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Individual Insurance Market Options Grow for 2020

On Oct. 10, the Office of the Commissioner of Insurance (OCI) released information about health insurers that will be available on the individual market for 2020. Sixty-one of Wisconsin’s 72 counties will have three or more insurers available. By comparison, only 46 counties offered that level of competition in 2018.

Many Wisconsinites will also benefit from lower premium rates in 2020. [As announced earlier this year](#), rates on Wisconsin’s individual health insurance market will decrease an average of 3.2% from 2019 rates.

Increased competition and lower premiums were the key motives for WHA’s strong leadership and support for the bipartisan [Wisconsin Healthcare Stability Plan](#) (WIHSP). WIHSP was signed into law by former Gov. Scott Walker in 2018, and fully funded in Gov. Tony Evers’ recently-enacted state budget. The WIHSP created a reinsurance pool that covers a portion of high-cost claims in the individual market and has been credited for two straight years of premium decreases and the expansion of insurance options across the state.

“The WIHSP is the gift that keeps giving,” said Eric Borgerding, WHA president and CEO. “A strong and stable health insurance market is a win for patients, providers and hospitals.”

Between 2015 and 2017 several health insurers left the Wisconsin market, but the implementation of the WIHSP has led to both the return and expansion of service areas by insurers. For 2020 there will be 13 Wisconsin insurers offering plans on the individual market, up from 12 in 2019.

The biggest improvement for 2020 will occur in northeastern Wisconsin. In 2018, Common Ground Healthcare Cooperative was the only health insurer available through the exchange marketplace in Brown County. In 2020, five health insurers will sell health plans on the marketplace.

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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

Valued Voice Publication Date Moving to Thursdays

Busy legislative session prompts new publication date starting 10/24

To ensure Valued Voice readers are receiving the most up-to-date information on WHA’s activities, the weekly publication will move to Thursday afternoons next week. The move will take effect Oct. 24.

“WHA’s Government Relations team is blanketing the State Capitol as the fall legislative session heats up,” said WHA Vice President of Communications Mark Grapentine. “Publishing on Thursday will allow readers to get the freshest information on WHA’s advocacy work both in Madison and Washington, D.C.”

Contact [Mark Grapentine, JD](#) with questions.

Promote Insurance Enrollment Opportunities

The Wisconsin Department of Health Services (DHS) and the Office of the Commissioner of Insurance (OCI) are teaming up to promote health insurance open enrollment events during this year's enrollment period, Nov. 1 – Dec. 15.

WHA members are encouraged to [submit details](#) about upcoming enrollment events to DHS, which will serve as a central location for enrollment information this fall. Deadline for submission is Oct. 18.

DHS Secretary-designee Andrea Palm and OCI Insurance Commissioner Mark Afable are also making themselves available to attend enrollment media events. You can [send a request](#) if you are interested in extending an invitation.

These efforts stem from the work of the [DHS/OCI Health Care Coverage Partnership Advisory Council](#) formed this summer. WHA is a participating member of the Advisory Council.

For more information about open enrollment, contact WHA Vice President of Public Policy [Lisa Ellinger](#).

CMS Releases Long-Awaited Changes to Stark/Antikickback Proposed Rule

Goal of incentivizing more value-based payments

On Oct. 9, the federal Centers for Medicare & Medicaid Services (CMS) released two long-awaited proposed rules that would update the Stark Law and Antikickback Statute (AKS). Both laws were intended to ensure physicians refer patients for services and tests based on necessity rather than on financial incentives for referrals. However, critics have widely noted that the burdensome, decades-old rules implementing the laws have not kept up with a changing Medicare environment. With many hospitals and health systems looking to participate in more value-based payment arrangements, the complexity of these federal rules has greatly inhibited hospitals from entering such contracts. As the Stark Law is a strict liability statute, even unintentional violations can lead to millions of dollars in retroactive repayments.

The proposed rule appears to respond to many of the concerns WHA highlighted in its [comment letter](#) to CMS in August 2018. In that letter, WHA recommended CMS focus on four main areas to alleviate the growing burdens with Stark Law compliance:

1. Clarifying confusing definitions.
2. Providing clearer exceptions from the law.
3. Prioritizing intentional, rather than unintentional violations.
4. Harmonizing the Stark Law with the Antikickback Statute.

The proposed rule on Stark Law creates three new exceptions for value-based payment arrangements that either require participants to take on a degree of financial risk or advance "value-based" purposes. CMS also proposes amending the definitions of "fair market value" to mean the generally-accepted meaning of arms-length transactions between two parties, and redefining "commercial reasonableness" to include arrangements that further a legitimate business purpose, even if it does not result in profit for either of the parties. The rule also excludes services that do not affect a hospital's Medicare inpatient prospective payment system payments from being considered "designated health services."

CMS is also making attempts to harmonize the Stark Law and AKS in these proposed rules. In the AKS rule, CMS proposes to add safe harbor exceptions for value-based arrangements in which participants take on financial risk or offer only in-kind benefits to participants. It would also create a new safe harbor in the AKS for value-based arrangements which offer in-kind patient engagement tools directly to a target patient population, of up to \$500 per patient per year. Both rules also would allow exceptions for cybersecurity technology and services, so long as they are not conditioned on future referrals or business.

WHA intends to offer comments on these rules before the Dec. 31 comment deadline and encourages members to contact [Jon Hoelter](#), WHA director of federal and state relations, or [Matthew Stanford](#), WHA general counsel, with any questions or suggested comments for CMS.

Senate Health Committee Hears WHA Telehealth Bill

WHA members and staff appeared in front of the Senate Committee on Health and Human Services on Oct. 9 to speak in favor of [Senate Bill 380](#), telehealth modernization legislation spurred by WHA's Telemedicine Work Group.

As [previously covered in *The Valued Voice*](#), the legislation includes four main recommendations from WHA's Telemedicine Work Group:

- 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.



Above left: Shana Kettunen, Chris Meyer, and Jon Hoelter. Above right: Rachel Zorn and Dr. Thomas Brazelton. Below: Attendees at the Senate hearing.



WHA Director of Federal and State Relations Jon Hoelter joined Chris Meyer, director of virtual care at Marshfield Clinic; Shana Kettunen, director of business development and telemedicine for Hospital Sisters Health System (HSHS) Eastern Wisconsin Division; and Dr. Thomas Brazelton and Rachel Zorn from UW Health. The group discussed the various ways Wisconsin hospitals and health systems are using telehealth to provide more efficient care to Wisconsinites, as well as how the legislation would help remove barriers currently preventing expansion of telehealth services for our state's Medicaid population. In addition to WHA members, the Wisconsin Department of Health Services and a number of other groups and private citizens spoke in support of the legislation. No organizations at the hearing expressed opposition.

WHA is urging both the Assembly Committee on Medicaid Reform and Oversight and the Senate Committee on Health and Human Services to promptly hold votes on the legislation so it can be scheduled for a vote in the full Assembly and Senate chambers.

Contact [Jon Hoelter](#) or WHA General Counsel [Matthew Stanford](#) with questions.

DHS Holds Hearing on Trauma Designation Rule

WHA members identify key issues; WHA testifies

On Oct. 11, the Wisconsin Department of Health Services (DHS) held a hearing to receive feedback on the agency's proposed rules for hospital trauma designation, DHS 118. The state's trauma system encompasses the comprehensive care at Wisconsin's level I trauma centers to the crucial care at level IV trauma hospitals. The DHS rules under consideration would provide a long-overdue update to the 2004 rules that guide level III and IV trauma designation. DHS and Wisconsin's Trauma Advisory Committee have been working on these rules since 2015. Hospital and health system trauma experts and WHA have been active participants in seeking to update the rules in a manner that strengthens trauma care without making participation in the trauma system of care unnecessarily burdensome for clinical staff caring for trauma patients, or making it unnecessarily difficult for a hospital to gain or maintain its trauma certification.

WHA Chief Medical Officer Mark Kaufman, MD, and WHA Vice President of Workforce and Clinical Practice Ann Zenk testified at DHS' Oct. 11 hearing, noting WHA's appreciation for the collaborative approach the state has taken as it considers revisions to DHS 118. The current proposal has changed as a result of WHA feedback on previous drafts of the rule and ongoing discussion among WHA, WHA members and DHS. Dr. Kaufman offered an example in his testimony, noting, "Specialty coverage in rural areas is a challenge. DHS acted on this dynamic when it allowed a medical director for a level III trauma care facility be a specialist other than a general surgeon."

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In their testimony and in WHA’s written comments, Zenk and Dr. Kaufman requested additional revisions to address key remaining issues. WHA convened a workgroup composed of level III and level IV trauma care facilities (TCFs) which identified five key issues and recommendations to resolve:

- Clarification of orthopedic coverage when gaps in call coverage is needed. WHA suggested that having a collaborative treatment and transfer guideline specific to orthopedic surgery should satisfy the requirement for a backup on-call schedule when an orthopedic surgeon is not available.
- The proposed rule applies level III standards to level IV TCFs that have specialty care “capability” without further definition of “capability.” WHA asked that DHS revise the rule so that level IV TCFs offering limited specialty services would not be subject to level III TCF standards.
- The proposed rule would require level III and level IV TCFs to have a formal, written transfer agreement with a higher level TCF in numerous clinical scenarios. The proposed rule also has a requirement for TCFs to have “collaborative treatment and transfer guidelines” which are seen as a more robust and effective way to ensure that trauma patients receive the most appropriate care. WHA asked that DHS remove the requirement for transfer agreements and believes that Wisconsin’s TCFs can collaborate and optimally manage patient transfers without the additional regulatory burden of transfer agreements.
- The proposed rule mandates registrar staffing and education for level III trauma centers with more than 500 trauma patients admitted annually. WHA members work to meet many regulatory and practice standards and need the flexibility to determine staffing levels, staff responsibilities and needed education. WHA asked DHS to remove the staffing and education requirements and instead work with TCFs to ensure adequate training is accessible and cost effective.
- The proposed rule also mandates ICU staffing ratios for trauma patients. WHA asked for removal of the staffing ratios, as they do not take into account the many patient and staffing circumstances that can be weighed and addressed only by the staff at the hospital. Too often, mandated ratios can distract from rather than improve patient care.

Zenk pointed to the trauma expertise available throughout the state and the importance of collaboration in her testimony, stating “Wisconsin has a strong tradition of collaboration for improvement, and WHA stands ready to convene and support our members’ collaboration to strengthen trauma care for patients wherever they are in our state.”

WHA’s Zenk Appointed to the Governor’s Council on Workforce Investment

Ann Zenk, RN, BSN, MHA, WHA vice president of workforce and clinical practice, is the second WHA expert tapped for a state committee in the last month. Zenk’s gubernatorial appointment to the Governor’s Council on Workforce Investment follows the recent appointment of Jennifer Mueller, vice president of the WHA Information Center, to the state’s Department of Agriculture, Trade and Consumer Protection (DATCP) Advisory Committee on Data Privacy and Security.



Ann Zenk

The Governor’s Council on Workforce Investment is charged with aiding Wisconsin employers in finding the workers they need and providing resources to enable workers to access training for in-demand careers with the ultimate goal of moving Wisconsin’s economy forward. Members include a majority of business leaders, as well as state legislators and local elected officials, representatives from educational institutions, community-based organizations and labor representatives from throughout the state.

Zenk was nominated to serve on the Council by WHA President and CEO Eric Borgerding. “As the author of WHA’s last two Health Care Workforce Reports, Ann has been able to utilize the wealth of information available through the WHA Information Center and her expertise and the expertise of our members to not just report on current trends, but also provide workforce projections and recommendations to resolve and prevent health care workforce shortages,” Borgerding said. “Her membership will add significantly to the important work of the Governor’s Council on Workforce Investment.”

Zenk looks forward to serving on the Council, noting “Hospitals and health systems are a key driver in the state’s economy, and an adequate workforce is essential to access high-quality, high-value health care,” Zenk said. “As our population and workforce age, health care demand and the demand for health care workers will increase rapidly; it will be essential that Wisconsin continues to support individuals entering health care career pathways.”

Wisconsin Medical-Dental Integration Project: Connecting Oral Health to Overall Health

The burden of dental disease on Wisconsin residents is significant. Currently, Wisconsin is ranked 50th among all states for access to oral health services for children enrolled in Medicaid. According to the Centers for Medicaid & Medicare Services, in 2016 only 1 in 5 Wisconsin Medicaid-eligible children ages 0-5 years received preventive dental services. Frequently, persons affected by dental disease must seek dental care in hospitals – in the emergency department for non-traumatic dental pain, and in hospital operating rooms for special dental needs that can only be addressed surgically.

A new initiative, the Wisconsin Medical-Dental Integration (WI-MDI) Project, aims to address the burden of dental disease in Wisconsin through an innovative model of integrating dental care into regular medical checkups. The WI-MDI is a collaboration funded in part by the Advancing a Healthier Wisconsin Endowment at the Medical College of Wisconsin and will run through 2021.

The MDI Project held its first learning session Oct. 7 and 8 in West Allis. The session included teams from WHA members Gundersen Health System, HSHS St. Vincent Hospital, and Advocate Aurora Health Care, as well as a team from the Waukesha County Community Dental Clinic that is currently seeing pediatric Medicaid patients at Froedtert's Town Hall Medical Center in Menomonee Falls. Additional teams from UW American Family Children's Hospital, Ascension, and Children's Hospital of Wisconsin are expected to participate. These teams will test various strategies to integrate dental hygienists into primary care settings to improve access to primary preventive oral health services.

Integrating dental care into the medical office is a relatively recent trend that reflects growing consensus about the crucial connection between oral and overall physical health. Early childhood caries is the most prevalent pediatric disease and has significant physical health impacts including tooth pain, which makes it difficult for a child to eat, grow and focus in school. Target populations of the WI-MDI project are children ages six months to five years and pregnant women without a dental home during pregnancy. Children visit a physician up to eight times from birth to age five, which provides many opportunities for early prevention of dental disease. Prenatal visits are recommended monthly up to the seventh month of pregnancy and more frequently thereafter until birth. Services provided through the WI-MDI project will be dental risk assessments, fluoride treatments, prophylaxis, referrals for further treatment and case management.

The WI-MDI Project is seeking additional health systems to participate in this initiative prior to the next learning session which will be held in March 2020. For additional information, contact WHA Vice President of Policy Development [Laura Rose](#).

Preparing the Chargemaster for 2020: Nov. 21, 2019 in Wisconsin Dells

Get ready to prepare your hospital's chargemaster for 2020 at WHA's one-day seminar "Preparing the Chargemaster for 2020," scheduled Thursday, Nov. 21 in Wisconsin Dells.

This program will focus on helping you update your chargemaster for the 2019 reporting requirements and new chargemaster opportunities to keep you "in the know" for CPT and HCPCS coding revisions. As in previous years, it is anticipated every ancillary department of the facility's chargemaster will be impacted by the new coding changes. Discussions will focus on requirements with revisions, as well as strategies for department staff education. This year's program will be led by coding expert Glenda Schuler, back by popular demand.

This seminar is targeted to individuals responsible for APCs, billing, revenue cycle management and chargemaster maintenance. The following individuals are encouraged to attend: Coders/Managers/Directors, Chargemaster/APC coordinators, Revenue Cycle Managers, Perioperative Services Directors, Health Information/Medical Records Managers, Director of Patient Financial Services, Billing Office/Business Office Managers, Pharmacy Directors, Supply Chain and Purchasing Managers, Ancillary Departments, Materials Management, Nurse Auditors and Compliance Auditors.

This program has prior approval of the American Academy of Professional Coders for 5.5 continuing education units.

This seminar will be held at Glacier Canyon Lodge at The Wilderness Resort in Wisconsin Dells on Thursday, Nov. 21. For more information on this event and to register, please [click here](#).

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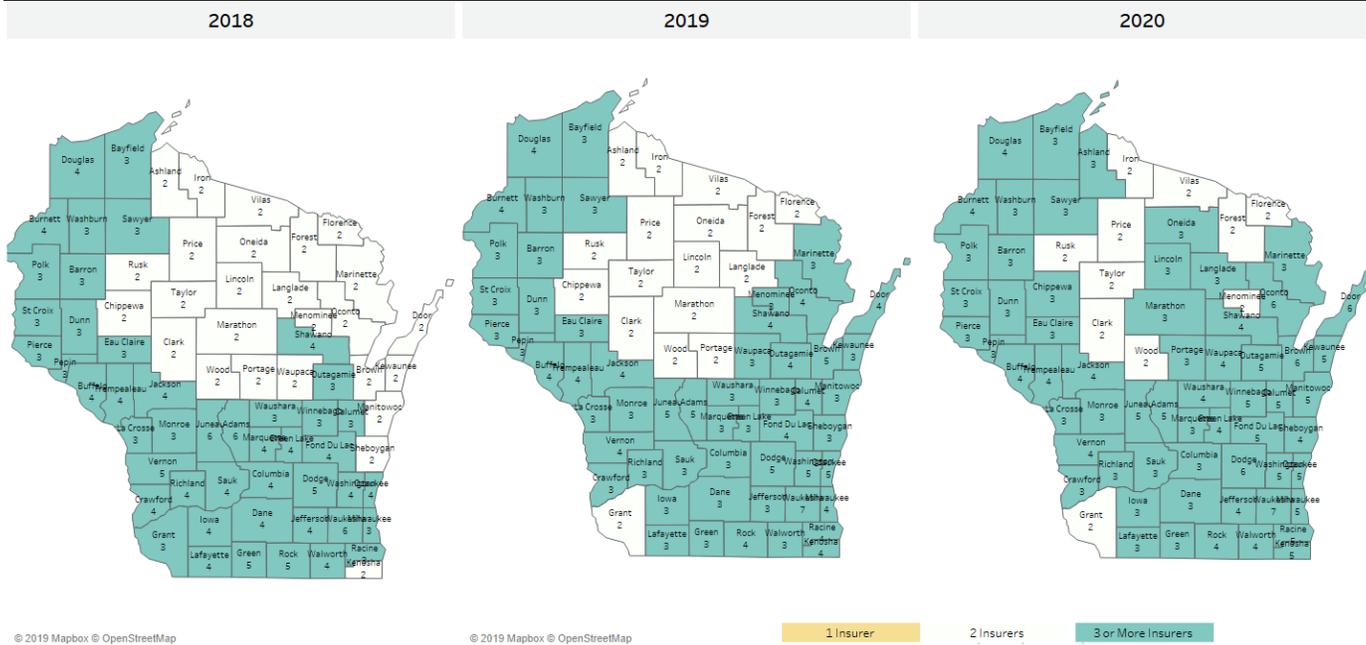
“The increased competition should help keep premiums reasonable and ensure patients have significant choice in their health care options,” Borgerding said.

Enrollment in Wisconsin’s exchange marketplace plans in 2019 was down about 9% from the previous year, following a 7% drop from 2017 to 2018. WHA has been a strong proponent for additional resources to help expand coverage and connect the nearly 50,000 people currently eligible for Medicaid and the estimated 240,000 people currently eligible for subsidized insurance on the Affordable Care Act (ACA) marketplace who have not enrolled in either program.

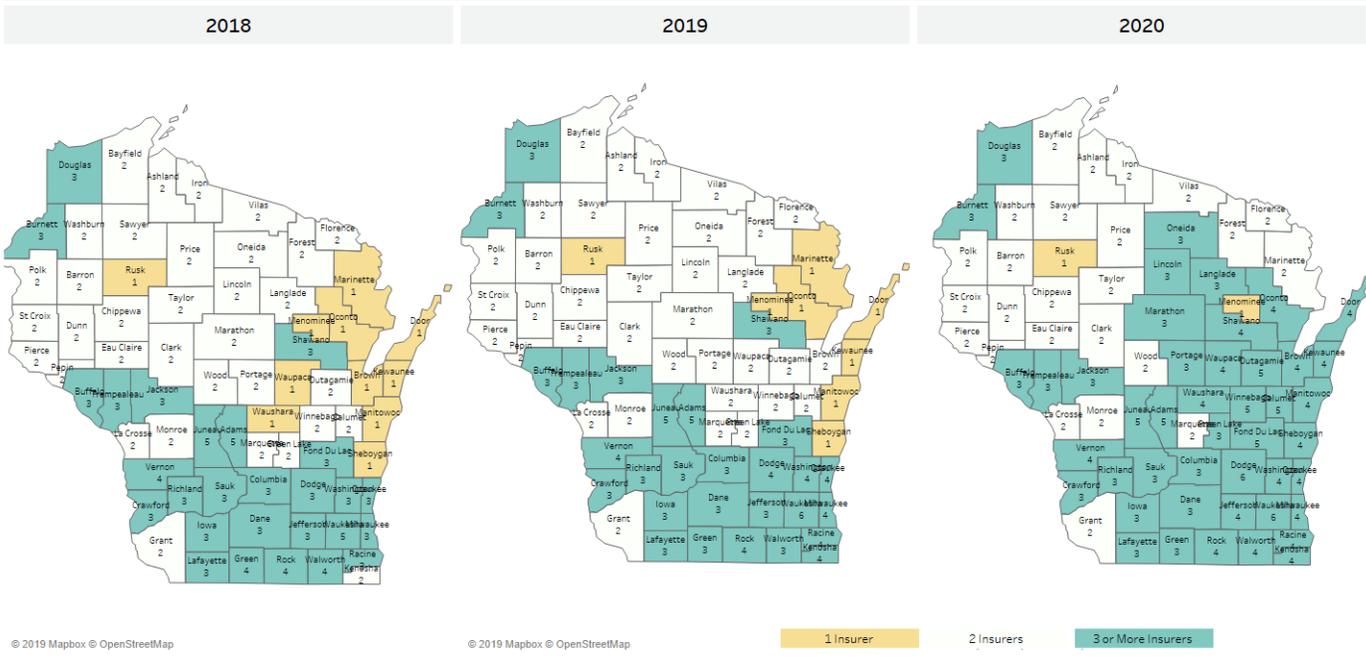
Open enrollment starts Nov. 1. An interactive map of health insurers available by county can be found [here](#).

For more information about open enrollment, contact WHA Vice President of Public Policy [Lisa Ellinger](#).

Insurance carriers available on the individual market (both on and off the federal exchange) by county



Exchange-only health insurance carriers by county



Maps courtesy of the Office of Commissioner of Insurance