 40% for the 2020 performance year. **WHA urged CMS to maintain the cost category at 15%** until clinicians have experience with a correct mix of cost measures and until more cost measures are endorsed by the National Quality Forum.



Proposed Payment Reductions for Specific Code Groups in 2020. In the rule, CMS proposes significant reductions to the relative value units (RVUs) of certain CPT code groups, including the code set that describes long-term EEG monitoring with video recording and the code set that describes myocardial PET scans. **WHA opposed these significant reductions**, saying these moves could potentially limit patients' access to these vital services, and that decreases of this magnitude over a short time period will negatively impact physicians and hospitals that care for patients who need these critical services.

Coinsurance for Colorectal Cancer Screening Tests. CMS requested comment on whether it should introduce a notification requirement where physicians, or their staff, would be required to inform beneficiaries before a colorectal cancer screening that they may incur a coinsurance payment if the physician discovers and removes polyps. **WHA strongly recommended that CMS use its existing resources to inform beneficiaries of their possible coinsurance requirement and that it is inappropriate to require providers to make this notification.**

Payment for Therapy Services. The rule proposed payment changes for therapy services when furnished concurrently, or separately within the same visit, by Physical Therapists/PT assistants and Occupational Therapists/OT assistants. If 10% or more of services in a therapy visit are furnished by a PT or OT assistant, the visit must be coded with a modifier indicating that threshold. Once the modifiers attach, the visit would be paid at 85% of the PT/OT reimbursement rate. The new coding requirements would take effect in the 2020 payment year. Payment cuts would be effective in the 2022 payment year. **WHA opposed these payment changes.**

WHA opposed CMS' proposed approach to assigning these modifiers when team-based care is delivered. WHA's position is that only services furnished in whole or in part independently by the assistant should be attributed to the 10% de minimis standard for the assignment of the modifiers.

For more detailed information or questions about the proposed rule, contact WHA Vice President of Policy Development [Laura Rose](#).

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