

WHA Staff Shares MACRA Overview with Board, Reports on 2016 Goal Progress *Wallace receives AHA Grassroots Champion Award*

The WHA Board heard a number of pertinent reports related to some of WHA's highest priorities in 2016 at their June 9 meeting in Madison. To start, WHA President/CEO Eric Borgerding reported steady progress toward meeting WHA's aggressive goals set earlier this year.

One of WHA's goals in 2016, to engage physician leaders more closely in activities related to payment and policy issues, has been particularly successful, according to Borgerding. The WHA Physician Leaders Council (PLC) meets regularly and continues to expand not only in participation and membership, but also in their engagement with WHA on key issues including MACRA. At their last meeting, the Board approved adding two physicians from the Physician Leaders Council to the WHA Board, which received an enthusiastic response from both chief executives and physician leaders.

In his goals update, Borgerding noted that WHA will convene the Medicaid Workgroup this summer as WHA prepares for the 2017-2019 legislative session. A workgroup will also be created later this year to address issues related to WHA members' ability to access appropriate post-acute care for their patients.

WHA Chair-Elect Cathy Jacobson, president/CEO, Froedtert Health, previewed the upcoming Board Planning Session. Larry Walker, who is highly-respected in the field of strategic planning and governance, will facilitate. The discussions will focus on identifying the critical issues that are facing hospitals and health systems and explore how WHA can develop responses to those issues that will be of high value to our members. Jacobson will preside over the day-and-a-half-long session, which will be held in Madison. *(continued on page 8)*

U.S. House Passes Hospital Package *Step in the right direction*

On June 7, the U.S. House of Representatives approved legislation entitled the Helping Hospitals Improve Patient Care Act, HR 5273. The legislation includes a targeted fix for certain hospital outpatient department (HOPD) projects caught up in a prohibition enacted last year under the Bipartisan Budget Act of 2015 (BBA 2015).

The provision in the BBA 2015 banned new off-campus provider-based HOPDs from using Medicare's Outpatient Prospective Payment System (OPPS) beginning in 2017. The law was enacted so quickly that projects across the country already well under construction but not yet able to bill under the OPPS were no longer able to use this entire Medicare reimbursement system. Due to continued pressure and concerns by hospitals and health systems, Congress has been working since that time to craft a targeted fix to address HOPDs that were "mid-build."

HR 5273 as passed by the House includes two small pathways for a "mid-build" HOPD to be exempted from the BBA 2015's prohibition. One pathway is if an HOPD attested before December 2, 2015. The second pathway is a multi-part process which includes attesting as provider-based by December 31, 2016 (or, if later, 60 days after enactment) and meeting a "mid-build" requirement among several other criteria. *(continued on page 2)*

Political Action Spotlight

Wisconsin Hospitals State PAC & Conduit

Special briefing from political pollster Charles Franklin for invited 2016 donors

Contributions to the Wisconsin Hospitals State PAC and Conduit totaled \$137,000 from 146 contributors, putting the 2016 fundraising campaign at 46 percent of its \$300,000 goal. In this pivotal election year, remember that elections matter, and participation is important.

This year the Wisconsin Hospitals State PAC and Conduit is pleased to host a special invite-only presentation with **Charles Franklin**, nationally-recognized pollster and director of the Marquette Law School Poll, the largest and most respected independent polling project in Wisconsin. **This invite-only opportunity on June 23 is for individuals contributing \$500 and above by June 22.** Franklin will provide election year insights and the latest poll numbers in this dynamic election year.

Currently there are almost 100 individuals at the \$500 contribution level or higher. You won't want to miss Franklin's insights. Become part of the success story by contributing today at www.whconduit.com or contact Jenny Boese at 608-268-1816 or jboese@wha.org or Nora Statsick at 608-239-4535 or nstatsick@wha.org.

Continued from page 1 . . . U.S. House Passes Hospital Package

"The Wisconsin Hospital Association has been actively engaged with Congress on a targeted fix for HOPDs unfairly caught up in the BBA's prohibition," said Wisconsin Hospital Association President/CEO Eric Borgerding. "This legislation is a step in the right direction, but there is still more work to be done. We look forward to continuing to work with Congress on additional improvements."

In addition to this HOPD fix, the legislation contains other provisions, including:

- An offset in order to pay for the above mentioned HOPD fix. The offset reduces an increase in the inpatient prospective payment system market basket related to coding offsets. That original market basket increase was 0.5 percent for Fiscal Years 2018-2023. The increase is now reduced under HR 5273 to 0.459 percent in FY 2018 and then it returns to 0.5 percent in 2019-2023.
- Exempts Dedicated Cancer Centers from BBA 2015. While these facilities will still need to comply with other requirements, such as attesting, the cost of their exemption is fully borne by a corresponding reduction in their hospital reimbursements.
- Changes to the hospital readmission reduction program in order to begin to recognize socioeconomic status of patients.
- Extends the Rural Community Hospital Demonstration Program for five years. This demo allows rural hospitals to test the feasibility of cost-based reimbursement.
- Technical corrections to LTCHs
- Inpatient/Outpatient Code Crosswalk legislation (H.R. 3291)
- Exempts ASCs from penalties in the electronic health records meaningful use program
- Several provisions on Medicare Advantage

If you have questions, contact Jenny Boese, WHA vice president, federal affairs & advocacy, at 608-268-1816 or jboese@wha.org.

Concerns about Self Funding Highlighted at News Event *Wisconsin's competitive market unique and seen as a strength*



From left: WHN Editor Tim Stumm, Jerry Frye, Peter Farrow, Lisa Ellinger, J.P. Wieske

The issue of whether Wisconsin should self fund state employee health care benefits was the subject of an engaging discussion at a Wisconsin Health News (WHN) Event in Madison June 7. The panel of experts included Jerry Frye from the Benefits Services Group (BSG); J.P. Wieske, who was recently appointed Deputy Commissioner

for the Wisconsin Office of the Insurance Commissioner (OCI); Lisa Ellinger from the State Department of Employee Trust Funds (ETF); and Pete Farrow from Group Health Cooperative of Eau Claire.

While there was some disagreement about the risks and potential impacts of self funding, all panelists agreed that Wisconsin's competitive market is unique and an asset of which Wisconsin should be proud.

"Wisconsin is totally unlike every other state from a health insurance perspective," Farrow said. He elaborated on the Federal Trade Commission's benchmark index for assessing competitiveness and noted Wisconsin scores the best on competitiveness among all states. Farrow cautioned that taking 250,000 lives from ETF out of the commercial marketplace will inherently change that, "from a competitive market to a concentrated market."

Ellinger noted that Wisconsin's competitiveness has helped ETF keep its premium trend low, at 2.5 percent over the past five years—which she noted with pride.

"I absolutely value competition," she said. "It is a pretty typical annual experience for a carrier to come in and demand a double digit increase, and the fact that I can say 'if that is the business decision you need to make I will put you in a lower tier, but I have other options to go to;' that is a very powerful thing."

"Whatever we do as a state, we should do it around our strengths," Frye said. He agreed that the competitiveness of Wisconsin's market is one of its unique strengths. So too, he noted, are the very high quality of care and the degree of provider integration which is uncommon in the country. Frye's experience also allowed him to elaborate on what he sees are potential increases in costs from increased utilization when moving from a capitated model to a fee-for-service model.

Both Ellinger and Wieske noted that many other large employers including other states, self-fund their health insurance benefits. Farrow asserted that analogies from other states can't be compared to Wisconsin's market. Frye agreed that other employers self fund, but said most of the reasons they self-fund don't apply to ETF.

Panelists also criticized the latest analysis of self funding by the state's latest consultant on self-funding and questioned whether the savings identified by the consultant could be realized. In addition to increases in utilization as described by Frye, panelists touted the trend over the past years in Wisconsin which was not elaborated on by the consultant. Panelists also critiqued the consultant's savings estimate, noting that the majority of savings is from the Affordable Care Act (ACA) tax, but the ACA taxes have been delayed, and there is some likelihood they may not be reinstated.

"Admittedly, through this process, you have an out-of-state actuarial firm whose strength is self funding. There is an old saying, if the only tool in your box is a hammer, the whole world looks like a nail," said Farrow. He went on to say, "They came to the conclusion 'we should go to self funding.' They admitted through the process that they had no understanding of the uniqueness—and it truly is unique—of Wisconsin's market, and they just applied assumptions across the board." *(continued on page 4)*

Continued from page 3 . . . Concerns about Self-Funding Highlighted at News Event

The state's timeline for releasing an RFP for self funding remains at the end of July. An early draft of the RFP, expected to be released July 3, has been delayed but is expected to be released for public comment soon.

To view the WHN event, go to www.wiseeye.org/Video-Archive/Event-Detail/evhdid/10649.

EMTALA Compliance Focus of July 13 WHA Member Forum Webinar

As part of the monthly WHA Member Forum webinar series, the session "A Practical Approach to Complying with EMTALA," will be offered July 13. Registration is now open at <https://events.SignUp4.net/16LegalSeries>.

This presentation will identify where and when EMTALA applies, the processes and documentation required by EMTALA and ways to meet these requirements. The session will be co-presented by Sarah Coyne and Jon Kammerzelt of Quarles & Brady LLP, a WHA corporate member.

There is no fee for this webinar, which is part of WHA's series on legal and regulatory hot topics, but pre-registration is required. The series is intended for WHA hospital and corporate members as a member benefit, and will include a range of topics, each presented by a representative of a WHA corporate member law firm.

Additional topics in the series, each presented by a representative from a WHA corporate member law firm, will include:

- DOL's Final White Collar Exemption Regulations
- Updates for Critical Access Hospitals
- Alternative payment programs
- National trends in health care antitrust litigation
- Managing risk in telemedicine platforms
- Clinical integration strategies in a changing payer environment
- Hot topics related to physicians and advanced practice professionals
- Medicare Managed Care contract compliance

Topic descriptions of each session are available at <https://events.SignUp4.net/16LegalSeries>, and individual webinar dates will be added as confirmed. For registration questions, contact Kayla Chatterton at kchatterton@wha.org or 608-274-1820.

July 19 Webinar Examines DOL Final Rule on Overtime Exemptions

On July 19, WHA is offering a webinar on the Department of Labor's (DOL) final rule updating the exemption of white collar employees from the overtime requirements of the Fair Labor Standards Act. The final rule goes into effect December 1, 2016.

This webinar, "Examining the DOL's Final White Collar Exemption Regulations," is part of WHA's series on legal and regulatory hot topics, and will be presented by Tom O'Day of Godfrey & Kahn, s.c., a WHA corporate member. O'Day will walk health care employers through the final rule, provide insight on the short-term and long-term effects of the new provisions, and discuss strategies for compliance.

Registration is now open at <https://events.SignUp4.net/16LegalSeries>. There is no fee for this webinar, but pre-registration is required. The series is intended for WHA hospital and corporate members as a member benefit, and will include a range of topics, each presented by a representative of a WHA corporate member law firm. For registration questions, contact Kayla Chatterton at kchatterton@wha.org or 608-274-1820.

WHA's Opioid Misuse and Abuse Webinar Series Now Available On Demand

In spring of 2016, more than 400 members participated in WHA's complimentary webinar series focused on assisting hospital and health system administrative and clinical leaders understand the growing public health issue of the misuse and abuse of opioids. The various sessions helped health care leaders clarify their role in addressing the issue and provided tools to create a culture of change in their own organizations responsive to this growing epidemic.

The sessions offered as part of this series include:

- *A Health Care Leader's Role in Tackling the Opioid Abuse Issue*: offered February 25
- *Wisconsin's Best Practices in Tackling the Opioid Abuse Issue*: offered March 17
- *Drug Diversion from the Health Care Workplace: A Multiple Victim Crime*: offered April 5
- *Navigating Wisconsin's Prescription Drug Monitoring Program and Controlled Substances Board*: offered April 27
- *HCAHPS, Patient Satisfaction & Opioid Prescribing: Debunking the Myths*: offered June 1

If you were unable to participate in any of the sessions or have colleagues who would like to hear the presentations, audio recordings and slide decks (in PDF format) for each of the five presentations can now be accessed at: www.wha.org/memberforum2-25-16.aspx.

New Resource on Prescription Opioids Added to WHA Resource Page

On June 8, the American Hospital Association (AHA) and the Centers for Disease Control and Prevention (CDC) released a new resource on prescription opioids to help patients and care providers discuss the risks and benefits of these medications, including the potential for addiction, overdose and death. It is a critical part of AHA's efforts to help hospitals and health systems' efforts to address the opioid abuse epidemic that has affected patients, families, loved ones and communities across the country.

Developed by the CDC in conjunction with AHA, the two-page document, "Prescription Opioids: What You Need to Know" (<http://www.aha.org/content/16/opiodneedtoknow.pdf>) outlines evidence-based information about when prescription opioids may be needed, how to use these medications as safely and effectively as possible, and ways to manage pain that does not involve prescription opioids.

As a key element of WHA's Health Care Leaders Opioid Initiative, WHA developed an opioid resource page (www.wha.org/opioid.aspx) to serve as an important resource for Wisconsin health care leaders. You can find the new resources there. WHA will add new resources to the page as they become available.

For more information on WHA's Health Care Leader Opioid Initiative, contact WHA Vice President, Workforce and Clinical Practice Steven Rush at srush@wha.org.

Eliminating Health Care Disparities Focus of July 21 Webinar

On July 21, WHA is offering a one-hour complimentary webinar to assist Wisconsin hospital members in learning more about the national initiative to eliminate health care disparities.

This webinar will be led by Tomás León, president and CEO of the Institute for Diversity in Health Management, an affiliate of the American Hospital Association. León will discuss the national effort, which is focused on increasing the collection and use of race, ethnicity and language preference data; increasing cultural competency training; and increasing diversity in governance and leadership. The webinar will include special consideration to equity in a rural setting.

This complimentary webinar is open to all WHA hospital and corporate members. An audio recording of the webinar will be available after the event, but you must register to receive the recording. This webinar will take place July 21 from 12 - 1 p.m. More information and online registration are now available at <https://events.SignUp4.net/16Equity0721>. For content questions, contact Kelly Court at kcourt@wha.org. For registration questions, contact Kayla Chatterton at kchatterton@wha.org or 608-274-1820.

Gov. Walker Joins Hospitals to Celebrate Project SEARCH Graduates



Gov. Scott Walker attended the graduation ceremonies hosted by three Wisconsin hospitals over the past few weeks to celebrate the accomplishments of the participants in the Project SEARCH program.

Sauk Prairie Healthcare, Prairie du Sac

“Project SEARCH is about overcoming obstacles to employment for youth with disabilities and about allowing participants to showcase and utilize their unique abilities in Wisconsin’s workforce,” the Governor said in his weekly radio address June 9. “We’re proud of all of our Project SEARCH graduates, and we can’t wait to see all they accomplish in the brighter futures ahead for them.”

Walker participated in events held at Sauk Prairie Healthcare, ProHealth Care and Aspirus Riverview Hospital & Clinics. There are currently ten hospitals participating in Project SEARCH including:

1. William S. Middleton Memorial Veteran’s Hospital, Madison
2. University Hospital, Madison
3. Children’s Hospital of Wisconsin, Milwaukee
4. Ministry St. Joseph’s Hospital, Marshfield
5. St. Elizabeth Hospital, Appleton
6. ProHealth Care/Waukesha Memorial Hospital, Waukesha
7. HSHS St. Vincent Hospital/Bellin Hospital, Green Bay
8. Aspirus Riverview Hospital, Wisconsin Rapids
9. River Falls Area Hospital, River Falls
10. Sauk Prairie Healthcare, Prairie Du Sac



ProHealth Care, Waukesha

Project SEARCH combines on-site work experience in a business environment with classroom instruction to allow participants the opportunity to develop hands-on skills that they’ll use when they transition into Wisconsin’s workforce.



Aspirus Riverview Hospital, Wisconsin Rapids

New Resources Available on WHA Zika Web Page

On May 31, the Wisconsin State Journal featured an editorial entitled “Don’t play games with Zika funding” (http://host.madison.com/wsj/opinion/editorial/don-t-play-games-with-zika-funding/article_a3870a53-3908-5e8a-b71b-98bfff7d57ff.html). In February, President Barack Obama asked Congress for more than \$1.8 billion in emergency funding to enhance the United States’ ongoing efforts to prepare for and respond to the Zika virus, both domestically and internationally. Congress has not acted yet, but concerns about Zika continue to increase.

To help our members respond to requests for information from their clinical staff and patients, WHA has dedicated a page to Zika at www.wha.org/zika.aspx in its emergency preparedness resources at WHA.org. Among the resources posted there are three new resources from the Department of Health and Human Services’ Assistant Secretary for Preparedness and Response (ASPR) to help health care providers and coalitions plan for a real or potential Zika virus outbreak:

- **Zika Virus Planning Resource Guide Introduction** - This document provides an overview of the planning resources documents designed to enhance health care coalition and health care system preparedness and response to a domestic Zika virus disease outbreak.
- **Supporting Children with Special Health Care Needs Planning Resource** - This matrix highlights some of the existing federal and national services and programs for supporting children with special health care needs. It includes guidance and links to helpful resources.
- **High Risk Pregnancy and Microcephaly Planning Resource** - This matrix illustrates some of the anticipated hospital and health care system resources needs essential to caring for high-risk pregnancies and children born with microcephaly or other birth defects that may be associated with Zika virus infection.

In addition, there is a PowerPoint presentation created by Jon Temte, MD, PhD, that health care professionals will find helpful, available at www.wha.org/pdf/zikavirusdisease.pdf. Temte is a professor of family medicine at the University of Wisconsin School of Medicine and Public Health, and he serves on the U. S. Advisory Committee on Immunization Practices.

WHA will continue to monitor the media and post links on the resource page to outside news sources that we believe will be helpful in keeping our members informed on this emerging public health issue.

Direct questions related to Zika to Steven Rush, WHA vice president, workforce and clinical practice, at srush@wha.org or 608-274-1820.

Member News: SSM Health President/CEO Thompson to Retire in 2017



William Thompson

SSM Health President/CEO William P. Thompson has announced his intention to retire next year, after more than 36 years with the health care system. The SSM Health board of directors will engage a search firm to conduct a national search for Thompson’s successor. In order to ensure a smooth transition, Thompson will remain in his role until a successor is in place.

Thompson became president/CEO of SSM Health in 2011. He previously served in a number of other executive leadership roles at SSM Health, including chief operating officer and senior vice president of strategic development.

Under Thompson’s visionary leadership, physicians were given a voice on the health system’s board of directors and on the senior leadership team. SSM Health also consolidated its system structure to move toward a value-based model of care delivery and experienced unprecedented growth.

Thompson is known for his advocacy on behalf of patients, having been an avid champion of continuous quality improvement and safety for most of his career. In 2003, SSM Health became the first health care organization in the country to win the Malcolm Baldrige National Quality Award.

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MACRA Implementation High Priority for WHA

WHA Senior Vice President Joanne Alig and WHA Chief Quality Officer Kelly Court provided an overview of the new quality payment program for physicians created under the Medicare and CHIP Reauthorization Act (MACRA) of 2015. MACRA creates two paths for clinician reimbursement beginning in 2019—Merit-Based Incentive Payment System (MIPS) and Alternative Payment Models (APMs).

The Centers for Medicare & Medicaid Services (CMS) expects the majority of eligible clinicians to be on the MIPS path in 2019, but hopes that over time more will participate in alternative payment models. The challenge, however, is that the vast majority of the current payment models won't qualify as "advanced" and thus eligible for reimbursement under the APM path. WHA will encourage CMS to seek ways to expand the options for APMs and additionally for development of new APMs that can be focused on rural areas.

Alig noted a key takeaway is that the timeline for understanding the complexities of the law and proposed rules is short, let alone to begin to implement processes for improvement. The performance year for MIPS and APMs begins January 1, 2017, and the rule isn't expected to be final until around November of this year.

Court provided details about MIPS, which has four components. MIPS replaces the existing Physician Quality Reporting System and calls for providers to report on six quality measures. Providers will also be required to report Clinical Practice Improvement Activities (CPIA), choosing from a list of 90 options. The program also includes cost measures, which will be calculated by CMS using Medicare claims. Finally, MIPS includes a component called "Advancing Care Information," which will replace the existing Medicare meaningful use program.

Hospitals and providers were encouraged to continue to report through existing quality and electronic health record programs until MIPS takes effect. They can also review the quality and CPIA measures with clinicians to begin preparing for the selection of measures and improvement work to ensure high performance. The proposed measures to select from can be found in the appendices of the proposed rule at <https://www.federalregister.gov/articles/2016/05/09/2016-10032/medicare-program-merit-based-incentive-payment-system-mips-and-alternative-payment-model-apm>.

Comments on the proposed federal rule are due June 27. WHA will be heavily engaged in MACRA implementation and encouraging CMS to continue to allow flexibility and options for clinicians to do what is best to drive improvement within their practices. (See previous Valued Voice article on MACRA implementation at www.wha.org/pubarchive/valued_voice/WHA-Newsletter-5-20-2016.htm#1)

Redefining Hospital Community Benefit to Capture Broader Impacts

Borgerding introduced the Board to a new initiative in development by WHA staff related to redefining community benefit to capture broader impacts. Wisconsin was one of the first states in the nation to survey its member hospitals to collect data related to their health improvement activities. While WHA collects and reports the costs that hospitals incur related to community benefit, the survey does not account for the broader, downstream benefits these services have on the health of a community.

"It's time to broaden this definition so we can tell the whole story about the ripple impacts of Wisconsin hospitals and health systems," said Borgerding.

Mary Kay Grasmick, WHA vice president, communications, said WHA has worked closely with its members on issues related to community benefit reporting, Schedule H and public reporting. Hospitals have grown increasingly sophisticated in how they approach the community health needs assessment and in their implementation of programs and services that improve health status in their regions. However, these efforts are often seen in isolation and not in context to the benefit they bring in terms of

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reducing health care costs, causing measurable gains in overall community health which increases worker productivity, and supporting public health.

"Hospitals and health systems provide essential services that, if we were not providing them, would fall to government or other organizations, or just not be available," Grasmick said. "The bottom line is we want to identify and quantify the financial and societal impact our work is having in communities across Wisconsin."

Grasmick said WHA has identified a number of in-state experts in the area of population health, economics and public health to help explore the feasibility of developing the methodology necessary to quantify the impact of community services, programs and health initiatives. In addition, WHA would create the tools necessary for member hospitals to run their own impact statements and then message the results to the appropriate local audiences.

AHA Recognizes Wallace, Fort HealthCare for Advocacy Efforts



Mike Wallace

The American Hospital Association (AHA), in partnership with WHA, awarded Mike Wallace, president/CEO of Fort HealthCare, the "Grassroots Champion" award for Wisconsin.

As an award honoree, Wallace was recognized for his exceptional leadership in generating and being personally involved in grassroots activity on important hospital and health care issues.

"Mike is an outstanding and effective advocate in delivering the hospital message to his elected officials," said WHA President/CEO Eric Borgerding. "His knowledge, commitment and involvement in advocacy efforts should be viewed as a model by his peers. He is well-deserving of this award."

"I am deeply honored to receive this award on behalf of Fort HealthCare. WHA makes it easy to be engaged in advocacy; it's a team effort," Wallace said. "You move us in the right direction."

The Grassroots Champion Award was created by AHA to recognize hospital leaders who most effectively educate elected officials on how major issues affect the hospital's vital role in the community and who are tireless advocates for hospitals and patients.

WCMEW Previews Next Physician Workforce Report

Wisconsin Council on Medical Education and Workforce (WCMEW) Executive Director George Quinn provided a preview of the WCMEW 2016 physician workforce report. Quinn said the projections in the 2016 report were based on a methodology that is similar to that used in the 2011 report; however, the data used in 2016 is more specific to Wisconsin.

Wisconsin has made progress in addressing the physician shortage, however, Quinn said efforts to expand graduate medical education (GME) and to attract and retain physicians in the state must continue at the current pace in order for Wisconsin to meet its goal of having an adequate supply of physicians to meet the growing demand for care.

Quinn said the full report will be released later this summer.

State Advocacy Report

With the fall elections just around the corner, Borgerding reported that WHA will again partner with WisconsinEye (wiseeye.org) to sponsor its interviews of candidates for state offices. WisconsinEye will post those interviews on their website in a video player format. WHA is again a major sponsor of this coverage and as such, WHA's logo will be prominently displayed as a clickable link in the

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sponsorship space. The video player will also appear on JSOnline and the Gannett Wisconsin newspaper online websites in partnership with WisconsinEye, which will significantly broaden the reach of the programming.

Borgerding said in addition to the candidate interviews, WisconsinEye will be live-streaming coverage of the Joint Finance Committee meetings, which draws a large audience.

As of June 1, candidates for state and federal legislative office were required to file nomination papers to be listed on the ballot for 2016. WHA Senior Vice President Kyle O'Brien reminded the Board of the goal to meet with at least 50 candidates for state office as well as host ten meetings with state senators not up for re-election in 2016.

O'Brien reminded the Board that WHA has prepared summaries of recently-enacted bills that may impact hospitals or health care systems. These summaries are located in the WHA members-only portal, which is accessible by clicking the "WHA Member's Only" icon located on the home page at wha.org. Once in the WHA member portal, the summaries can be found in the dropdown menu under the "General" tab. This section of WHA.org is a secure location and requires a first-time user to obtain a username and password. If you do not have a member account, go to members.wha.org and click on "Register" to create an account. If you have questions about how to register, contact Tammy Hribar, thribar@wha.org or 608-274-1820.

O'Brien said that even though the Legislature is out of session, lawmakers are already working on proposed bills for next session. This includes a second round of legislation from the Rural Wisconsin Initiative, focusing on education, health care, workforce and technology investments in rural communities. Legislators have looked to WHA for input on the development of their "2.0" agenda.

WHA solicited member feedback related to broadband investments, availability of volunteer emergency service providers, economic development, housing, physician/provider recruitment and workforce development. O'Brien told the Board this feedback will help staff make recommendations to lawmakers who are developing the Rural Wisconsin Initiative.

A Legislative Council Study Committee on Rural Broadband was created this year. WHA nominated three members to serve on this Committee. O'Brien said he expects the Committees to be established soon and WHA staff will support the members selected to serve on this study Committee over the summer.

O'Brien also updated the Board on the results of WHA's advocacy work related to new regulations being proposed for physicians practicing telemedicine. O'Brien told the Board that the original proposed rule was, at times, duplicative of and/or even contradicted existing regulation—which has the potential of creating unnecessary confusion. In a letter to the Medical Examining Board (MEB) from members of WHA's Telemedicine Task Force and several other chief medical officers from across the state, WHA encouraged the MEB to work with stakeholders to first identify any needs for regulation before promulgating rules.

In a subcommittee meeting in mid-May, the MEB has now put forward a new proposal that is much more limited and focused on those areas of need. O'Brien reported that WHA's Telemedicine Task Force continues to examine the rule.

State Self-Insurance Plan Savings Debatable

The Employee Trust Fund (ETF) continues to be interested in evaluating a model for self-insurance. Joanne Alig, WHA senior vice president, policy & research, reported that at a recent forum, the risk to the state from changing the current competitive model for providing health insurance to State employees was debated. (Read the article on page 3). *(continued on page 11)*

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Alig reviewed the timeline the ETF is following, noting that a draft of the full Request for Proposal (RFP) is expected to be released soon. The components of the RFP, as outlined by ETF staff at a recent meeting, are expected to be:

- Administrative service capability;
- Experience with “high value” networks, disease management data analytics, predictive modeling, technology, patient engagement, provider engagement, quality improvement, pay for performance, payment/reimbursement reform models, provider tiering, reference pricing, centers of excellence; and,
- Performance metrics including treatment compliance, clinical outcomes, as well as operational performance.

Alig said ETF has continued to express interest in evaluating various models, including both statewide and regional. She shared a map that outlines the five regions currently under consideration, along with the number of enrollees in the top health plans in each of those regions. Alig noted, though, that ETF’s consultants recently said that if a regional model is ultimately chosen, the five regions could be consolidated further depending on the responses to the RFP. The consultants’ most recent report also indicates their recommendation that under a regional model, the State limit the number of health plans participating in each region. The map is posted here: www.wha.org/pdf/ETFProposedFiveRegions6-10-16.pdf.

Federal Advocacy Report: HOPD

Jenny Boese, WHA vice president, federal affairs and advocacy, reported to the Board the WHA continues to work on and see progress on legislation providing flexibility for certain hospital outpatient department (HOPD) projects caught up in a prohibition enacted last year under the Bipartisan Budget Act of 2015 (BBA 2015). The legislation, HR 5273, was recently introduced and passed by the U.S. House. While a step in the right direction, WHA is continuing to seek improvements (see related story on page 1). Boese also highlighted that WHA will be in Washington, DC with several Wisconsin Critical Access Hospital leaders for the American Hospital Association’s rural forum June 23.

Wisconsin Hospitals State PAC & Conduit Report

Therese Pandl, chair of WHA’s Advocacy Committee, said the 2016 campaign is now launched, and she encouraged individuals on the Board to participate. To date over \$137,000 in contributions have been raised by 146 contributors. Pandl discussed new activities in 2016, such as the upcoming special invite-only event with Charles Franklin (see related story on page 2).