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## EDUCATIONAL EVENTS

**November 21, 2019**

*Preparing the Chargemaster for 2020*  
Wisconsin Dells

**Monthly**

*Health Care Workforce Resilience*  
Free Member Webinar Series

## State Legislature Nears Approval of Telehealth Improvement Bill

**Legislature also advances physician licensing compact, health care worker harm proposals**

Both houses of the Wisconsin State Legislature met in Madison this week, with the State Senate handling a full calendar on Nov. 5 and the State Assembly currently in session at press time. Three WHA-supported bills are continuing on a bipartisan path that should lead to the Governor’s desk for final action yet this session.

### Telemedicine Improvement

Highlighting the trio: important telehealth legislation that will greater incentivize this evolving area of health care. On Nov. 5 the Senate unanimously approved [Senate Bill 380](#) on a voice vote and sent the bill to the State Assembly, which is scheduled to take up the legislation yet today. Following the Nov. 5 vote, WHA President and CEO Eric Borgerding thanked the Senate in [this press release](#) for embracing the proposal:

“Good health care policy in Wisconsin is more often than not achieved with bipartisan support,” Borgerding said. “We thank both sides of the aisle in the Senate for working together to move this important health care policy forward.” *(continued on page 7)*

## Grassroots Spotlight

### State Rep. Katsma Visits HSHS St. Nicholas for Telehealth Demonstration

State Rep. Terry Katsma (R-Oostburg), a member of the State’s Joint Committee on Finance, visited with members of HSHS St. Nicholas Hospital in Sheboygan to learn how telehealth is improving health care in Wisconsin.

Those in attendance included HSHS St. Nicholas Hospital President & CEO Justin Selle, Director of Business Development David Lally, Rep. Katsma, Chief Nursing Officer Mary Martin, Director of Business Development & Telemedicine Shana Kettunen and WHA Director of Federal and State Relations Jon Hoelter.



*Pictured, L to R: Justin Selle, David Lally, Rep. Katsma, Mary Martin, Shana Kettunen, Jon Hoelter.*

*(continued on page 2)*



*Rep. Katsma watches as Shana Kettunen demonstrates some of HSHS Eastern WI's telehealth offerings.*

### **Attorney General Kaul Hosts Emergency Detention Summit** *WHA members provide their perspectives on complex issue*

Stakeholders from law enforcement agencies, county human services, county corporation counsel, mental health advocates and health systems as well as legislators and agency staff attended a Department of Justice (DOJ) summit on mental health emergency detention hosted by Wisconsin Attorney General Josh Kaul on Oct. 31.

“By reforming our emergency detention process, we can both help Wisconsinites who experience severe mental health crises and improve public safety by reducing the amount of time that law enforcement officers need to spend outside of the communities they serve,” Kaul said. “This summit brings together law enforcement officers, medical professionals, mental health advocates, legislators, and others in order to identify solutions.”

The summit included a presentation by Derek Veitenheimer, director of the DOJ’s Bureau of Justice Information and Analysis on results from a survey of law enforcement agencies regarding their perceptions of emergency detentions. “Making additional facilities available” was identified as the top response (96%) of law enforcement to improve emergency detention incidents in Wisconsin.

Improving the medical clearance process was also identified by law enforcement as a priority. That survey found that on average, the medical clearance process in the emergency department took 2.91 hours of an officer’s time responding to an emergency detention. Typically, medical clearance refers to the process of identifying and stabilizing any acute medical illnesses such that a patient may be safely managed at an inpatient psychiatric setting as determined by the admitting psychiatrist’s medical judgment.

Tamara Dodge, a senior attorney for the Wisconsin Legislative Reference Bureau, presented information on state law regarding use of private contractors by law enforcement to transport individuals under an emergency detention. Although there is a perception by law enforcement that they cannot delegate transport, she said state law does not bar law enforcement from using private contractors to transport those in emergency detention. The DOJ survey found that 79% of agencies always conduct their own transports to detention facilities and that the availability of law enforcement staff to complete a transport is a significant concern (87.9% of agencies).

Rose Kleman, Department of Health Services (DHS) Division of Care and Treatment Services administrator, presented information on several programs and initiatives that DHS is working on related to emergency detention. She said DHS is working to reduce emergency detentions by “growing the county-wide system of behavioral health services and making them available more locally.”

Paula Verrett, Iris Place program director at NAMI Fox Valley, presented perspectives on emergency detention from the patient perspective. She described her experiences with emergency detention and encouraged greater use of peer-run respite centers.

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***(Attorney General Kaul Hosts Emergency Detention Summit . . . continued from page 2)***

Matthew Stanford, WHA general counsel; Kyle O’Brien, WHA senior vice president, government relations; and WHA member representatives from Advocate Aurora Health, Amery Hospital & Clinic, Beloit Health System, Children’s Wisconsin, Hospital Sisters Health System, North Central Health Care, ProHealth Care and UW Health were invited to and attended the summit. Each participated in breakout discussion sessions on a range of topics impacting emergency detention process and policy.

“Emergency detention policy and process is a complex intersection of local, state, and federal government policy and funding that individually and collectively impact law enforcement, crisis services, health care providers, and patients and their families,” Stanford said. “The Summit provided an opportunity for all stakeholders to better understand that complexity and to collaboratively work to help provide the right services, at the right time, in a cost-effective way.”

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## **WHA Urges WI Congressional Delegation to Support Federal Telehealth Reform** ***“CONNECT for Health” Act would break down Medicare barriers to telehealth***

With state Medicaid modernization legislation nearing its final stretch before being signed into law, WHA is turning attention to much-needed federal reforms to reduce barriers to telehealth in Medicare. WHA was in Washington, D.C. Oct. 29 to discuss a number of issues, including the need for [Medicare telehealth reform](#). In a follow-up letter sent Nov. 6, Eric Borgerding, WHA president and CEO, urged Wisconsin’s Congressional Delegation to sign on to new bipartisan legislation being introduced in the U.S. House and Senate to modernize how Medicare covers telehealth.

In the [letter](#), Borgerding noted the work of WHA’s Telemedicine Work Group which included nearly 40 members from across the state of Wisconsin and met several times over the last three years. Using their recommendations, WHA crafted bipartisan state legislation that will break down significant barriers to telehealth in the Medicaid program and allow any covered Medicaid service to be provided via telehealth if it can be offered in a functionally-equivalent manner as a face-to-face visit. It will also allow Medicaid to cover telehealth services in any setting – rural or urban – including a patient’s home. While WHA is eagerly awaiting this state legislation to be passed and signed into law in the near future, significant barriers will remain in the federal Medicare program which currently covers only limited services provided in a rural, health professional shortage area, and even then will not reimburse for telehealth delivered to a patient’s home or other non-clinical setting.

The CONNECT for Health Act of 2019 would not entirely eliminate the above-mentioned barriers to telehealth, but it would significantly improve telehealth coverage under Medicare and will help build momentum toward their eventual removal. Some of the main improvements include:

- Stating that Congress has found research suggesting telehealth can expand access to care, reduce workforce shortages, improve the quality of care and reduce spending.
- Expressing the sense of Congress that barriers to telehealth should be removed.
- Allowing the Secretary of Health and Human Services to waive barriers to telehealth if certain criteria are met.
- Allowing behavioral health telehealth to be covered by Medicare in any setting (urban and rural) including in a person’s home.
- Removing geographic barriers by allowing EMS telehealth services to be covered in both rural and urban settings.
- Allowing telehealth to be delivered by and originate at Federally Qualified Health Centers (FQHCs) and rural health clinics.
- Providing flexibility for telehealth in hospice care.
- Requiring the Medicare Payment Advisory Commission (MEDPAC) to study the benefits of allowing Medicare to cover telehealth delivered to a patient’s home.

WHA is one of [more than 120 organizations](#) nationally who have endorsed this legislation. Contact WHA Director of Federal and State Relations [Jon Hoelter](#) for more details.



# CMS Issues Final Rule for 2020 Medicare Physician Fee Schedule



On Friday, Nov. 1, CMS published the final rule setting out changes to Medicare's 2020 Physician Fee Schedule. WHA's comments on the proposed rule were submitted to CMS in late September and can be found [here](#). At first glance, the final rule seems to adhere closely to the proposed rule's provisions. WHA staff will analyze the final rule in more depth this week; look for our analysis in next week's *Valued Voice*.

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## CMS Finalizes 2020 OPSS Rule

### *Controversial transparency provision separated out of final rule*

The Centers for Medicare and Medicaid Services (CMS) finalized its 2020 Outpatient Prospective Payment System (OPSS) rule on Nov. 1. While the rule finalized the majority of the proposed provisions, CMS decided to separate out its controversial proposal to require hospitals to post reimbursement rates negotiated with private insurers.

Overall, the final rule increases payments for outpatient hospitals by 2.6%. However, CMS continued down its path of cutting payments under the 340B drug discount program as well as site-neutral payment cuts for hospitals with off-campus hospital outpatient departments. CMS also replicated its wage index adjustment changes first made in the 2020 IPPS rule. These changes bring up the wage index for hospitals at or below the 25th percentile by bringing down slightly the wage index for all other hospitals.

On the 340B side, CMS decided to continue its policy of cutting 340B reimbursements to PPS hospitals by approximately 30%. This comes despite WHA and other hospital advocates [asking CMS to drop this policy](#), particularly in the wake of two court rulings declaring the cuts illegal. Similarly, CMS went ahead with phasing in the full site-neutral payment cuts despite another recent court decision declaring those cuts illegal as well. The final rule cuts payments by about 40% specifically for clinic visit E&M services provided at off-campus hospital outpatient departments. Taken together, WHA has estimated the Wisconsin impact of the site-neutral and 340B cuts to be about \$80 million annually for Wisconsin PPS hospitals.

Perhaps the most contentious part of the proposed 2020 rule was not yet finalized by CMS. In the proposed rule, CMS proposed a major transparency initiative that would have required hospitals to post online in machine readable format proprietary negotiated payment rates for 70 "shoppable" health care services chosen by CMS and an additional 230 others chosen by individual hospitals. In the final rule, CMS decided to separate out this new proposed transparency initiative, saying that it would finalize such proposals at a later date. It is unclear when that will be and whether or not CMS will make significant changes to the final version. The American Hospital Association has signaled it is prepared to file a lawsuit to block these provisions citing CMS's lack of statutory authority to impose such mandates.

In one bit of good news, CMS finalized its proposal to clarify the level of supervision required for certain outpatient therapy services. Under CMS' new stated policy, physicians would not need to directly supervise (meaning they would not need to be physically present) outpatient therapeutic services. This is a clarification WHA and others have long sought and WHA is pleased to see this in the final rule.

WHA will continue to analyze the full rule and monitor the proposed transparency provisions and will provide more details in a future communication to members. In the meantime, contact WHA Director of Federal and State Relations [Jon Hoelter](#) with questions.

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## Coming in December: WHA to offer Webinars on CMS Rules and Activities

In partnership with the Texas Hospital Association, WHA will offer two webinar programs in December focusing on changes to the CMS hospital conditions of participation. They will be presented by Sue Dill Calloway, RN, JD, from Patient Safety and Healthcare Education and Consulting. The first webinar, [CMS Hospital Improvement Final Rules](#), will be held Dec. 4 and will address changes to nursing, medical records, infection control, QAPI, patient rights, H&Ps and restraint and seclusion. The second webinar, [Discharge Planning: Compliance with the New CMS Hospital & CAH CoPs](#), will be held Dec. 12 and will cover changes to the discharge planning standards. Click on the links for additional information and registration.

WHA will also release an on-demand webinar, *Federal Regulatory Year in Review*, on Dec. 12. This on-demand webinar will provide a high-level overview of CMS regulatory activity and court challenges to CMS rules over the past year. Presented by WHA's Jon Hoelter and Matthew Stanford, this webinar will be available free to members to view any time after Dec. 12 and will be available without advanced registration through the "[Education and Events](#)" section of WHA's website.

## Presenters Highlight Price Transparency Tools to WHA Task Force

The WHA Transparency Task Force (TTF) reconvened Oct. 30 to hear presentations from various organizations that have developed tools to simplify patient billing and improve cost transparency.



WHA's Transparency Task Force meeting, Oct. 30, 2019

Presenters from electronic health records leader Epic Systems described their current focus on collecting feedback around patient convenience and estimate accuracy to improve system capabilities. Epic is also working to improve automation and making real-time cost information available to providers. TTF members asked about capabilities such

as producing provider and site-specific estimates, queries to determine whether providers are in-network, and also asked about time frames for system implementation.

Health Payment Systems (HPS), another Wisconsin-based entity, described their work with employers and providers to produce consolidated, easy-to-understand bills for patients.

Finally, a team from TruBridge, a revenue cycle software used widely by WHA members, described their capabilities to comply with current and proposed federal regulations pertaining to price transparency. TruBridge also described their ability to provide real-time eligibility verification, provider-specific cost estimates and plain-language information to patients.

The TTF also heard from WHA Director of Federal and State Relations Jon Hoelter, who provided an update on the state and federal landscape as it relates to surprise billing, as well as WHA's advocacy efforts. He noted [WHA led another delegation to Washington, D.C.](#) on Oct. 29 to discuss surprise billing and met with lawmakers and/or staff from every Wisconsin office. Hoelter said WHA's message was again well-received, but the fate of federal legislation that would include government-set commercial rates to resolve balance billing disputes remains uncertain. While most lawmakers believe the federal proposal is unlikely to come up before the end of the year, others suggested it could be included as part of a larger end-of-year government spending package.

Hoelter also gave an overview of WHA's comments on the proposed transparency mandates in the Centers for Medicare and Medicaid Services (CMS) outpatient payment rule. He noted that CMS' proposal to require hospitals to post negotiated rates was likely illegal, and that the American Hospital Association intends to file litigation to block it. While the outpatient final rule was released on Nov. 1, CMS set aside the transparency provisions to be finalized at a later date. (See story on page 4.)

The final meeting of the TTF is scheduled for Dec. 5, when the group will review a draft report documenting best practices and policy recommendations of the Task Force. For more information about the TTF, contact WHA Vice President of Public Policy [Lisa Ellinger](#).

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## WHA Event Discusses *C. difficile*, Promotes Health Care Innovation

*Clostridium difficile* (*C. difficile*) is one of the most common and dangerous healthcare-acquired infections. A 2015 Centers for Disease Control and Prevention study found that it caused almost half a million infections among patients in the United States in a single year. An estimated 15,000 deaths are directly attributable to *C. difficile* infections annually. Preventing the spread of infection is everyone's responsibility. Wisconsin hospitals' rates of *C. difficile* are among the lowest in the nation, but there is always more work to do.

The WHA quality team, in partnership with the Great Lakes Partnership for Patients Hospital Improvement Innovation Network, held a full-day interactive event Nov. 5 at the WHA Training Center to discuss the innovative initiative launched by Springfield, Illinois-based HSHS St. John's Hospital. Attendees from several hospitals across the state gathered to spread a proven health care innovation that has increased patients' satisfaction, reduced harms and decreased costs. The effort was based on the Illinois Health and Hospital Association Innovation Challenge and delivered substantial reductions in hospital-acquired

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***(WHA Event Discusses C. difficile, Promotes Health Care Innovation . . . continued from page 5)***

C. difficile infections. The purpose of the event was to review the “Road to C. difficile Reduction Playbook” and use it as a framework to spread C. difficile infection (CDI) and antimicrobial stewardship successes across the state of Wisconsin.

Participants took a deep dive into how HSHS St. John’s Hospital drastically decreased its CDI rates and mapped out a strategy and overall workflow roadmap to implement similar strategies within their facilities. The event also allowed WHA members to network, brainstorm and engage with peers. Attendees left with vision canvases that will be used to guide discussions with internal staff to develop a plan for improving CDI testing, integration of IT order sets with clinician workflow, and reducing CDI in patients. Moving forward, attendees will begin process change based on the goals set during the event and garner leadership buy-in for the improvement work.



*Matthew Yarnell, HSHS St. John’s Hospital*



*Participants from Reedsburg Area Medical Center*



*Participants from Froedtert Hospital*



*Carl Zuhl, Do Tank*

**WHA Foundation Presents Black River Memorial Hospital with 2019 Global Vision Award**



WHA Foundation presented the 2019 Global Vision Community Partnership Award to Black River Memorial Hospital for the Jackson In Action (JIA)– Healthy Lifestyle Coalition Program. The award recognizes and rewards community partnership projects that work with a WHA member hospital(s) to meet an identified community health need in an innovative or creative manner. JIA is a community coalition that promotes healthy lifestyles for children, their families and the greater community. JIA also received a \$2,500 grant to further support their programming initiatives.

## November is National Lung Cancer Awareness Month

According to the American Cancer Society, lung cancer is the second most common cancer in both men and women. About 13% of all new cancers are lung cancers.

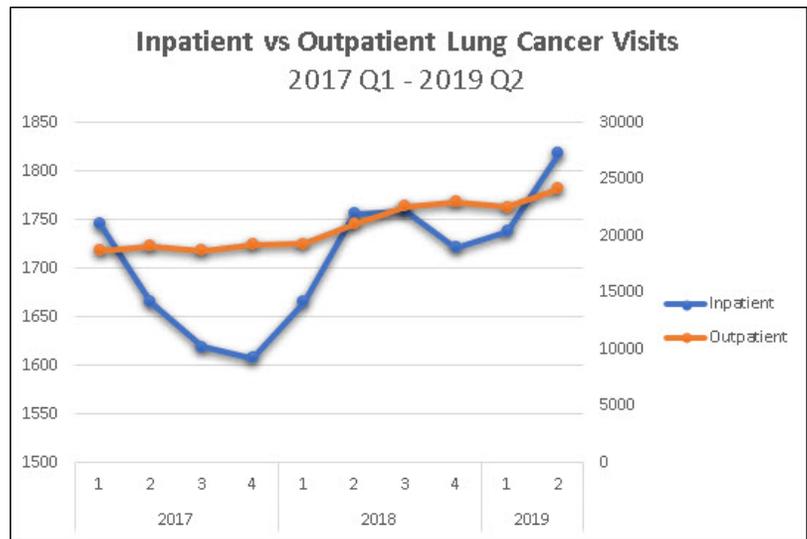


Data from the WHA Information Center found there were 7,036 inpatient discharges and 92,299 outpatient visits in Wisconsin hospitals with a principal or secondary diagnosis of lung cancer in Wisconsin from July 2018 through June 2019. Since January 2017, there is an upward trend of discharges and visits related to lung cancer to Wisconsin hospitals.

The American Cancer Society's estimates for lung cancer in the United States for 2019 are:

- About 228,150 new cases of lung cancer
- About 142,670 deaths from lung cancer

For more information on lung cancer, visit <https://www.cancer.org/cancer/lung-cancer.html>.



### ***(State Legislature Nears Approval of Telehealth Improvement Bill . . . continued from page 1)***

It is expected the Assembly will approve the bill later today; the legislation is the culmination of three years of work by WHA's Telemedicine Work Group, and includes the four recommendations regarding how the state's Medicaid program should cover telehealth services:

- Cover 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 telehealth services.
- Increase access to behavioral health via telehealth.

WHA sent out a [HEAT alert](#) on the bill to thousands of statewide hospital advocates who took time to contact their state representatives, asking for their vote in support of this telehealth legislation.

#### *Harm to a Health Care Worker Penalty Enhancer*

The Senate on Nov. 5 also unanimously approved [Senate Bill 163](#), which creates stiffer penalties for the act of causing intentional bodily harm to health care workers. Since initial introduction the bill has been amended, at WHA's urging, to apply to all acts committed against any licensed health care professional working in a hospital or clinic. Companion legislation, [Assembly Bill 175](#), is eligible for floor action in the Assembly.

#### *Interstate Medical Licensure Compact*

The Assembly approved [Senate Bill 74](#) in a unanimous voice vote late this afternoon during its floor session, allowing Wisconsin's continued participation in the Interstate Medical Licensure Compact (IMLC). The IMLC allows physicians to apply for medical licenses in multiple states without having to resubmit the same basic information every time. Wisconsin was the first state to process a medical license through the IMLC procedure; the bill removes a "sunset clause" that would have automatically removed the state from the compact in December 2019. The Senate approved the proposal during its June floor session, so the legislation can now head to Governor Tony Evers' desk for final action.

While ensuring Wisconsin remains in the IMLC is important, so too is continuing the work to address concerns from WHA members that some professional license applications are taking a long time to process – in some cases those applying for a Wisconsin license are unable to treat patients because they have not received their license. WHA continues to raise these concerns with the state and regulatory boards to address this issue.