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EDUCATIONAL EVENTS

April 17, 2019
Advocacy Day
Madison, WI

June 12-14, 2019
Wisconsin Rural Health Conference
Wisconsin Dells, WI

Throughout 2019
Health Care Workforce Resilience
Free Member Webinar Series

Register Now for 2019 Wisconsin Rural Health Conference, June 12-14



Plan now to attend the 2019 Wisconsin Rural Health Conference, June 12-14, at Glacier Canyon Lodge at The Wilderness Resort in Wisconsin Dells. This annual event is *the* statewide forum for examining the issues that most impact small and rural hospitals, networking and collaborating with colleagues, and bonding with your senior staff team and members of your hospital board of trustees.

Each year, your colleagues on WHA’s Council on Rural Health act as the planning committee for this conference, and once again in 2019, they have crafted an interesting and diverse education agenda. This year’s opening keynote speaker is Ron Galloway, a researcher, filmmaker and author, who will focus on some of the biggest health care disruptors, identify ways disrupters will leverage their data expertise and ability to launch new technologies quickly to affect health care, and discuss what these companies’ strategies mean for rural health providers.

A variety of breakout sessions will give you the opportunity to examine and discuss models changing the delivery of and access to health care, public policy issues affecting rural health care, and ways in which data and technology are improving care and access for rural populations. *(continued on page 2)*

WHA Board Announces New At-Large Member, State Advocacy Efforts and Upcoming Capitol Hill Visits

WHA’s Board Chair, and SSM Health Care of Wisconsin’s Regional President of Operations, Damond Boatwright welcomed the Board to the spring edition of the 2019 meetings, noting that WHA’s advocacy efforts related to the State budget are underway.

Eric Borgerding, WHA President and CEO, kicked off his President’s Report with a progress update on WHA’s 2019 goals. He also announced a new Board member to fill an at-large vacancy and discussed upcoming Capitol Hill visits before leading a State budget advocacy discussion.

2019 Goals

At the close of the first quarter, WHA is making good progress and staff are on pace to meet their 2019 goals. Borgerding commented, “Like every year, issues emerge and WHA responds quickly and confidently to this dynamic, ever-changing environment. In December, I anticipate that we will have accomplished most, if not all, of the items on our agenda—as well as those that have emerged throughout the year that took considerable staff time and effort.”

Borgerding will provide further progress updates at future meetings.

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The conference will include:

- The popular education track focused on governance issues;
- Sessions focused on learning the skills and tools to approach a crucial conversation;
- Review of a toolkit of the key legal and compliance issues trustees need to be familiar with; and,
- Examining best practices from some of the nation's highest-performing hospital boards.

Make attendance at this year's conference a priority by registering today. The full conference agenda and [online registration](#) are available now. The full [conference brochure](#) can be viewed as well.

WI Hospital Leaders Testify in Support of Medicaid Reimbursement Increases

“Lawmakers of both parties state that Medicaid provider rates are a problem.”



Fort HealthCare President/CEO Mike Wallace and SSM Health St. Mary's Hospital - Janesville President Ben Layman testify in front of the Joint Committee on Finance in support of Medicaid hospital reimbursement increases in the Governor's budget proposal.



Wisconsin's budget-writing Joint Finance Committee heard from two hospital leaders last week during the first public hearing on Governor Evers' two-year state budget proposal. Ben Layman, President of SSM St. Mary's Hospital - Janesville, and Mike Wallace, President and CEO of Fort HealthCare [testified](#) during the Janesville hearing in support of hospital reimbursement increases in the Governor's proposed budget bill.

“Lawmakers of both parties have frequently stated, in the context of the policy debate surrounding Medicaid expansion, that Medicaid provider rates in Wisconsin are a problem that shifts costs and makes health care less affordable for Wisconsin families and businesses. We agree, and ask you to act on these concerns,” said Wallace.

The Governor's budget would increase hospital reimbursement by \$365 million over the upcoming biennium. The budget proposal increases the state's investment in the Medicaid Disproportionate Share Hospital (DSH) program by \$58 million, doubling the Rural Critical Care supplement

program, and increasing support for the hospital assessment access payment program—a result of expanding Medicaid to everyone living below 138% of the federal poverty level.

“Wisconsin's Medicaid reimbursement rates continue to negatively impact our ability to expand access to care and result in a significant cost-shift to employers and families in each community we serve,” said Layman.

The Governor's budget proposal also targets reimbursement increases in specific areas of care delivery including telehealth, behavioral health and special needs dental services. The Governor's budget includes \$69 million to fund reimbursement increases for behavioral health providers.

“Considering Wisconsin has the second-worst reimbursement rates in the country, these reimbursement increases are warranted and welcomed by health care leaders across the state—we ask you to support these increases,” said Layman.

Twenty-four hospital and health system leaders in southern Wisconsin joined Wallace and Layman in a written letter to the Committee, asking to use the Governor's budget bill to increase Medicaid reimbursement for hospitals, using new resources resulting from Medicaid expansion or the state's existing \$234 million Medicaid surplus.

“Governor Evers' proposed budget includes funding for these proposals derived through Medicaid expansion. We applaud the Governor for directing all of these resources to important health care priorities, including hospital reimbursement. Whether through Medicaid expansion or other funding sources, we believe the resources exist to achieve these key priorities,” said Wallace.

WHA Urges Congress to Remove Medicare Telehealth Restrictions

In a [letter](#) sent last week, WHA asked the federal Congressional Telehealth Caucus to expand access to telehealth services for Medicare patients by eliminating a federal statute that prohibits Medicare from paying for telehealth services if the patient is located in an urban area or at home.

The Congressional Telehealth Caucus is a bipartisan coalition of U.S. Representatives and Senators seeking to develop a legislative package to “expand access to vital, cost-efficient telehealth and remote monitoring services across the country.”

As stated in WHA’s letter, telehealth, which is the delivery of health care services remotely by means of telecommunications technology, can help to improve access to health care services by allowing patients to receive care locally in their communities by connecting to existing providers in other locations. By enabling patients to connect to providers remotely, telehealth also decreases the amount of time that patients need to travel or be away from work and family. Further, by reducing avoidable, higher-cost health care utilization (e.g., emergency room visits and hospital admissions), the delivery of care via telehealth can help to reduce or maintain overall health care costs.

In urging the elimination of the statutory prohibition on Medicare paying for at-home or urban telehealth services, WHA asked the Congressional Telehealth Caucus to build upon the incremental but important work that Congress recently has taken to permit payment for targeted Medicare telehealth services delivered to patients located in urban areas or at home.

For more information, contact [Andrew Brenton](#), WHA assistant general counsel, or [Jon Hoelter](#), WHA director of federal and state relations, at 608-274-1820.

CMS Expands Telehealth for Medicare Advantage Plans Starting in 2020



Last week, the Centers for Medicare & Medicaid Services (CMS) announced that it will allow Medicare Advantage (MA) plans to offer additional telehealth benefits to enrollees as part of their basic benefit package starting in plan year 2020. This policy change was included in the 2020 Medicare Advantage & Prescription Drug Benefit rule that CMS finalized on April 5.

Implementing a provision of the Bipartisan Budget Act of 2018, the rule permits MA plans to cover telehealth services beyond what currently is allowable under fee-for-service Medicare. Under fee-for-service Medicare, CMS pays for covered telehealth services only if the patient is in a rural area and at a clinical setting that generally does not include the patient’s home or other community setting. Starting in plan year 2020, MA plans can cover Medicare-covered telehealth services, regardless of where the patient is located, as a basic MA benefit.

Prior to the final rule, MA plans could cover such additional telehealth services only as supplemental MA benefits, which unlike basic MA benefits, are funded using rebate dollars or supplemental premiums paid by enrollees. By allowing MA plans to include additional telehealth services as basic MA benefits, CMS predicts that MA plans will be more likely to offer them to enrollees.

CMS projects that its new policies will save MA plan enrollees \$557 million in travel costs over 10 years and will “result in an aggregate reduction in use of emergency room visits and inpatient admissions because the relative increased ease of receiving health care services should improve health outcomes and reduce avoidable utilization that results from untreated conditions that exacerbate illness.”

CMS’s policy change may have a significant impact in Wisconsin, where according to the [Kaiser Family Foundation](#), 40% of Medicare beneficiaries in 2018 were enrolled in a MA plan in 2018, compared to the national average of 34%.

- [CMS 2020 Medicare Advantage & Prescription Drug Benefit rule](#)
- [CMS Fact Sheet](#)

For more information, contact [Andrew Brenton](#), WHA Assistant General Counsel, at 608-274-1820.

New At-Large Board Member

The Board unanimously approved the nomination of Andy Bagnall, Division President and CEO of HSHS Western Wisconsin Division, to fill the At-Large member seat previously held by Charisse Oland of HSHS Western Division. Oland stepped down from the Board when she moved from Wisconsin.

Board members remarked Bagnall is a great candidate who is known for his leadership, accomplishments, and experience. Among the nomination letters supporting Bagnall, Fort HealthCare President and CEO Mike Wallace said, “He is highly regarded and respected as both a health care professional and strategic partner.”

“We are fortunate to have such a strong candidate to take Charisse’s place. His commitment, leadership and passion for the work of our member hospitals make Andy a terrific addition to the Board,” said Borgerding.

Bagnall will serve a three-year term.



Andy Bagnall

Capitol Visits About Site-Neutral Reimbursement, Transparency and GME Funding

The American Hospital Association’s (AHA) annual meeting started April 8—and WHA is hitting Capitol Hill to meet with Wisconsin’s Congressional delegation about critical issues such as site neutral reimbursement, transparency and surprise billing, and workforce issues.

“While site-neutral payment policies may sound good in theory, they ultimately increase the hidden health care tax by reducing hospital payments, which is why we support reversing the costs in CMS’ 2019 Outpatient Rule,” said Borgerding.

WHA also supports meaningful price transparency, and no patient should be faced with an unexpected medical bill. As Congress explores legislation to reduce surprise billing, WHA requests that Congress brings together stakeholders to work on these complex issues to identify best practices that can be replicated on a wider scale.



WHA’s Board Meeting, April 4, 2019

Finally, WHA will be asking congressional leaders to lift federal Graduate Medical Education (GME) caps to help address Wisconsin’s projected physician shortage.

“WHA has worked with the Wisconsin Legislature in a bipartisan fashion to help meet our workforce needs. As our population ages, and physicians retire and move from provider to consumer, Wisconsin must find new ways to replenish our physician pipeline. Federal GME caps are a barrier to growing our physician workforce, and

we will be asking our Congressional delegation to support legislation that creates new residency slots,” said Borgerding.

Stoughton Hospital President and CEO Dan DeGroot, Columbus Community Hospital President and CEO John Russell, and North Central Health Care CEO Michael Loy are accompanying WHA to D.C. **Watch next week’s newsletter to learn more about the trip.**

State Advocacy Discussion

In late February, Governor Evers introduced a budget proposal that includes significant increases in hospital reimbursement, along with investments in several other WHA priorities including telemedicine, behavioral health care, enrollment outreach, and special needs dental care.

Borgerding provided the Board with an overview of the budget proposal and discussed how WHA is working to bridge differences between a Democratic Governor and Republicans in the state Legislature, several of which have sent clear signs regarding their position against Medicaid expansion.

“For months, WHA has expressed concerns with increasing Wisconsin’s Medicaid rolls without taking action to increase reimbursement rates. The Governor clearly heard and acted on these concerns,” said Borgerding. “WHA will continue to educate policymakers in the Legislature about the benefits of hospital reimbursement increases in the Governor’s budget, while still addressing hospital concerns with moving over 40,000 people from the private market to Medicaid if expansion moves forward.”

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According to Borgerding, WHA is coordinating testimony by hospital leaders at Joint Finance Committee hearings throughout the state in April, preparing for the Committee's deliberation on the budget bill in the weeks ahead. Borgerding said the state is experiencing a \$234 million surplus in the Medicaid program, providing the resources to still finance Medicaid reimbursement increases included in the Governor's budget even if Medicaid expansion doesn't move forward.



Lisa Ellinger updates the WHA Board on the Wisconsin Healthcare Business Forum.

WHBF Update

Lisa Ellinger, WHA's Vice President of Public Policy, provided a status report on the Wisconsin Healthcare Business Forum (WHBF). The WHBF is a partnership of WHA and the Wisconsin Technology Council, which was formalized in December 2018. The mission of the WHBF is focused on promoting a pro-healthcare business agenda and connecting healthcare leaders to Wisconsin's growing health technology sector. Ellinger highlighted recent events and media coverage of the WHBF, as well as the statewide focus for future efforts. She noted that 2019 priorities include educational events and media outreach to promote the WHBF and the positive economic impact of health care on the Wisconsin economy. If you have any questions about the WHBF, contact [Lisa Ellinger](#).



Mark Kaufman, MD gives the Board an update on WHA's physician engagement efforts.

Engaging with Physician Leaders

WHA Chief Medical Officer Mark Kaufman, MD, provided the Board with an update of WHA's physician engagement efforts so far this year. Dr. Kaufman presented a summary of what he learned from more than 35 one-to-one conversations with Physician Leaders Council (PLC) members, WHA Board members, and other physician leaders from WHA member organizations. The purpose of these conversations was to better understand how WHA can create additional value in the physician space.

Some common themes emerged from these conversations. Many see an important role for WHA in physician leader development and as a convener of physician leaders to facilitate peer learning and the sharing of best practices.

There is enthusiasm for a data sharing and learning collaborative centered on physician engagement. At the same time, WHA needs to continue its advocacy efforts related to growing the physician workforce, reducing the regulatory burden on physicians, and maintaining Wisconsin's fair and balanced medical malpractice environment.

Dr. Kaufman also updated the Board on the WHA Physician Leadership Development Conference in Kohler:

- More than 200 attended the Kohler conference
- 75 physicians participated in the new Senior Physician Leadership Track
- Stephen Beeson, MD, led an all-Friday session on engaging physicians
- Other notable speakers included Michael Guthrie, MD; Alan Kaplan, MD, CEO of UW Health; Steven Kulick, MD, Chief Experience Officer at Marshfield Clinic; and Eric Borgerding, President and CEO of WHA

Wisconsin Hospitals PAC & Conduit 2019 Campaign Kick Off

PAC Breakfast Kicks Off Advocacy Day on April 17

The Wisconsin Hospitals PAC & Conduit will kick-off the 2019 campaign at the annual PAC Breakfast, the first event on Advocacy Day. Individuals who contribute \$250 or more before April 17 are invited to attend the breakfast. Governor Tommy G. Thompson, the morning keynote for WHA's Advocacy Day, will join as a special guest.

This year, the Wisconsin Hospitals PAC & Conduit has set an aggressive goal of raising \$320,000. Last year, over 300 individuals contributed a total of \$331,052, an average gift of \$1,088. To make your 2019 contribution, visit www.whconduit.com or contact Kari Hofer at 608-268-1816.

To RSVP for the PAC Breakfast, email [Nora Statsick](mailto:Nora.Statsick@wha.org) or call 608-239-4535.

