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**EDUCATIONAL EVENTS**

- May 3**  
*Reducing the Risk of Opioid Use Disorder, Overdose and Death Webinar*
- May 5**  
*COVID Lessons Learned: New Licensure Law Enables Immediate Practice for Providers From Another State Webinar*
- May 10**  
*Community Benefits and Special Considerations for COVID-19 Webinar*

**WHAIC Data Show Effects of COVID-19 on State Hospitals**

**Part One: Wisconsin’s pandemic phases**

The Wisconsin Hospital Association Information Center (WHAIC) has quantified and documented the impact the COVID-19 pandemic has had on Wisconsin’s health care system in a [new report](#) published this week.

*The Valued Voice* will devote space to this report’s findings over the coming weeks to highlight the ongoing challenges COVID-19 has created for Wisconsin hospitals as they responded to the pandemic on multiple fronts while continuing to provide care to non-COVID patients as able and permitted.

“Throughout the pandemic, WHAIC has aided the state’s COVID-19 response by providing real-time data tools, dashboards and custom reports to help health care decision makers and stakeholders better assess the effect of the health emergency on the state’s hospitals, including daily updates to a [COVID-19 dashboard](#) that has now been viewed one million times since it was first created in April 2020,” said WHAIC Vice President Jennifer Mueller. “This succinct report further illustrates through data, analysis and objective narrative the impacts of COVID-19 on Wisconsin hospitals, health systems and patients last year.”

*(continued on page 5)*

**Hospital, Health System Leaders Testify at Final State Budget Hearings**

**White, McKeveitt ask lawmakers to permanently reauthorize the Medicaid DSH Program**

As the Legislature’s budget-writing Joint Finance Committee wraps up public hearings on the next state budget, two Wisconsin Hospital Association (WHA) board members testified before the committee in support of



*Beloit Health System President and CEO Tim McKeveitt testified on the impact of Medicaid reimbursement on Beloit Health System in a statewide virtual public hearing held on April 28.*

permanently reauthorizing Wisconsin’s Medicaid Disproportionate Share Hospital (DSH) program to avoid a \$100 million cut in funding for Wisconsin hospitals.

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“As a nurse leader at Mayo and as someone who donned PPE alongside our frontline staff, I am a firsthand witness to the commitment our hospitals, providers and staff made to serve the residents of Wisconsin throughout the COVID-19 pandemic,” said Mayo Clinic Health System Northwest Wisconsin Region Chief Nursing Officer Pam White, testifying to the committee at its hearing at the University of Wisconsin-Stout on April 22.



*Mayo Clinic Health System Northwest Wisconsin Region Chief Nursing Officer Pam White testifies to the Joint Finance Committee at its hearing at UW-Stout on April 22.*

“When there is nobody else to take care of you, there are hospitals,” said White. “We are the state’s health care safety net, just like we were your COVID safety net. But we cannot maintain this safety net without funding.” White said that if the Medicaid Disproportionate Share Hospital program is not reauthorized, it would result in a \$4.4 million cut to Mayo Clinic Health System Wisconsin hospitals during the next budget.

In a statewide virtual public hearing held on April 28, Beloit Health System President and CEO Tim McKeveitt testified on the impact of Medicaid reimbursement on Beloit Health System and how DSH funding helps offset these losses. “About 20% of our patient base is on Medicaid,” said McKeveitt. “On an annual basis, we lose \$18 million below the cost of serving our patients on Medicaid.”

“On behalf of both Beloit Health System and the Wisconsin Hospital Association, I respectfully ask for your support to permanently reauthorize the Medicaid DSH program for all hospitals in Wisconsin,” McKeveitt said in closing.

The Legislature’s Joint Finance Committee has now completed its public hearings on the state budget and is expected to begin voting on the budget as soon as next week.

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## Registration Open for 2021 Wisconsin Rural Health Conference



The Wisconsin Hospital Association’s (WHA’s) 2021 [Wisconsin Rural Health Conference](#) will take place virtually on June 3.

Registration is now open for this premier event designed to highlight the many nuances of rural health care. This year, the conference will focus on public policy issues affecting rural populations; coping strategies and resiliency skills of health care staff; and overcoming unconscious biases to provide better patient experiences and outcomes.

The virtual conference will leverage professional learning platform LeaderPass to maximize the attendee experience. For more information and to register, click [here](#).

## State Health Agency Launches COVID-19 Vaccination Equity Learning Series

The Wisconsin Department of Health Services (DHS) is launching a four-part series of shared learning forums in May entitled, "[Advancing Health Equity through COVID-19 Vaccination](#)."

These forums are open to the statewide network of vaccinators who are working to distribute the vaccine safely, efficiently and equitably across Wisconsin.

The Wisconsin Hospital Association joins the Rural Wisconsin Health Cooperative, Wisconsin Primary Health Care Association, Wisconsin Public Health Association, Wisconsin Association of Local Health Departments and Boards, Milwaukee Health Care Partnership and Pharmacy Society of Wisconsin in supporting this series.

Sessions will be held each Thursday in May from noon to 1 p.m. and will feature local vaccinators and their partners sharing experiences, practices and lessons learned for increasing access to and confidence in COVID-19 vaccines.

The first forum is May 6. Discussion will focus on strategies for increasing equitable access to vaccination for disproportionately affected groups.

More information on this educational series can be found [here](#). To register, click [here](#).

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## Worker's Compensation Advisory Council Meets

The Worker's Compensation Advisory Council (WCAC) met April 26 to begin discussions about possible recommended changes to Wisconsin's worker's compensation program. The WCAC includes five voting members representing organized labor, five voting members representing management and three non-voting representatives of the insurance industry.

Each legislative session, the WCAC provides the Legislature with an "agreed bill," the council's recommended changes to Wisconsin's worker's compensation program. The Legislature then considers the WCAC's recommendations. Although modifications to the worker's compensation program have been made outside of the WCAC process, including [2021 Wis. Act 29](#) signed by Gov. Tony Evers this week, a WCAC agreed bill has not been enacted into law since March 2016.

The WCAC meeting was dominated by a presentation from the Worker's Compensation Research Institute (WCRI), a proponent of medical fee schedules in worker's compensation programs. Recent WCRI reports have noted that Wisconsin's worker's compensation costs remain below WCRI's median study state, and Wisconsin's injured workers continue to be more satisfied with their medical care than in any other study state. In addition to recent WCRI reports, at the end of 2020, the Office of the Commissioner of Insurance reported a loss ratio of 55% for worker's compensation insurers and announced the fifth consecutive year of reduced worker's compensation insurance rates, about a 25% reduction in insurance premiums over the past five years.

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## AHA Task Force Updates Workforce Recommendations and Resources

The American Hospital Association's (AHA's) [workforce council](#), the Changing Workforce Task Force, chaired by Froedtert Health President and CEO Cathy Jacobson, has updated its task force [recommendations](#) for 2021.

The AHA task force recommendations leverage targeted growth, teams and technology—recommendations that echo the Wisconsin Hospital Association's (WHA's) annual [Wisconsin Health Care Workforce Report](#). In 2021, AHA will focus on continuing to provide resources, white papers and toolkits to help hospitals and health systems to grow, retain and utilize the health care workforce necessary to sustain high-quality health care.

WHA Senior Vice President Workforce and Clinical Practice [Ann Zenk](#) welcomes questions from members on workforce issues and solutions.

## CMS Introduces FY 2022 Inpatient Rule



On April 27, the Centers for Medicare & Medicaid Services (CMS) introduced its proposed FY 2022 Inpatient Prospective Payment System (IPPS) Rule. The Wisconsin Hospital Association (WHA) will analyze the full 1,900-plus-page rule in the coming weeks and prepare comments in advance of the June 28 comment deadline.

Below are some highlights of proposed policies from CMS:

- Proposes a net payment increase of 2.8 percent for most hospitals;
- Repeals the requirement for hospitals to report the median payer-specific negotiated rates for Medicare Advantage organizations on the Medicare cost report;
- Requires hospitals to report on staff vaccination rates for COVID-19;
- Extends the New COVID-19 Treatments Add-on Payment through the end of the fiscal year in which the public health emergency ends;
- Continues the wage index policy of adjusting upward hospitals in the lowest 25% at the expense of hospitals in the highest 25%; also implements provisions of the American Rescue Plan Act (ARPA) of 2021 that reinstate the imputed rural floor in Rhode Island, New Jersey and Delaware, increasing payments to hospitals in those states by \$200 million;
- Implements ARPA provisions related to Graduate Medical Education (GME), including fixing the rotator cap issue, proposing to distribute new GME funded residency slots in 2023 and beyond, and assisting rural training track programs; and
- Makes various changes to the Promoting Interoperability Program and Hospital Quality Reporting and Value Programs.

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

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## Federal Ways and Means Health Subcommittee Touts Telehealth as Federal Legislative Proposals Gain Steam

On April 28, the U.S. House Ways and Means Health Subcommittee held a [hearing](#) entitled, “Charting the Path Forward for Telehealth.”

The hearing was largely bipartisan in nature, with both Democrats and Republicans asking panelists their thoughts on how to preserve recent gains made in telehealth delivery as a result of COVID. It included witnesses from health care provider groups, consumer groups and think tanks.

Wisconsin Congressman Ron Kind noted that telehealth has been a lifeline for his constituents in the large, rural district he represents. He said he believes there’s no going back at this point and that we need to amplify telehealth going forward. Kind noted concern from one of the witnesses about the use of audio-only telehealth but indicated he hopes coverage can be preserved for audio-only services, particularly given the gaps in rural broadband coverage in his district.



Dr. Ateev Mehrotra of Harvard Medical School shared the idea of creating telemedicine hubs in rural areas to give patients access to broadband and digital tools such as stethoscopes and otoscopes, tools that can give patients and providers more information than they would have simply through a phone call.

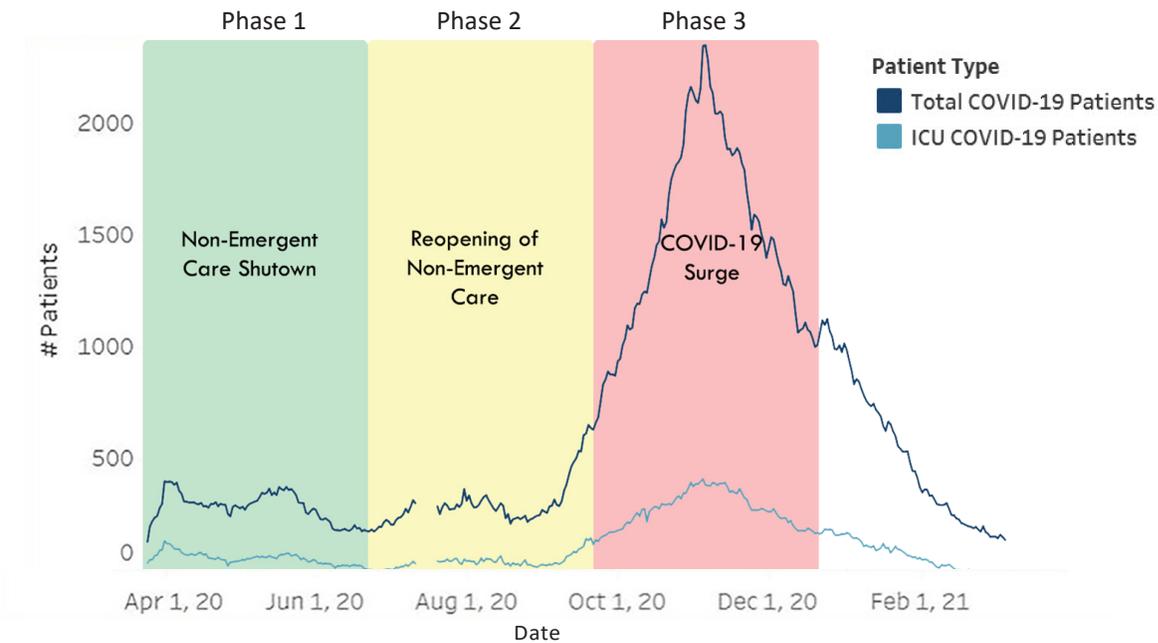
While some members mentioned wanting to ensure telehealth expansion did not increase opportunities for fraud in the Medicare program, Health Innovation Alliance Executive Director Joel White testified that the U.S. Inspector General is already able to use artificial intelligence and other tools that are good at rooting out fraud. Such tools, White noted, are already being used by many private companies. White also observed that concerns about fraud in audio-only telehealth are often more related to telemarketing fraud rather than telehealth fraud.

The members of the committee also touted legislation that would extend flexibilities granted during COVID as well as permanently eliminate geographic and site restrictions, items WHA continues to advocate for Congress to address. A day after the hearing, the [Connect for Health Act](#) was reintroduced. Among other reforms, this comprehensive telehealth legislation would permanently repeal geographic site restrictions while expanding originating sites to include the home and other appropriate sites. WHA has again endorsed this legislation, which has been cosponsored by a bipartisan group of 50 U.S. senators and endorsed by more than 150 other state and federal organizations.

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

**(WHAIC Data Show Effects of COVID-19 on State Hospitals . . . continued from page 1)**

WHAIC’s “[COVID-19 Effects on Wisconsin Hospitals, Health Systems and Patient Care](#)” report captures the measurable effects of the pandemic on hospital service delivery during three distinct stages of the pandemic thus far: non-emergent care shutdown (April 1 – June 30, 2020); reopening of non-emergent care (July 1 – Sept. 30, 2020); and COVID-19 case surge (Oct. 1 – Dec. 31, 2020).



Source: WHA Information Center COVID-19 Situational Awareness Dashboard (<https://www.wha.org/Covid-19Update>)

Summary data from the report, which will be given fuller context in future editions of *The Valued Voice* include the following.

**Impacts of three-month federal suspension of non-emergent care:**

- Non-emergent care and some diagnostics delayed
- Inpatient activity fell 19%
- Outpatient surgeries and procedures fell 45%
- Emergency department visits fell 30%
- \$2.5 billion in lost revenue

**During the fourth-quarter COVID case surge, the majority of statewide inpatient volume was COVID-related, causing non-COVID care to plummet again:**

- Care required by hospitalized COVID patients crowded out other care and severely stressed the state’s health care workforce
- Outpatient surgeries and procedures fell 13%
- Emergency department visits fell 20%
- Fear and stigma associated with COVID-19 deterred patients from seeking regular care

While more recent data show that hospital services are beginning to approach pre-pandemic levels, the long-term financial and health effects of cancelled or delayed regular care are significant.

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