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Wisconsin Medicaid Director Briefs WHA Public Policy Council

Wisconsin Medicaid Director Michael Heifetz told members of the WHA Council on Public Policy at their March 30 meeting in Madison that Gov. Scott Walker actively advocated for the “Wisconsin Model” of Medicaid expansion during the debate on the American Health Care Act (AHCA).



From left: Mark Herzog, Gordy Lewis, Public Policy Council Chair Tim McKeveitt, Kyle O'Brien, Michael Heifetz

“Wisconsin is the only state with 100 percent coverage for those in poverty, according to Kaiser, and we are a high-quality state,” according to Heifetz. The Governor, he said, is very proud of the Wisconsin Model, one the hospitals and health systems “helped build and sustain,” according to Heifetz.

“We have a great story to tell,” said Heifetz, regarding Wisconsin’s high-quality health care. Heifetz said the Governor was advocating within the debate on the AHCA to reward those states that provide high-quality and accessible health care to their residents.

At the state level, Heifetz said the Medicaid program is fully funded, with some additions that were “overdue” and that are also beneficial to Wisconsin’s hospitals and health systems. These included mental health reforms, increases in nursing home reimbursement and initiatives focused on opioid abuse.

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PDMP Prescribing Requirement and Other Changes Take Effect April 1 ***DSPS sets out process for reporting technological failures preventing access to the PDMP***

Physicians and other prescribers are reminded that on Saturday, April 1, Act 266 will require a practitioner to review a patient’s records under the Prescription Drug Monitoring Program (PDMP) before issuing a prescription order for a monitored drug. Under the statute, there are exceptions to the mandate:

- The patient is receiving hospice care, as defined in s. 50.94 (1) (a).
- The prescription order is for a number of doses that is intended to last the patient three days or less and is not subject to refill.
- The monitored prescription drug is lawfully administered to the patient. For example, a drug that is both prescribed and administered to a patient on an inpatient unit is exempted.
- Due to emergency, it is not possible for the practitioner to review the patient’s records under the program before the practitioner issues a prescription order for the patient.
- The practitioner is unable to review the patient’s records under the program because the digital platform for the program is not operational or due to other technological failure if the practitioner reports that failure to the Board.

On March 30, the Department of Safety and Professional Services (DSPS) sent an email providing a procedure for implementing the exception for inability to review PDMP records due to PDMP

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technological or operational failure. It states:

“As you may be aware, Wis. Stat. ch. § 961.385(2)(cs)2.e. offers an exception to the ePDMP requirement should the ePDMP not be operational or if there is a technological failure if the practitioner reports that failure to the board. Under this section, “board” is defined as the Controlled Substances Board (Wis. Stat. ch. §961.385(1)(ac), and notifications should be provided following the below procedure:

To report a technological failure preventing you from accessing the WI ePDMP, send an email to PDMP@wisconsin.gov with the subject line “WI ePDMP Tech Failure.”

WHA has been receiving reports and notices of both planned and unplanned outages of the ePDMP in the days leading up to April 1. If your organization’s prescribers are having difficulty with outages, unreasonably slow response times, or other technological failures, you should contact DSPS, including through the process set forth above.

As reported in previous *Valued Voice* stories, WHA continues to work with DSPS and its boards to provide additional clarity around the new mandate and to expedite efforts by DSPS’s vendor to implement cost and time effective options to enable federally certified EHRs to present PDMP data.

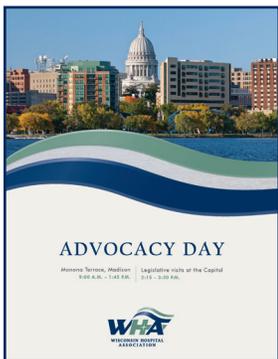
Training materials, FAQs, and additional contact information are available on the PDMP website. To view that information, go to: <https://pdmp.wi.gov/training-materials>.

In addition, other changes to the PDMP take effect April 1. One change shortens the time period in which applicable dispensers must submit data to the PDMP to no later than 11:59 p.m. of the next business day after the monitored prescription drug is dispensed.

Another change taking effect April 1 permits individuals who “medically coordinate, direct, supervise, or establish standard operating procedures” to receive certain PDMP data to help such individuals evaluate practitioners’ job performance or perform quality assessment or improvement activities.

Additional information about these additional changes, along with a summary of the Act’s PDMP mandate can be found in a “WHA Act Summary of Act 266, 267, and 268: Changes to Wisconsin’s Prescription Drug Monitoring Program (PDMP)” in the WHA members-only portal under the “Legal Resources – Wis. Legislative Summaries” tab. If you do not have a member account in the WHA members-only portal, go to members.wha.org and click on “Register” to create an account. If you have questions about how to register, contact Tammy Hribar at thribar@wha.org or 608-274-1820.

WHA Advocacy Day, April 19, Tops 800 500 already plan to go on legislative meetings



With just under three weeks before the Wisconsin Hospital Association’s Advocacy Day on April 19, over 800 hospital leaders, trustees, volunteers and advocates from across the state have already registered for this important day. WHA expects hundreds of registrations to come in during the weeks leading up to April 19, but some 500 attendees have already registered for the afternoon’s legislative meetings. Register your hospital contingents now at: www.cvent.com/d/svqylc.

In addition to Gov. Scott Walker’s luncheon keynote address and morning keynote political journalist Amy Walter, attendees will hear from the Republican and Democratic leaders in both the State Senate and State Assembly: Senate Majority Leader Scott Fitzgerald (R-Juneau), Senate Minority Leader Jen Shilling (D-La Crosse), Assembly Speaker Robin Vos (R-Rochester) and Assembly Minority Leader Peter Barca (D-Kenosha). *(continued on page 3)*

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WHA strongly believes the afternoon's legislative meetings are the most important part of the day and encourages attendees to register for Advocacy Day with a legislative visit. To prepare attendees for their meetings, WHA schedules all meetings, provides an issues briefing at Advocacy Day and an optional pre-event webinar April 11 on legislative visits.

Register today at: www.cvent.com/d/svqylc. For Advocacy Day questions, contact Jenny Boese at 608-268-1816 or jboese@wha.org. For registration questions, contact Kayla Chatterton at kchatterton@wha.org or 608-274-1820.

Wisconsin 4th Best State for Doctors

Wisconsin is the 4th best state for doctors to practice medicine, according to Wallet Hub (<https://wallethub.com/edu/best-and-worst-states-for-doctors/11376/>). Wallet Hub, a personal finance website, analyzed Census Bureau data, HRSM, CMS and the Interstate Medical Licensure Compact, among others, on multiple criteria to create its ranking of best states for physicians to practice medicine.

WHA Comments on Preliminary Draft Update to Medicaid Telemedicine Policy

WHA praised the Department of Health Service's (DHS's) Medicaid Telehealth Policy Team for their recommendation to include telemedicine services provided in emergency department and dental settings in the Team's draft updates to Forward Health Topic #510 addressing telehealth reimbursement under the Wisconsin Medicaid program. WHA's comments were submitted March 30 and were in response to a request for comments by WHA from the Medicaid Telehealth Policy Team.

"We appreciate the inclusion of emergency departments as originating sites," wrote WHA General Counsel Matthew Stanford in WHA's comments to DHS's Medicaid Telehealth Policy Team. "Enabling patients receiving emergency department care to access services available through telemedicine will improve care for MA enrollees by making it easier for MA enrollees to access and receive emergency care closer to home."

WHA noted DHS's intent that the draft update to Topic #510 is intended to be clarifications and minor changes to current policy and that Medicaid plans to consider broader updates to telehealth policy at a later date. While minor changes to the draft list of Medicaid-covered telemedicine services were included in the draft, WHA also encouraged the Team to further review its list of services to ensure no viable options for treatment via telehealth are excluded. The comment letter noted CMS's new CY2017 list of Medicare telehealth services includes allowable codes that were not listed in the draft update to Topic #510.

"Advancing telehealth in Wisconsin is a shared objective of WHA and the Department as telehealth is an important tool to help further access to cost-efficient, high-quality care for Medicaid enrollees," wrote Stanford.

WHA also commented on newly included topics regarding Medicaid services for individuals in nursing homes and behavioral health services. WHA asked for additional clarity regarding certain telemedicine exclusions involving nursing home assessments and recommended special attention to behavioral telemedicine policies.

"With significant shortages of psychiatrists and substance abuse services in many parts of Wisconsin, telehealth is an important tool that can help provide better access to Medicaid enrollees with mental health and substance abuse access challenges," wrote Stanford. "We recommend the Department carefully review the allowable procedure codes for mental health and substance abuse telehealth services to ensure no viable options for mental health and substance abuse treatment via telehealth are excluded."

DHS indicated a final update to ForwardHealth Topic #510 will be published in the next several weeks.

WHA Sponsors WisEye 2017 Coverage of JFC, State Budget

The Joint Finance Committee (JFC) is making news nearly every day with their deliberations on the state budget. This week, the JFC members debated the state's self-insurance proposal, which was covered live on www.wiseeye.org.

The state budget process and the Joint Finance Committee decisions are of critical importance to the citizens of Wisconsin and to the future of our state, according to WHA President/CEO Eric Borgerding. That is why for the second year, WHA is a major sponsor of WisconsinEye, a non-profit news network. WisEye provides Wisconsin residents with live, gavel-to-gavel coverage of the 2017-2019 state budget, which included the Governor's budget address and, now, live coverage of the Joint Finance Committee hearings and legislative floor sessions.



Every minute of coverage is streamed live, whenever possible, on www.wiseeye.org, televised on WisconsinEye's cable networks and immediately catalogued and archived on the WisconsinEye website.

In addition to complete budget coverage, WisconsinEye programming also includes weekly recaps of legislative sessions and committee hearings on WisconsinEye's flagship program "Rewind," featuring award-winning senior producer Steve Walters and guest host J.R. Ross from Wispolitics.com.

WHA is one of five sponsors underwriting the cost of the live and archived coverage that is being streamed through a digital video player. The other sponsors are Wisconsin Counties Association, League of Wisconsin Municipalities, AT&T and 5 Nines.

WisconsinEye programming can be watched from a desktop or mobile device on www.wiseeye.org, or on cable Charter 995 or Time Warner 363.

Wisconsin Launches Caregiver Career Program

Innovative program to help recruit, train, and retain nurse aides

In an effort to attract and retain more nursing home caregivers, Wisconsin is launching an innovative program called the Caregiver Career Program. The Department of Health Services (DHS) has received federal approval to move forward with the more than \$2.3 million investment to implement the Wisconsin Caregiver Career Program, designed to add up to 3,000 nurse aides to the workforce, in this high demand field.

"We recognize that Wisconsin needs committed caregivers for our state's most vulnerable adults," said DHS Secretary Linda Seemeyer. "As our population ages, it becomes even more critical that we invest in our workforce so those served in nursing homes get the best quality of care."

DHS is developing the program in partnership with nursing homes, LeadingAge Wisconsin, the Wisconsin Health Care Association and the Wisconsin Technical College System. The program will offer training and testing at no cost to students and also implements a \$500 retention bonus for nurse aides after six months on the job at a nursing home. The program will also include a marketing and recruitment plan to not only increase the number of people entering caregiver careers, but also increase awareness about the value of caregiving and the change caregivers can make in the lives of Wisconsin's elders.

Nurse aides provide basic care for residents in nursing homes, performing duties from feeding to bathing to dressing. The Bureau of Labor Statistics predicts employment of nursing assistants will grow 17 percent between 2014 and 2024, which is faster than average for all occupations. This is largely due to aging baby boomers, which are increasing demand for patient care.

In Wisconsin, more than 87,000 residents live in long-term and residential care facilities. That's an increase of 18 percent since 2003, yet one in seven caregiving staff positions is unfilled.

Register for WHA Physician Quality Academy



Physicians are often assigned a role with a hospital or health system's quality department or committee, or they are asked to lead a quality improvement project. Knowledge about quality improvement tools and principles can increase the likelihood that a physician will be more successful in and comfortable with his/her leadership role.

WHA is offering the WHA Physician Quality Academy to ensure physicians have access to the training and resources necessary to lead quality improvement initiatives. The Academy offers two non-consecutive days of in-person training and access to supporting resources both between and after the live sessions. The Academy will be offered twice in 2017: Cohort #1 will be held May 10 and July 21, and Cohort #2 will be September 29 and November 3. All sessions will take place at Glacier Canyon Lodge at The Wilderness Resort in Wisconsin Dells. Each two-part cohort is approved for 10 *AMA PRA Category 1 Credit(s)*TM.

Registration is open for the two Academy cohorts in 2017. The full event agenda and online registration are available at www.cvent.com/d/wvq5nm. An event brochure is included in this week's packet as well. Attendance is limited to the first 100 registrants per cohort, so register your physicians today.

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Heifetz discussed a Medicaid demonstration waiver the state will be pursuing, which includes premiums for some Medicaid enrollees, co-pays for use of hospital emergency departments and drug screening for individuals applying for Medicaid. Members of the Council expressed concerns with several provisions mentioned as part of the waiver, specifically concerns with co-pay requirements for hospital emergency department utilization. Heifetz said the waiver application is in the "early stages," and interested stakeholders will have an opportunity to provide input regarding the waiver's provisions.

"This is an open process. The Governor's goal is not to dis-enroll people," Heifetz said. "Rather he wants to reward work and not make public programs a hammock, but rather, a trampoline."

American Health Care Act – what's next?

Joanne Alig, WHA senior vice president, policy & research, reviewed the fluid process and the policy of the American Health Care Act (AHCA). Alig said there is still uncertainty about the timing of any legislation, and while there had been reports of talks continuing in Washington, it is anyone's guess as to whether a new vote will be scheduled on a bill this spring.

Alig described WHA's position and advocacy, noting that under the ACA, Wisconsin experienced a 38 percent decline in the uninsured rate. That, coupled with reductions in uncompensated care have been positive for Wisconsin. Although Medicaid and Medicare shortfalls increased during the same time, more than 195,000 people gained coverage from 2013 through 2015 in Wisconsin. Further, WHA has advocated any bill that includes changes to Medicaid financing must ensure equity among expansion and non-expansion states.

In terms of equity, Wisconsin expanded coverage to childless adults without receiving higher federal funding like many other states. At the same time, Wisconsin reduced Medicaid eligibility for about 60,000 adults in 2014, relying on income-based subsidies being available for low income Wisconsinites to obtain private coverage.

Under the AHCA, Wisconsin could have received an estimated \$70 million in "safety net" funding. But under Wisconsin's Model for coverage, Wisconsin is spending about \$280 million in state dollars for a population group for which other states get full federal funding. In short, the bill continued to create inequities for states like Wisconsin because it still did not recognize Wisconsin's coverage expansion as a "full expansion."
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WHA will continue to assess the developments in Washington and in Madison to help shape the path to come. For example, WHA will be analyzing various aspects of Medicaid expansion and will continue to assess if there are any other regulatory or administrative actions that could help provide equity for states.

Council members identified several concerns with the AHCA as it was structured, including that the level of the tax credits would be insufficient to ensure affordable coverage for low income Wisconsinites. Wisconsin relied on the income-based subsidies available under the ACA to ensure access to coverage. Council members also questioned the long-term viability of the insurance exchanges and discussed what options the federal government might have to help stabilize the markets through regulations. Finally, members noted that we must be diligent to maintain Wisconsin's high-quality health care and the significant investments hospitals and health systems have made to integration and value.

Wisconsin State Budget & 2017-18 Legislative Session

Kyle O'Brien, WHA senior vice president, government relations, briefed the Council on the Governor's proposed state budget and work the Association is doing to advocate for additional investments in the state Medicaid program through the legislative process. O'Brien provided an update on the Association's advocacy work, including testimony being prepared for the Joint Finance Committee's statewide public hearings that asks the Committee to use a portion of the \$300 million lapse from the Medicaid program to fund several WHA budget priorities.

O'Brien reported WHA is working to increase the Medicaid Disproportionate Share Hospital (DSH) program, fund elements of the Rural Wisconsin Initiative related to health care, provide additional resources for outpatient mental health care and create a payment methodology for provider care coordination for the state's Medicaid program.

Alig discussed what WHA knows about the Department's Medicaid waiver request requiring premiums for able-bodied adults on the Medicaid program, along with additional co-pays and drug screening requirements for Medicaid enrollees. Alig said WHA would review the requirements once official documentation is made public and will comment to both the Walker Administration and members of the legislature regarding the impact of these provisions on Wisconsin's hospitals.

Along with the budget, O'Brien said WHA is working alongside a coalition of providers to advocate for Assembly Bill 146—legislation that allows dental hygienists to practice in additional settings without supervision by a dentist. The legislation passed the Assembly Health Committee March 29 with unanimous support from the Committee. WHA expects the legislation will be approved by the full Assembly next week.

Matthew Stanford, WHA general counsel, provided the Council with several additional updates regarding legislation to reform Wisconsin's emergency detention process, a proposed revision to Medicaid's telemedicine regulation and updates regarding the Wisconsin Prescription Drug Monitoring Program (PDMP) and a state mandate for prescribers to check the PDMP that begins April 1, 2017 (see related article on page 1).

Wisconsin Hospitals State PAC & Conduit Update

Jenny Boese, WHA vice president, federal affairs & advocacy, and Nora Statsick, WHA political consultant, provided the Council with an overview of the Wisconsin Hospitals State PAC & Conduit's recording-breaking 2016 year. In total, the campaign raised over \$305,500, a 12.5 percent increase over the previous year. In 2016, 353 individuals contributed, on average, \$863 each. All total in 2016, the political funds disbursed over \$350,000, setting another record. For 2017, the fundraising goal is to raise \$312,500. The campaign is off to a good start with over \$71,000 contributed by 72 contributors. The Wisconsin Hospitals State PAC & Conduit will also host a kick-off breakfast immediately prior to the start of WHA Advocacy Day on April 19 for individuals who have contributed \$250 or greater.