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DHS Seeks Approval to Submit Section 1135 Waiver Request

Expects providers will operate under all CMS blanket waivers

The Wisconsin Department of Health Services (DHS) sought approval March 24 from the State Legislature's Joint Committee on Finance to submit DHS' initial Section 1135 waiver request to the Centers for Medicare & Medicaid Services (CMS). [DHS' submission](#) includes a number of acknowledgements to support health care providers' response to the COVID-19 pandemic, such as:

- DHS expects all its licensed providers will operate under all CMS blanket waivers announced by CMS on March 13, 2020.
- Wisconsin is implementing all of the blanket waivers issued by CMS in Medicaid and CHIP.

The blanket waivers include CMS waiving the requirement that critical access hospitals limit the number of beds to 25 and that the length of stay be limited to 96 hours. DHS' request includes temporary authority related to a number of items, such as:

- Allowing providers to receive payments for services provided to affected beneficiaries in alternative physical settings, such as mobile testing sites, temporary shelters or other non-traditional or alternative care facilities.
- Allowing the state to draw federal financing match for payments, such as hardship or supplemental payments, to stabilize and retain providers who suffer extreme disruptions to their standard business model and/or revenue streams as a result of the public health emergency.

DHS is also seeking temporary authority on behalf of hospitals, nursing homes, and others to operate flexibly under certain specified Medicare Conditions of Participation, Life Safety Code, and other standards. DHS requested quick action by the Joint Committee on Finance "to ensure the state is able to receive flexibility to serve the people of our state during this time of emergency."

At this time, it is not clear when there will be legislative action on DHS' request.

Congress Announces Deal on \$2 Trillion COVID-19 Third Stimulus Package

Late on March 25, the U.S. Senate approved a third COVID-19 stimulus package that has been under intense negotiations since late last week. In a rare show of bipartisanship, the Senate voted 96-0 to send the package to the House where it is expected to be approved later today, March 26. President Trump has said he will immediately sign the \$2 trillion spending package to assist struggling industries impacted by this national emergency.

Most notably for health care, the package includes \$100 billion in direct aid for hospitals and other health care entities. Other health care items include:

- Enhanced ability for hospitals (including CAHs) to request advanced Medicare payments due to COVID-19 revenue shortfalls based on past expenses.

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- 20% Medicare DRG boost for COVID-19 treatment.
- Suspension of the 2% Medicare sequester cuts from May 1 – Dec. 31.
- \$16 billion for PPE and other medical supplies as well as \$1 billion expanding funding under the Defense Production Act to support the domestic manufacturing of medical supplies and PPE.
- \$4.3 billion to support federal, state and local public health agency response efforts.
- \$250 million to expand the Hospital Preparedness Program’s emergency preparedness efforts.



In a [letter sent March 25](#), WHA thanked Wisconsin’s Congressional Delegation for their work to get this important funding included in the package and asked for its swift approval. WHA also requested assistance from Wisconsin’s Congressional Delegation in obtaining details on how hospitals and health systems could apply for these funds and resources. “We ask that you remain diligently involved in working with the federal agencies who will be setting up the framework to get this funding out the door,” WHA President and CEO Eric Borgerding said in the letter. “It is important that these resources be distributed fairly and efficiently to all states and that Wisconsin is not disadvantaged by any arbitrary formulas or distribution designs,” Borgerding said.

WHA is continuing to analyze the details of this package and will provide more information in a future update. Contact WHA Director of Federal & State Relations [Jon Hoelter](#) with questions.

WHA Leads Health Care Groups’ Call for Public to Limit Virus Spread

WHA led a group of seven leading health organizations asking the public to help slow the spread of COVID-19 in Wisconsin. The call for public awareness of the importance of social distancing and limited public interaction was released soon after Governor Tony Evers announced his [“Safer at Home” order](#) on March 23.

WHA has been a leading voice in calling for the public and policymakers to help “flatten the curve” of the virus’ impact on hospitalizations. Joining WHA on the [press release](#) were organizations representing the state’s physicians, nurses, rural hospitals, low-income clinics and nursing homes: the Wisconsin Medical Society, the Wisconsin Nurses Association, the Wisconsin Primary Health Care Association, LeadingAge Wisconsin, the Rural Wisconsin Health Cooperative and the Wisconsin Health Care Association/Wisconsin Center for Assisted Living.



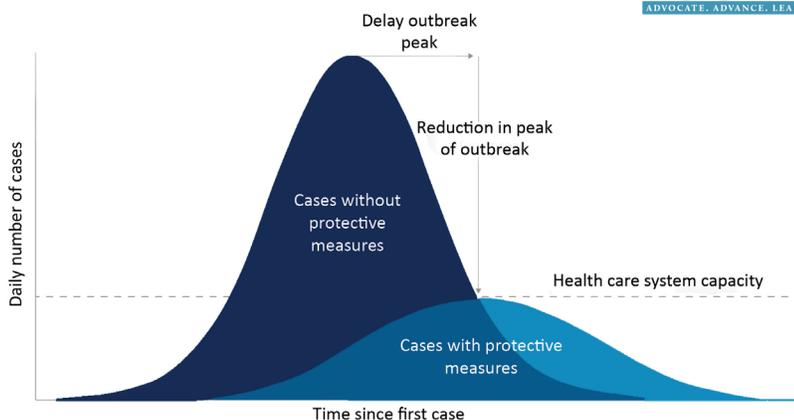
IMMEDIATE RELEASE – March 23, 2020
Contact: Mark Grapentine, Wisconsin Hospital Association – Communications@wha.org | 608.575.2514 (c)

WI Health Care Leaders Urge the Public to Abide by “Safer at Home” Order for COVID-19

With the pace of COVID-19 infection rising rapidly in Wisconsin, the state’s leading health care organizations are urging the public to take all steps available to reduce the rate of spread of COVID-19 cases, including abiding by Governor Tony Evers’ order taking effect Tuesday to stay at home.

Wisconsin’s hospitals, health systems, physicians, nurses, clinics, health centers, nursing homes and long-term care facilities strongly support the “Safer at Home” order Governor Evers announced today. We must do this to keep our health care system from becoming overwhelmed, and to protect both the public and essential health care workers who

Flattening the Curve



Governor Evers’ order took effect at 8 a.m. on March 24 and is scheduled to continue through April 24, subject to change by any subsequent order.

The group urged citizens to follow the “Safer at Home” directive: “We must do this to keep our health care system from becoming overwhelmed,” the statement said, “and to protect both the public and essential health care workers who are necessary to take care of the critically ill.”

The statement recognized that such an order will create difficult ramifications for Wisconsin businesses, their employees and families. “But the continued rise of COVID-19 cases in Wisconsin, now in part due to community spread, necessitates more dramatic action that we believe will help us get through this challenge even faster,” the group said.

Census Bureau Adjusts to COVID-19 Pandemic

Note: This is the fourth in a series of five The Valued Voice articles about the U.S. Census and why it's important for health care.

February 13: [Growing Focus on Complete Census Count is Important for Health Care](#)

March 12: [Decennial Census Timeline and Census Bureau Tools](#)

March 19: [How Census Bureau Data is Used by Federal Health Care Programs](#)

March 26: Census Bureau Adjusts to COVID-19 Pandemic

April 2: [Have You Responded to the Census Yet, and Hard-to-Count Areas in Wisconsin](#)

The COVID-19 pandemic has greatly impacted all areas of life in Wisconsin, the U.S. and around the world. This U.S. Census update will focus briefly on actions taken by the Census Bureau last week to adjust to the pandemic. The March 18 press release can be found [here](#).



Key points from the Census Bureau include:

- Census Bureau field operations are suspended. This includes delaying a mobile questionnaire assistance program and the early non-response follow-up operation that follows up with households around some colleges and universities that haven't responded yet.
- Everyone should respond to the 2020 Census as soon as they receive their invitation. The easiest way to participate in the census is online, by mail or by telephone. This will avoid having a Census Bureau worker make in-person contact with non-respondents, which will begin in late May unless the COVID-19 pandemic requires a delay.
- The planned completion date for data collection for the 2020 Census of July 31, 2020, can and will be adjusted if necessary as the situation evolves in order to achieve a complete and accurate count.
- The Census Bureau is contacting all group quarters administrators (for nursing homes, college dorms, prisons and other institutional living facilities) that have requested an in-person visit and asking them to consider an [eResponse](#) or offering to drop off and later pick up paper forms to minimize in-person contact with census staff.

WHA's contact for census-related issues is Vice President of Policy Development [Laura Rose](#).



WHA Releases 2019 Quality Report

Amid the challenges of these days, WHA is pleased to release the latest annual quality report: the [WHA 2019 Quality Report: Providing Safer and More Cost-Effective Care](#). The latest report is a timely reminder of the high-quality care Wisconsin hospitals and health systems provide daily. The report highlights the important partnerships between state legislators and hospital leaders, who continue to provide a culture that fosters patient safety and quality outcomes. Most importantly, this year's report includes a record number of stories submitted by hospital quality teams that describe how they are improving care and conserving health care resources.

"Wisconsin is fortunate to have so many health care professionals dedicated to improving what is already nation-leading care, and WHA is proud to tell their story in this year's Quality Report," WHA President and CEO Eric Borgerding said.

For more information on the latest report, contact WHA Chief Quality Officer [Beth Dibbert](#).

Hospital Construction – Hill-Burton Act

Moving to the developmental years of 1945 to 1960, WHA was influenced by the postwar era – a combination of the technology that emerged from the war and the nation’s growing desire for ready access to hospitals. With the current pandemic the United States is facing, ready access to hospitals is more important than ever. This was underscored with passage of the Hill-Burton Act in 1946, which encouraged construction of hospitals throughout the state.



The Hospital Survey and Construction Act (or the Hill-Burton Act) is a [U.S. federal law](#) passed in 1946, during the 79th United States Congress. It was sponsored by Senator Harold Burton of Ohio and Senator Lister Hill of Alabama.

In November 1945, President Harry S. Truman delivered a special message to Congress in which he outlined a five-part program for improving the health and health care of Americans. The Hospital Survey and Construction Act responded to the first of President Truman’s proposals, which called for the construction of hospitals and related health care facilities and was designed to provide federal grants and guaranteed loans to improve the physical plant of the nation’s hospital system. Money was designated to the states to achieve 4.5 beds per 1,000 people. The states allocated the available money to their various municipalities, but the law provided for a rotation mechanism, so that an area that received funding moved to the bottom of the list for further funding.

The following is an excerpt from a WHA newsletter from 1950. It is written by Vincent F. Otis, director, Division of Hospital Survey and Construction, State Board of Health, entitled “The Hospital Construction Act, 1949 Amendments and Progress to Date.”



St. Luke’s Hospital Construction

A talk before the annual conference of the Wisconsin Hospital Association, February 16, 1950, at the Schroeder Hotel, Milwaukee, Wisconsin:

This is the first time since the start of the hospital construction program that your speaker feels at ease in our great city of Milwaukee. You see, after three years of carefully worded promises about federal aid for hospitals, and with requests for aid exceeding the demand several times, the Board of Health last month finally reached Milwaukee with enough federal aid to assist six worthwhile projects.



Hospital Construction (1950)

I now will not have to take the other side of the street when a hospital administrator approaches, unless he is an administrator from an unaided hospital. There are now thirty-five approved hospital projects and I run told there are thirty-five loyal friends in favor of the program. A lot of credit for this sudden increase in friendship can be traced to October 25, 1949, the date President Truman signed Public Law 380 which amended Public Law 725, the original Hill-Burton bill.



Construction and Planning in Progress

A total of thirty-five projects, which will provide 1,979 hospital beds and a new state laboratory of hygiene, have been approved to date. The estimated construction cost is approximately twenty-nine million dollars, of which the federal share will amount to over eleven million, four hundred thousand dollars. It is interesting to observe the allocation made for these beds to hospitals according to the control of ownership. The largest number, 840 beds, or 42 percent of the total, is for church affiliated hospitals. The second largest group, 524 beds, or 27 percent of the total, is for non-profit associations without church affiliations. In other words, 69 percent of the beds is allocated to private non-profit institutions. County, city, city-county, and village ownership takes up 375 beds, or 19 percent of the total, and only 240 beds, or 12 percent, for one state-owned hospital for the treatment of acute mental patients at Winnebago. Wisconsin.

See [full article here](#).