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EDUCATIONAL EVENTS

January 2021

Chargemaster Coding Updates and Implementation for 2021
Self-study module series

January 2021

Critical Access Hospital Conditions of Participation 2020: Ensuring Compliance
Recorded webinar series

March 12, 2021 (Virtual)

September 14-15, 2021 (In person)
2021 Physician Leadership Development Conference

Wisconsin Announces Vaccine Eligibility for Adults Aged 65 and Older

SDMAC forwards additional recommendations for Phase 1b

Addressing the next phase of the vaccine rollout in Wisconsin, on Jan. 19 the state announced that Wisconsinites aged 65 and older will be eligible to receive the COVID-19 vaccine starting next week, and vaccinators that have vaccine on hand can begin even earlier if they have finished vaccinating Phase 1a eligible populations, which include health care personnel and residents of long-term care facilities.

The announcement is the latest development as Wisconsin begins to broaden vaccine eligibility. Last week, the state announced that police and fire personnel were able to receive the vaccine beginning this week, and the state has also announced that corrections workers are included in the next phase.

“Wisconsin hospitals and health systems have been the frontline of the state’s fight against COVID for the past 10 months and are eager again to serve their patients and communities across Wisconsin. They have already administered thousands of vaccines and are anxious to do more,” said Wisconsin Hospital Association (WHA) President and CEO Eric Borgerding. “This is an important next phase of vaccine ramp up, and we appreciate this decision by the Wisconsin Department of Health Services (DHS) and the steps it has taken to register more than 1,200 vaccinators, including hospitals, local public health departments, pharmacies, community clinics and others who will all be needed in this next round of the fight.”

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DHS Announces Weekly Newsletter to Provide Updates on COVID-19 Response, Vaccine Progress

The Wisconsin Department of Health Services (DHS) will be publishing a weekly newsletter that will provide information about the state’s COVID-19 response and vaccine rollout. Every Friday, a COVID-19 update newsletter will be sent via email to people who [sign up](#) to receive it.

In addition to an update on vaccine eligibility and the number of vaccinations administered in Wisconsin, the newsletter will include key updates from the previous week, as well as COVID-19 resources and links to where Wisconsinites can find more detailed information.

In an [announcement](#) encouraging Wisconsinites to subscribe to the newsletter, DHS noted, “Currently, the federal government only gives one week notice on the number of vaccines available for that week. The current allocation of 70,000 first doses is inadequate to meet the growing demand for vaccine across the state. Due to this short notice and instability of allocation, eligible populations change quickly. The newsletter will provide new information about eligible populations for vaccinations along with other communications updates about the COVID-19 response.”

The Wisconsin Hospital Association encourages members to subscribe to the DHS weekly newsletter.

WHA Physician Leadership Development Conference to Feature Separate Virtual and In-Person Events

In response to attendee feedback and continued prohibitions on public gatherings, the Wisconsin Hospital Association (WHA) is adapting its Physician Leadership Development Conference to include two distinct, but complementary professional development opportunities, one virtual and one in-person.

The Physician Leader Learning Day, a virtual conference, will take place March 12, 2021. The Physician Knowledge Sharing Event is planned as an in-person event in Kohler Sept. 14-15, 2021. Both events offer continuing medical education-certified instruction focused on developing leadership skills, while also providing a forum for discussion, networking and collegiality. Registration is inclusive of both sessions.



Complete event information and registration are available [here](#). For questions regarding this event or any other WHA educational opportunity, email education@wha.org.



CMS to Begin Recoupment of HOPD Payments in July



On Jan. 15, the U.S. Department of Health and Human Services [announced](#) it will be recouping payments made for outpatient clinic visit services provided at off-campus hospital outpatient departments (HOPDs).

The announcement comes in response to a federal appeals court decision from July 2020 which reversed a previous court decision that had sided with hospitals.

As covered in a [previous edition](#) of *The Valued Voice*, the issue stems from the 2019 Outpatient Prospective Payment System (OPPS) Rule which cut payments to off-campus HOPDs for clinic visit services. The Wisconsin Hospital Association (WHA) made this a priority advocacy issue, enlisting support from members of Wisconsin's congressional delegation in a [2018 letter](#) to the Centers for Medicare & Medicaid Services (CMS) expressing concern over the policy. After the 2019 OPPS rule took effect, hospital groups filed a lawsuit challenging that CMS had overstepped its statutory authority in making the cuts and gone against the specific wishes of Congress. A federal court agreed, and CMS reprocessed claims to impacted hospitals beginning in early 2020. With the appeals court reversing this decision last summer, CMS announced it will now be recouping those payments beginning in July of this year.

Meanwhile, the American Hospital Association has said it intends to bring this case to the U.S. Supreme Court, hoping that it will be more willing to rule on the merits of the case, given its new more conservative makeup. The previous decision cited precedence from a 1984 court case giving federal agencies wide deference on interpreting statutes.

Contact WHA Vice President of Federal and State Relations [Jon Hoelter](#) for more information.

CMS Issues Final Rule Reducing Prior Authorization Burden

On Jan. 15, the Centers for Medicare & Medicaid Services (CMS) and the Office of the National Coordinator for Health Information Technology (ONC) released a [final rule](#) containing new requirements for certain health plans to standardize prior authorization processes.

Many of the new requirements align with Wisconsin Hospital Association (WHA) [comments to CMS and ONC](#) in 2019 to advance greater standardization of prior authorization processes to reduce documentation burden.

Key items of the rule include:

- Development and utilization of Fast Healthcare Interoperability Resources (FHIR)-based, electronic query-capable lists of services requiring prior authorization and documentation requirements.
- Development and utilization of FHIR-based electronic prior authorization processes that will allow a provider to request and receive prior authorization decisions electronically.
- Requires information about prior authorization requests be included in a data set payers must make available to patients, and that such information available to patients be directly accessible by their providers in a FHIR-based standard.
- Required timelines for standard (7 days) and expedited (72 hours) prior authorization requests.
- If a prior authorization request is denied, required provision to the provider of a specific reason for the denial.
- Public reporting of prior authorization metrics, including lists of items and services requiring prior authorization, approval and denial rates by items and services, and average and median time for a prior authorization decision by items and services.

In most instances, the above requirements will apply to:

- Medicaid fee-for-service programs;
- Medicaid managed care plans;
- Children's Health Insurance Program (CHIP) fee-for-service programs; and
- Qualified health plans on the federally facilitate health plan exchange (Health Insurance Marketplace).

The effective date of the changes is Jan. 1, 2023, except for the FHIR-based electronic requirements, which are effective Jan. 1, 2024.

For more information, contact WHA General Counsel [Matthew Stanford](#).

HHS Delays Provider Relief Fund Reporting

On Jan. 15, the U.S. Department of Health and Human Services (HHS) [announced](#) it will delay the reporting timeline for hospitals and other health care providers who have received funding from the Provider Relief Fund (PRF).

HHS says the recently-enacted year-end COVID package that granted providers more flexibility in spending PRF dollars led them to make this change.

As covered in a [previous edition](#) of *The Valued Voice*, the Wisconsin Hospital Association requested the Trump administration and Congress to allow providers to use the original June 2020 guidance that allowed providers to use any reasonable method of accounting for losses due to COVID-19.

While HHS does not say when the new timeline for reporting will begin, it encourages providers to sign up for the reporting portal in the meantime, which also launched on Jan. 15. HHS believes this will make reporting run more smoothly when the reporting window opens.

Contact WHA Vice President of Federal and State Relations [Jon Hoelter](#) with questions.

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Also this week, the state committee charged with making recommendations on the next phase—known as Phase 1b—completed its work. The recommendations of the State Disaster Medical Advisory Committee (SDMAC) and its Vaccine Distribution Subcommittee are now moving onto DHS to make the final decisions.

Other groups in the proposed Phase 1b recommendations include the following, with non-frontline health care personnel being a WHA recommendation to the subcommittee:

- Family care and IRIS (Include, Respect, and I Self-Direct) recipients;
- Facility staff and residents of congregate living settings;
- 911 operators;
- Utility employees;
- Those serving in education and child care;
- Public transit employees;
- Grocery, food production, hunger relief and agricultural workers;
- Non-frontline health care personnel; and
- Those working in mink husbandry.

More details on SDMAC’s recommendations and the groups proposed for vaccination eligibility can be found [here](#).

According to Borgerding, hospitals and health systems are reaching out to patients aged 65 and older and will begin vaccinating them as soon as possible and at a pace commensurate with the state’s ability to procure and distribute needed vaccine doses. However, to transition as quickly and smoothly into this next phase, it will be important that all of the DHS-approved vaccinators play a role as the state begins to broaden the populations who can be vaccinated today and in the future.

“I am very confident that as they have throughout this pandemic, our hospitals and health systems will again answer the call by significantly expanding their role in this public health effort,” Borgerding said. “And by bringing the combined capabilities of DHS’s 1,200 registered vaccinators, including DHS’s mass vaccination clinics, health systems, local public health departments, pharmacies, FQHCs, and combining those with the efforts of the UW System, Wisconsin should have the capacity assets to get this job done if all the vaccinators, including local public health departments, do their part, if we have the regulatory flexibility we need to keep needles in arms and, of course, if we have the vaccines.”

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