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## Assembly, Senate Concur in WHA-Backed COVID-19 Legislation

### *Amended bill heads to governor's desk*

Both houses of the Wisconsin state Legislature have now concurred in legislation that will provide additional regulatory and licensure relief for hospitals and providers, while recognizing and reimbursing hospitals for Medicaid patients who cannot be discharged from a hospital due to a lack of a suitable post-acute care setting.

As reported in [last week's The Valued Voice newsletter](#), the legislation introduced as Assembly Bill 148 was passed unanimously in the state Assembly but went back and forth between the houses earlier this week to receive concurrence on the final bill.

On March 23, the bill garnered broad, bipartisan agreement on the following three provisions:

- Permanently adopting, even beyond the public health emergency, temporary licensure processes established during COVID-19 for out-of-state providers with a valid, unrestricted license in another state;
- Providing payments to hospitals for Medicaid patients who are ready to be discharged from the hospital but await a post-acute care placement through Jan. 1, 2022; and
- Clarifying the ability for hospitals to deliver hospital services in a patient's home consistent with a Medicare-covered service, like those approved under the Centers for Medicare & Medicaid Services' Acute Hospital Care at Home program.

The bill now heads to Governor Evers' desk for his signature. The governor has previously signaled his support of these provisions in standalone compromise legislation he circulated in December 2020 and in a previously negotiated agreement with the state Senate in January 2021.

For more information, contact Wisconsin Hospital Association Senior Vice President of Government Relations [Kyle O'Brien](#).

## EDUCATIONAL EVENTS

**April 14**  
*Advocacy Day*  
Virtual

**May 12**  
*Social Media for Governing Boards: Opportunities and Pitfalls*  
Webinar

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## WHA Post-Acute Care Workgroup Tackles Post-COVID Agenda

The Wisconsin Hospital Association (WHA) post-acute care workgroup held its first meeting of 2021 on March 19. During the meeting, workgroup members representing the varied post-acute care interests of WHA's membership focused on longstanding issues as well as matters that emerged or became more pronounced during COVID.

The workgroup's planning for the fourth annual WHA Post-Acute Care Conference that will be held in late summer is underway. The conference will focus on significant post-acute care challenges and innovative strategies to address those issues. More information will be released soon.

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After hearing about Governor Evers' proposed state budget and recent legislative activity related to AB-148 (see article on page 1) and other topics, the workgroup discussed issues for future activity, including complex patient discharge and placement matters and guardianship policy. In coming meetings, the workgroup plans to continue refining options to address priority issues, host an event for WHA members to discuss current programs and new post-acute care initiatives, and identify approaches to get back on track post-COVID.

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## **HHS Implements Higher Premium Tax Credits, Extends Healthcare.gov Special Open Enrollment**

The federal Department of Health and Human Services (HHS) has announced that the higher premium tax credits enacted through the American Rescue Plan Act (ARPA) for purchasing coverage in the exchange marketplace will be available starting April 1, 2021. HHS also announced an extension of the current special open enrollment period to sign up for or change coverage through the exchange marketplace. The extension moves the end of the special open enrollment period from May 15 to Aug. 15, 2021.

ARPA makes several changes to the premium tax credits available for purchasing coverage through the health insurance exchange. In particular, the tax credits currently available to individuals and families with income between 100% of the federal poverty level (FPL) and 400% FPL for calendar years 2021 and 2022 are increased. The increases mean that those at the lowest income levels up to 150% FPL (about \$19,300 for a single person and \$39,750 for a family of four) will be able to access coverage with no premium cost, and those at higher income levels will see reductions in premiums. Tax credits are also now applicable to individuals with income above 400% FPL. A report by the Center for Budget and Policy Priorities estimates that a family of four in Wisconsin with income of \$120,000 per year (458% FPL) could see a reduction in their monthly premium of more than \$600 as a result of these changes.

HHS indicates that current enrollees should submit an application update on or after April 1. The tax credit changes will take effect with the premium bill after a new application or updated application is made. For example, applications or updates made on or before April 30 will result in premium tax credit increases effective May 1; those made on or before May 31 will result in premium tax credit increases effective June 1; etc.

In addition to the above changes, ARPA expands tax credits and cost sharing subsidies to individuals who received unemployment benefits during any week in calendar year 2021 so premium tax credits and cost sharing reductions for calendar year 2021 would be applied as if the individual had household income of 133% FPL, regardless of the person's actual income. According to HHS, these changes are expected to be made in early July.



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## Congress Averts 2% Sequester Cuts, Fixes Rural Health Clinic Glitch

On March 25, the U.S. Senate passed legislation supported by the Wisconsin Hospital Association (WHA) that will extend Medicare Sequester relief for hospitals and fix a drafting error that would have cut federal reimbursements for certain provider-based rural health clinics (RHCs). The legislation, H.R. 1868, passed on an overwhelmingly bipartisan 90-2 vote.



The U.S. House of Representatives had passed H.R. 1868 last week, but it was not expected to be taken up by the U.S. Senate due to “PAYGO” violations—specifically, it exempted the sequester relief and spending from the previously passed American Rescue Plan Act from rules that normally require additional funding offsets.

Earlier this week, Senate Majority Leader Chuck Schumer and Minority Leader Mitch McConnell announced a deal on a Senate amendment to H.R. 1868 authored by Sens. Jeanne Shaheen (D-N.H.) Susan Collins (R-Maine) that extends the moratorium on the 2% sequester cuts through the end of 2021 and provides spending offsets in fiscal year 2030. The CARES Act had delayed these hospital sequester cuts for all of 2020, and the 2021 Consolidated Appropriations Act further delayed them through March 31, 2021.

This amended version of H.R. 1868 also includes similar language to the RHC-fix legislation introduced last week by Congressman Ron Kind (see [last week's edition](#) of the *The Valued Voice*). The 2021 Consolidated Appropriations Act reformed how RHCs are reimbursed in an attempt to narrow the gap between capped and uncapped RHCs. Unfortunately, it included a drafting error that would unintentionally take away cost-based reimbursement from RHCs that came online after 2019, requiring them to receive the new capped rate. This legislation grandfathers any RHC that had an application on file with the federal government prior to the end of 2020, preserving their ability to receive cost-based reimbursement.

Now the legislation heads back to the U.S. House, where it is expected to be concurred in before it can be signed by President Joe Biden.

For more information, contact WHA Vice President of Federal and State Relations [Jon Hoelter](#).

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