

**IN THIS ISSUE**

WHA Welcomes HHS Deputy Secretary, AHA President to Board Retreat ..... 1

Exceptional Education for You During September ..... 1

WHA Telemedicine Work Group Hears about DHS Medicaid Telehealth Expansion Plans ..... 2

Governor’s Task Force on Reducing Rx Drug Prices Crafts Policy Recommendations..... 3

Many Wisconsin Insurers Expect Premium Reductions for 2021 ..... 4

Time to Submit Stories Highlighting Your Hospital/Health System Community Involvement ..... 5

New WHA Information Center Website ..... 5

CELEBRATING 100 YEARS: Partners of WHA – a True “Partner” to WHA and its Members ..... 6

**WHA Welcomes HHS Deputy Secretary, AHA President to Board Retreat**

While this year’s WHA Board of Directors annual retreat was held virtually August 20 due to the COVID-19 pandemic, the board took full advantage of the opportunity to interact with U.S. Health & Human Services Deputy Secretary Eric Hargan and AHA President and CEO Rick Pollack to discuss the latest major issues for hospitals and health systems.



*WHA President and CEO Eric Borgerding welcomes AHA’s Rick Pollack to the Board’s virtual annual retreat.*

*(continued on page 8)*

**EDUCATIONAL EVENTS**

**September 15, 2020**

*Pandemic Considerations for Health Facility Design*  
 Webinar

**September 17, 2020**

*HHS Begins Clarifying Reporting Requirements for Provider Relief Funds*  
 Webinar

**September 22, 2020**

*Telehealth/Remote Patient Monitoring for Surveillance and Management of Postpartum Hypertension and Beyond: Development & Implementation Strategies*  
 Webinar

**Exceptional Education for You During September**

[Pandemic Considerations for Health Facility Design](#)

**September 15/10-11 a.m.**

Pandemics are public health challenges that put enormous stress on health care workers, supplies, processes and facilities. Recognizing that all of these must be part of our strategy for improvement, and applying its expertise in facility design, EUA has been focusing on potential changes to architectural and interior design. Our primary focus has been on areas where there is already momentum for change, because that is where we anticipate the best adoption. We see several approaches working in concert to further improve our ability to minimize communicable disease transmission. These include reducing patient presentations at the facility, isolating infectious patients who do present, improving the facility’s ability to prevent the spread of infection, and providing surge capacity for high volume episodes. During this discussion, EUA’s health care experts will be fielding questions about the ongoing and upcoming shifts in health care facility planning.

*(continued on page 2)*

*(Exceptional Education for You During September . . . continued from page 1)*

[HHS Begins Clarifying Reporting Requirements for Provider Relief Funds](#)

**September 17/1-2 p.m.**

This webinar will provide reporting obligation guidance for recipients of the Provider Relief Funds (PRF) which were established under the Coronavirus Aid, Relief, and Economic Security (CARES) Act. Recently HHS informed providers reports will be required of any recipient who received PRF payments exceeding \$10,000. Recipients will also be asked to explain how they complied with PRF applicable terms and conditions.

[Telehealth/Remote Patient Monitoring for Surveillance and Management of Postpartum Hypertension and Beyond: Development & Implementation Strategies](#)

**September 22/10-11 a.m.**

This webinar was designed to increase awareness to hypertension in pregnancy and the associated morbidity/mortality experienced by women through the postpartum period. We will share our experience in developing a postpartum specific home telehealth/remote patient monitoring program from the research and clinical program perspectives. We will demonstrate a virtual example of how we conduct our patient interactions with the patient at home through the tablet provided to them by our institution. We hope to have a robust question and answer session with discussion on how other health care institutions may consider implementing such a program.

[Opioid Epidemic Case Study – Meeting the Increasing Challenges of the Opioid Epidemic in America](#)

**September 24/10-11 a.m.**

Tackling the opioid epidemic is an ongoing, uphill battle for many health care organizations and the lack of access to information poses an additional challenge for hospitals striving to improve their systems. Join us for a discussion on what you can do today to learn more about your data and what you can do as an organization to tackle this industry challenge.

[Utilizing Telehealth to Advance Rural Health Access: Wisconsin Hospitals' Experiences](#)

**September 29/10-11 a.m.**

Hear from two Wisconsin hospitals on how they have utilized telehealth as well as the story that the data is telling.

Title: *Lessons from the Data: What we can learn from COVID-19 Telehealth Data*

The rapid shift to delivery of almost all care to virtual platforms in response to COVID-19 has provided a unique opportunity to evaluate some of the long-held concerns and promises of telemedicine. How much of a barrier is broadband? Does Telehealth increase utilization of healthcare? Do patients like telehealth? We will analyze the data in effort to answer these questions  
Speaker: Chris Meyer, Director of Telehealth and Virtual Care, Marshfield Clinic Health System

Title: *Maintaining the Momentum*

Traditional face-to-face healthcare has been changed forever by the pandemic. Patients and providers, in their demand for safe, timely, and accessible care, turned to Telehealth for solutions. We will explore Gundersen Health System's experience with telehealth before, during and after Covid-19. We will review barriers, lessons learned, and strategies to maintain the energy surrounding telehealth.

Speaker: Jessica Easterday, MBA, BSN, RN, Program Manager for Telemedicine, Gundersen Health System

---

## **WHA Telemedicine Work Group Hears about DHS Medicaid Telehealth Expansion Plans**

At its August 24 meeting, WHA's Telemedicine Work Group welcomed Brooke Anderson, DNP, RN, of the Wisconsin Department of Health Services' (DHS) Division of Medicaid Services. Anderson provided a status update on DHS' Telehealth Expansion Project.

While [2019 Act 56](#), developed by a bipartisan group of legislators with WHA input, requires DHS to provide reimbursement under the Medical Assistance (MA) program for any Medicaid-covered benefit that is delivered by an MA-certified provider through interactive telehealth, DHS' approach has been somewhat different. DHS is engaged in identifying which services among the 18,000 CPT service codes covered by Wisconsin Medicaid can be provided via telehealth in a "functionally equivalent" manner to in-person health care visits. Work group members said providers should determine the functional equivalence of telehealth with face-to-face services.

DHS has identified the following service areas where codes will be identified for coverage in the first phase: *(continued on page 3)*

- School-based services
- Medication therapy management
- Targeted case management
- Therapies (Occupational, Physical and Speech)
- Behavioral health
- Medicare parity
- Remote patient monitoring
- Provider-to-provider consults

2019 Act 56 authorizes DHS to promulgate rules that limit specific telehealth services, as follows:

- Medicare-adopted telehealth services which should be covered under Medicaid
- Provider-to-provider consultations
- Remote patient monitoring
- Asynchronous telehealth services
- Audio-only telephone, facsimile machine, or e-mail services

If DHS does not promulgate these rules by Dec. 1, 2020, the above-listed services will be covered by Medicaid. The work group provided feedback to Anderson on the scope of coverage for these services, focusing its comments on audio-only services, remote supervision of providers, coverage of ancillary therapies such as genetic counseling, and diabetes management. Work group members discussed lessons learned during the COVID pandemic on how audio-only services have improved health care access for several type of patients, including those with transportation barriers, lack of broadband access and inadequate data plans to support video visits. Behavioral health patients have greatly benefited from being able to receive Medicaid-reimbursable services in an audio-only mode.

WHA will continue to work closely with DHS as the state agency formulates policies on Medicaid coverage of telehealth services. For more information, contact WHA's [Laura Rose](#), [Jon Hoelter](#) or [Matthew Stanford](#).

---

## **Governor's Task Force on Reducing Rx Drug Prices Crafts Policy Recommendations**

The Governor's Task Force on Reducing Prescription Drug Prices met for the final time on August 25, working through a compendium of policy options related to prescription drug costs as presented to the task force by its members and other experts.

Some of the major items tentatively receiving majority support by the task force include:

- Endorsing the provisions in [2019 AB 114](#), as amended by the Assembly. This bill places requirements on pharmacy benefit managers (PBMs) such as state licensure, prohibiting gag clauses (when a PBM prohibits a pharmacy from notifying a consumer of an out-of-plan, cheaper option to purchase a drug), rebate transparency, and setting standards for PBM audits of pharmacies.
- Exploring efforts to create physician access within electronic health records to real-time prescription drug cost information.
- Establishing a copay cap for insulin obtained through a commercial health plan.
- Establishing additional transparency and reporting requirements by all entities within the drug supply chain.
- Enhancing consumer protection oversight by creating more attorney positions within the Departments of Justice.
- Providing additional state support for free and charitable clinics.
- Creating a centralized donated drug supply repository with real-time inventory reporting accessible by the free and charitable clinics that provide the drugs to their patients.
- Ensuring that federal 340B entities use savings from the program to increase access to prescription drugs and provide critical community-based health programs for underserved individuals.
- Creating a public sector prescription drug purchasing entity to coordinate and leverage the buying power of state agencies and other public sector purchasers.
- Advocating for federal regulatory changes to address practices that delay the market entry of affordable generic equivalents and other market practices identified as drivers of prescription drug unaffordability.
- Creating additional regulatory oversight (including potential licensure or registration) of Pharmacy Services Administrative Organizations.

The Office of the Commissioner of Insurance (OCI) will now synthesize the discussions and feedback received over the course of the eight task force meetings into a report for submission to the Governor in late September. For more information, contact WHA Vice President of Policy Development [Laura Rose](#) or WHA Director of Federal and State Relations [Jon Hoelter](#).

## Many Wisconsin Insurers Expect Premium Reductions for 2021

Of the 14 Wisconsin insurers offering coverage in the individual market, most expect premium reductions or modest increases for the 2021 plan year. That's according to preliminary rate filings recently posted on the healthcare.gov rate review [website](#).

Based on these preliminary filings, 13 of the 14 insurers include plans offered on the health insurance exchange. For those insurers, 10 expect rate reductions ranging from a decrease of 1.39% for MercyCare HMO, Inc. and 12.89% decrease for Aspirus Arise Health Plan. The largest increase is 5.87% for Medica Community Health Plan. By contrast, four of the five insurers participating in Minnesota's individual market filed rate increases for 2021, the largest at 7.12%.

Insurers are required to submit rates each year for review. Insurers submit an actuarial memorandum along with the rate filings, which allows for some insight into the rationale for the rate changes. A variety of factors go into the annual rate adjustments, and these can differ by insurer.

Some insurers, for example, included an adjustment factor related to COVID-19, while others indicated that no adjustment was made due to ongoing uncertainty around the virus. As a result of COVID and at the request of CMS, many providers stopped elective procedures earlier this year, and have since cautiously resumed those services. It is unclear what the long-term impact will be of that reduction in utilization as well as new means of providing services, such as telehealth.

One insurer indicated that there is an expectation that individuals who lost their job and thus employer-sponsored insurance could shift to coverage in the individual market. Others could shift to Medicaid coverage. These changes could impact the size and morbidity of their risk pool.

One plan's filing summed up the difficulty in making projections due to COVID by saying that the potential range of best case and worst-case outcomes of COVID-19 is volatile with little certainty about the reasonability of the underlying values.

A common theme identified in the rate filings was the impact of the state's reinsurance program. Supported by WHA, a reinsurance program is intended to help offset high medical claims by covering part of an insurance claim once it surpasses a certain amount or by covering the claims for enrollees with certain high-cost medical conditions. Wisconsin's reinsurance program was passed into Wisconsin law in 2017, approved by the federal government in 2019, and is effective through 2023.

Other factors affecting rates for 2021 included the repeal of the ACA insurer fee, return of risk corridor payments, medical cost and utilization. One insurer noted that while overall it expects a rate decrease, it factored in an assumed increase in the morbidity of the population due to the elimination of the individual mandate penalty and because association health plans and short-term plans have expanded. Presumably, as a result, the healthier individuals would leave the market, leaving a higher risk population.

Final rates were due to CMS August 26. CMS expects to post the final rates on their rate review website by November 2. Open enrollment for 2021 begins November 1, 2020.

### Expected Premium Changes for 2021

Aspirus Arise Health Plan:	-12.89%
Children's Community Health Plan:	-7.47%
Common Ground Healthcare Cooperative:	-6.25%
Dean Health Plan:	-2.27%
Group Health Cooperative of South Central Wisconsin:	-6.81%
HealthPartners Insurance Company:	-3.40%
Medica Community Health Plan:	5.87%
MercyCare HMO, Inc.:	-1.39 %
Molina Healthcare of Wisconsin, Inc.:	-3.5%
Network Health Plan:	3.34%
Quartz Health Benefit Plans:	0.08%
Security Health Plan:	1.27%
Wisconsin Physician Svcs Insurance Corp:	-14.78%*
WPS Health Plan, Inc.:	-12.66%

*\*Not offering a plan on the insurance exchange*

# Time to Submit Stories Highlighting Your Hospital/Health System Community Involvement

Hospitals and health systems are integral parts of communities all across Wisconsin. One of WHA's most effective ways of sharing that dedication is through the annual Community Benefits report, which provides personalized stories about hospital/health system programs including charity care, financial assistance and other hospital-supported initiatives making a positive difference for communities, families and patients.

WHA plans to publish this popular report in the fall, while also highlighting certain stories on WHA's social media channels during the winter. So as you compile and submit your stories, please consider the following areas:

**COVID-19 Efforts:** Highlight how your hospital/system worked for your community despite unprecedented pandemic conditions. It will be very important to describe what hospitals faced as the pandemic hit our state and how you overcame those challenges, continuing to provide safe and high-quality care to your communities.

**Charity care:** Stories about how you provide free care for those who cannot afford it are especially powerful.

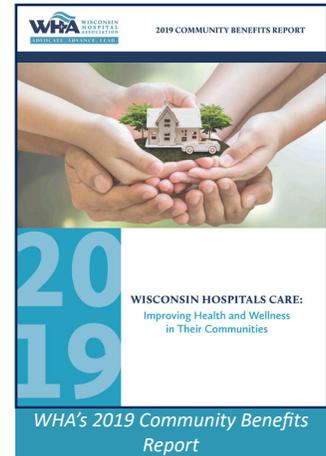
**Free clinics:** Describe the free clinic(s) your hospital/health system runs or contributes to.

**Hospital-supported initiatives:** Identify a priority from your community health needs assessment and explain how the hospital/health system led an effort to address it. If you engaged community partners, include those partners in the story, too.

A hospital may submit a story in each area for consideration. Ideally we would like to be able to include a story from every WHA member hospital in the report.

**Stories are due by September 30.** WHA has created an online form to make it easy to submit your article. Go to <https://www.surveymonkey.com/r/2020CBstories> to submit your story along with a high-resolution image to accompany the article. Please submit a photo with your story whenever possible, as that helps tell your compelling stories to legislators, the public and media outlets in both the report and on social media.

If you have any questions, contact WHA Communications Manager [Shannon Nelson](#) at 608-274-1820.



---

## New WHA Information Center Website



The WHA Information Center (WHAIC) is known as the respected source of health care data in Wisconsin and is now in its 18th year of service. WHAIC helps health care stakeholders in Wisconsin turn data into actionable insights that enable timely and reliable decision-making. Today, WHAIC invites you to visit its redesigned website to find information you need to maximize your use

of the many WHAIC resources, data sets and staff expertise.

The redesigned website at [www.whainfocenter.com](http://www.whainfocenter.com) includes:

- Improved website navigation and page layouts, making it easier to find key information.
- Better organized navigational categories for more complete information on data submission, data sets and data reporting.
- A more mobile-friendly design.
- An improved search feature.

WHA has also made getting to the WHAIC website much easier by providing a more prominently-featured WHA Information Center button on [WHA's homepage](#). Visit the new website early and often to stay current on the latest information available at the WHA Information Center!

## Partners of WHA – a True “Partner” to WHA and its Members



Partners of Wisconsin Hospital Association, Inc. (Partners) is a non-profit, volunteer service organization affiliated with Wisconsin Hospital Association. Founded in 1951 as Wisconsin Hospital Association



Auxiliaries, Partners now boasts more than 60 member hospital partner groups and almost 8,500 members across the state. Partners will celebrate its 70th anniversary in 2021.



Partners newsletter masthead from 1977

In 1951, the WHA Board of Trustees appointed a committee of three women to study the need for a Wisconsin Hospital Association Auxiliaries Association (WHAA). During the year, questionnaires were sent to all hospitals to ascertain the number of existing auxiliaries, the various projects and



1981: Joan Seramur, former WHAAI president, and Dr. Paul Simenstad of Madison participate in a WHA cost containment task force.

programs involving volunteers and which hospitals were considering starting such organizations. There were 81 replies. Of these, 43 auxiliaries reported programs and volunteer services. There were 16 requests for assistance, either in organizing or with some particular project.

In 1953, hospital association membership for auxiliaries became a reality, with membership limited to those auxiliaries whose hospitals qualified for membership in the state group (WHA).



2014 Partners convention: L to R (back row): Deanne Rubenzer, Joan Pehlke, Diane Fish, Joan Coffman, Bonnie Olson, Marge Geissler, Vivian Dahl, Evelyn Maloney, Betty Otto L to R (front): Jan Giedd, Janet Rubenzer-Pike. All are members of Partners of HSHS St. Joseph's Hospital. Joan Coffman was the recipient of the Partners Best of the Best Award.

In 1954, the Board of Trustees of WHA voted to accept WHAA as a committee within the framework of the WHA – a concept that would lay the foundation for the WHA/WHAA relationship that exists today.

In 1962, a Constitution and Bylaws for WHAA were compiled and voted into existence. Local auxiliaries began to actively promote health careers and sought aid and expertise from the parent organization -WHA. During the years to follow, WHAA became interested in legislative issues concerning the health care industry and urged local auxiliaries to adopt the study of these issues as an integral part of ongoing programming. WHAA encouraged local auxiliaries to establish scholarships for students pursuing a career in health care.

The year 1972 was marked by the development of the first leadership manual. Over the years, WHAA has grown and developed into a strong service organization and

maintains an active liaison with WHA with which it shares common goals.

In 1983, the membership of WHAA voted to become a non-profit corporation to be subsequently referred to as the Wisconsin Hospital Association Auxiliaries, Incorporated (WHAAI).

In March 1996, in an effort to reflect the ever-changing, broad-based needs of statewide health care providers, name changes for the organizations occurred. WHA became the Wisconsin Health and Hospital Association. In 2002, the name was changed back to WHA. In 2003, Wisconsin Hospital Association Auxiliaries, Inc. changed its name to Partners of Wisconsin Hospital Association, Inc. which remains the name to this day.

(continued on page 7)

***(CELEBRATING 100 YEARS . . . continued from page 6)***

Since 1993 Partners of WHA have instituted three awards:

- In 1993, the Honor Points Award was first presented. This award is presented each year at the annual convention to organizations that fulfill specific requirements.
- In 1994, the Best of the Best Award was begun. This award is presented each year to an onsite administrator who has demonstrated exemplary support of the local Partners volunteers in their facility. [See Best of the Best Award winners here.](#)
- In 2003, the WAVE awards (Wisconsin Award for Volunteer Excellence) were presented for the first time. There are four categories: Community Service, Fundraising, In-Service, and Community Outreach and/or Collaboration. [See WAVE winners here.](#)

As of 2019, Partners reported 894,105 volunteer hours in Wisconsin hospitals. They awarded 339 scholarships valued at \$371,125. The total amount given from fundraising was \$1,706,171 – in just one year! Importantly, in 2019 Partners members logged 1,090 contacts with legislators. Many of those were through [WHA's Hospitals Education & Advocacy Team \(HEAT\)](#) program. Partners members are also a large presence at WHA's Advocacy Day each year.

[See Partners website here.](#)

[See the Partners of WHA brochure here.](#)

***Reflections from Jean Doty, former DVS, Marshfield Medical Center; former President, Association for Healthcare Volunteer Resource Professionals***

I was the volunteer director at Saint Joseph's Hospital (Now Marshfield Medical Center) for more than 17 years. I had the pleasure of being a member of, and an advocate for, Partners with Saint Joseph's Hospital (formerly St. Joseph's Hospital Auxiliary). From the beginning I was totally impressed with this volunteer organization. Not only did these men and women volunteer at the hospital, they had an active board of directors who actively supported legislative issues as they affected the health care industry, they promoted distributed health education information to their members AND they raised thousands of dollars to donate to various hospital projects. This group of volunteers was very dedicated and truly believed in the mission of the organization. In my role as director, I often said that our volunteer office was staffed with two paid employees, but we were 500+ strong when we counted the volunteers and Partners members who supported the hospital with thousands of hours donated annually!



*Jean Doty and Mike Blanchard, Marshfield Medical Center, at 2007 Wisconsin Health Care Employee Pride Program. See the press release and Jean's essay for the Pride Program [here.](#)*

I had the pleasure of attending many board meetings of Partners of Wisconsin Hospital Association, the state organization, when I served as President of the Association of Healthcare Volunteer Resource Professionals. Their board was very hard-working and put in many, many hours and was so diligent in carrying out their mission. They most certainly did and still do "walk the talk"!

All Partner organizations play an inherently valuable and integral role in the success of hundreds of hospitals throughout the state.

*(WHA Welcomes HHS Deputy Secretary, AHA President to Board Retreat . . . continued from page 1)*

HHS' Hargan shared his department's support for enhancing telehealth services during COVID-19 and reiterated the Trump administration's desire to make permanent some of the flexibilities that were established to allow greater access to care. Hargan also discussed how the administration hoped to soon announce an update on its plans to finalize its proposed changes to the Stark Law and Antikickback Statute to help advance value-based payments (note: those plans solidified August 26 with HHS announcing that it was [delaying publishing a final rule](#) until August 2021). Responding to board member questions regarding CMS' price transparency rule, Hargan mentioned that CMS will soon publish FAQs on the rule, and shared that questions can be emailed to [PriceTransparencyHospitalCharges@cms.hhs.gov](mailto:PriceTransparencyHospitalCharges@cms.hhs.gov).

Board members raised concerns about the lack of adequate COVID-19 testing supplies and asked what HHS is doing to help. Hargan responded that HHS is aware of oversupplies in some areas and shortages in others. He said they will continue to work with states, including Wisconsin, to assist with testing needs. WHA will continue to prioritize working with the state's federal congressional delegation and HHS



officials to gain clarity on what role the federal government can play to alleviate these supply shortages.

AHA's Pollack shared lessons his organization has learned during the nationwide pandemic and discussed the challenges the nation's hospitals have faced as COVID-19 cases spiked at different times throughout the country. Pollack highlighted the upcoming November elections and how the health care landscape might look under a second Trump term or a Biden administration.

Following comments from Hargan and Pollack, WHA board members engaged in a robust discussion about Wisconsin's health care landscape, sharing both the continuing challenges of providing health care during a generational pandemic as well as areas of optimism for health care's future. That optimism is fueled by how hospitals and health systems have come together – especially through involvement with WHA – to face COVID-19 with a united front.

**Follow Us**

 [@WIHospitalAssociation](#)

 [@WIHospitalAssn](#)

 [@Wisconsin Hospital Association](#)