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EDUCATIONAL EVENTS

- July 13**
WHA Information Center Data Tools for Everyday Use - 2021 Virtual Bag Lunch Webinar Series Session 3: Understanding Your Charges in a New Era of Transparency Webinar
- July 14**
The Winning Race: Diversity, Equity & Inclusion Coaching Clinic- Part 2: Equitable Conversations Webinar Series

Assembly, Senate Approve State Budget on Bipartisan Votes

Budget bill heads to Gov. Evers' desk with key WHA priorities

Lawmakers in Madison approved a budget bill earlier this week that sets out the state's two-year spending plan and makes critical investments to Wisconsin's hospitals and the state Medicaid program. The bill received unanimous support from Republicans in the Senate and the Assembly, picking up four additional Democratic votes in the Assembly and three in the Senate.

Among these investments is a permanent reauthorization of Wisconsin's Medicaid Disproportionate Share Hospital (DSH) program. In the last state budget, lawmakers approved an increase of over \$100 million for DSH—the largest increase to the program since its inception in 2013; however, the increase was only authorized for two years. WHA's chief priority in this budget was to ensure that hospitals would continue to receive this funding and build on this program by making it an ongoing, "base" appropriation.

WHA actively engaged with state lawmakers through public testimony by hospital/health system leaders, including leaders from UW Health, Marshfield Clinic Health System, Mayo Clinic Health System and Beloit Health System, and through direct lobbying in the state Capitol to achieve this outcome. In addition, WHA members made many contacts to their state elected officials in support of a permanent reauthorization of DSH along with nearly 40 virtual meetings coordinated by WHA to help hospital advocates lobby their elected officials on the state budget.

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WHA Board Receives Annual Goals Update and Advocacy Report in June Meeting

Guest speaker WCHQ CEO Gabrielle Rude highlights collaboration opportunities

WHA's June board meeting featured in-person attendance for the first time in 18 months, while remote participants experienced upgraded technology WHA has deployed to maximize virtual engagement.

WHA on Track to Fulfill Annual Goals

WHA President and CEO Eric Borgerding reviewed the documented goals the Association laid for 2021, highlighting progress made on strategic initiatives



WCHQ CEO Gabrielle Rude was the guest speaker at WHA's June 24 Board Meeting.

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“WHA had several key champions in the Legislature during this budget process,” said WHA President and CEO Eric Borgerding. “We are very grateful for their strong support of our state’s hospitals. But this does not happen by chance; it is a result of hospitals working closely with their lawmakers and WHA to educate and advocate on behalf of hospital priorities like DSH.”

In addition, WHA was a part of several coalitions that saw successes in this budget, including a coalition that achieved \$10 million in funding set aside to regionalize mental health crisis resources and another that successfully worked with the Joint Finance Committee (JFC) to extend postpartum Medicaid coverage for women another 30 days.

The Legislature and the JFC also authorized over \$500 million in state funds (and over \$2.6 billion all-funds) to continue operating the state Medicaid program under current eligibility criteria.

The budget now heads to Gov. Evers’ desk, where he is largely expected to, at a minimum, use the governor’s veto pen before signing the budget bill into law.

WCHQ Recognizes WHA for Data, Analytics Efforts During the Pandemic

The Wisconsin Collaborative for Healthcare Quality (WCHQ) has recognized WHA for collecting and publicly sharing data that is essential in the fight against COVID-19.

WCHQ CEO Gabrielle Rude and Board Chair Kori Krueger, MD, medical director of the Marshfield Clinic Institute of Quality, Innovation and Patient Safety, presented an award to WHA President and CEO Eric Borgerding at the WCHQ Improvement Event at the Monona Terrace on June 29 for “WHA’s Commitment to Provide Data Critical to the COVID-19 Response Effort.”

WHA developed its [COVID-19 dashboard](#) as a daily, reliable source of information on the impact of the pandemic on the state’s health system. With more than one million views, the dashboard has kept key stakeholders and the public informed on the current state of testing, hospitalizations, mortality and hospital capacity.



Gabrielle Rude, Eric Borgerding, Kori Krueger



WHA President and CEO Eric Borgerding presenting at WCHQ’s Improvement Event June 29, 2021.

WCHQ recognized WHA’s critical COVID-19 data resources along with those of the Wisconsin Department of Health Services. “DHS and WHA were exemplary in their quick responses in the early stages of the pandemic to deliver data in a way that provided health systems and policymakers with the information they needed to prepare for and respond to the pandemic,” said Rude. “Both organizations made enhancements to their dashboards throughout the pandemic that ranged from showing case activity to ICU bed availability. Their ongoing commitment to transparency has helped our state respond and will enable us to recover sooner.”

Accepting WCHQ’s award on behalf of the WHA team, Borgerding said, “This recognition, while focused on critical COVID-19 data, is about so much more. It’s about the partnerships that were and continue to be needed to effectively respond to COVID. Thank you, WCHQ for this great honor, and for your collaboration.”

Following WCHQ’s award presentation, Borgerding provided an update of WHA’s priorities and strategies aimed at maximizing the quality, affordability and accessibility of health care services throughout the state, resulting in healthier communities.

SSM Health Announces Mandatory COVID-19 Vaccination for Staff

WHA supports Wisconsin hospitals and health systems making the best vaccination decisions for their individual situations

SSM Health this week announced to its staff and made public through a media release its decision to require COVID-19 vaccination for its nearly 40,000 employees, providers and volunteers across its four-state service area by the end of September. Team members can request an exemption for medical or religious reason.

SSM Health's announcement follows similar decisions by health systems across the nation, though philosophies and approaches related to encouraging and/or requiring vaccination remain highly variable, even here in Wisconsin. WHA's position, as reflected in the following statement being shared with media who reach out to the Association on this topic is that these decisions are best made by the hospital and health systems based on their unique circumstances.

WHA Statement on Hospital Vaccination Policies

Hospitals continuously monitor and evaluate COVID disease and vaccination trends and adjust strategies to ensure they have an available and healthy workforce to safely serve their patients and communities now and in the future. As both employers and health care providers, hospitals and health systems hold the health and safety of their patients, staff and those entering their facilities as their primary responsibility. Hospital and health systems are in the best position to determine how to achieve their vaccination goals among hospital staff based upon their unique situations. WHA supports them in making decisions they determine to be most appropriate.

WHA will continue conversations with its members and provide resources and share perspectives to help them navigate this complex topic.

Grassroots Spotlight

WHA, Members Meet Virtually with Congressman Glenn Grothman

WHA and its members continued their virtual meetings with members of Wisconsin's congressional delegation, meeting with Congressman Glenn Grothman on June 24 to discuss the health care workforce shortage, 340B and telehealth. After hearing concerns from his district hospital leaders, Congressman Grothman decided to cosponsor HR 3203 which would prevent fluctuations in patient mixes due to COVID-19 from impacting hospitals' 340B eligibility.



U.S. Supreme Court Declines to Hear AHA Site-Neutral Case

In an extremely disappointing move, the U.S. Supreme Court on June 28 opted not to take up a case brought by the American Hospital Association (AHA) against the United States Department of Health and Human Services (HHS) related to so-called “[site-neutral payments](#).”

As covered in [previous issues](#) of *The Valued Voice*, AHA had sued HHS under the Trump administration for site-neutral cuts made to hospital payments made initially in the 2019 Outpatient Prospective Payment System (OPPS) rule. [WHA and many of its members](#) joined a chorus of health care advocates across the country expressing frustration that these cuts are a clear violation of federal statute.

Section 603 of the Bipartisan Budget Act of 2015 explicitly exempted provider-based departments in operation prior to Nov. 2, 2015, from “site-neutral payment provisions.” Additionally, the 21st Century Cures Act, which was signed into law in December 2016 further grandfathered facilities that were in mid-build.

Nevertheless, the 2019 OPPS rule subjected off-site hospital outpatient departments to these site-neutral payments for hospital clinic visits, reducing payments by approximately \$440 million over 10 years for Wisconsin hospitals.

AHA challenged the legality of these cuts and, and U.S. District Judge Rosemary Collyer initially ruled in favor of hospitals. However, HHS appealed, and the [U.S. Court of Appeals overturned the prior decision](#), citing the Chevron deference doctrine, in which the courts give wide deference to federal agencies in administrative rulemaking so long as the court finds they are rational or reasonable. Hospitals had hoped the new makeup of the Supreme Court would prompt another look at this doctrine.

The Supreme Court did not comment on its decision not to hear this case, and it has yet to decide whether it will take up another related case on CMS cuts to 340B payments, so it is unclear whether Chevron might still get another look. Even so, it appears unlikely that a related case could impact the ability of the courts to undo the damage done by HHS on this policy.

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



WHA Submits IPPS 2022 Comment Letter

On June 28, WHA [submitted comments](#) to the Centers for Medicare & Medicaid Services (CMS) on the proposed 2022 Inpatient Prospective Payment System (IPPS). Among the list of topics WHA urged CMS to reconsider were its proposals on mandating reporting of health care workers’ COVID vaccination as a quality measure and its distribution of new Medicare Graduate Medical Education (GME) slots.

WHA also praised CMS for continuing its efforts to restore fairness to the Medicare area wage index, while expressing disappointment that Congress included an earmark that will exacerbate unfairness in the wage index. The American Rescue Plan Act of 2021 restored the imputed rural floor for three northeastern states. While it was fortunately done in a way that it will not reduce wage index payments for other states, it nevertheless unfairly manipulates the wage index to benefit only certain states at a time when the Medicare Trust Fund continues to face solvency concerns.

WHA also thanked CMS for promptly working to implement the Graduate Medical Education (GME) rotator cap fix to address an error that had unfairly penalized two Wisconsin hospitals. Those hospitals had hosted rotating residents for short periods of time and had their GME caps set at less than 1.0 full-time equivalent (FTE) employee when Congress implemented the GME cap in 1997. Congress finally addressed this long-time WHA priority when it passed the Consolidated Appropriations Act of 2021.

At the same time, WHA urged CMS to be more thoughtful about implementing other provisions of the Consolidated Appropriations Act that will add 200 new GME slots per year for the next five years. CMS proposed to cap new slots at 1.0 FTE per hospital due to the insufficient supply and overwhelming demand. However, its proposal would not allow for the slot to take into consideration the length of the residency, meaning a hospital receiving a slot would only create a new physician once every 3-5 years (depending on the length of the residency). WHA urged CMS to change the policy so a hospital receiving a slot would be able to produce a new physician every year, which is in line with Wisconsin’s current highly successful GME grant program crafted by WHA that has created 125 new slots for Wisconsin.

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CMS also proposed several changes to its quality reporting programs and the Promoting Interoperability Program in this year's rule update. WHA praised CMS for recognizing the potential for the pandemic to impact data measures and supported CMS's proposal to suppress a number of those measures for 2022. At the same time, WHA urged CMS to make the reporting of health care worker vaccinations optional, rather than mandatory, as a quality measure while the vaccines are under Emergency Use Authorization and more questions remain about the future need for booster vaccines. To reduce the administrative burden on hospitals, WHA urged CMS not to go forward with its proposal to increase the Promoting Interoperability electronic health record reporting period from 90 to 180 days.

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

WHA Hosts Post-Acute Care Conference in 2021

WHA will host its fifth annual post-acute care conference this summer virtually.

[Breaking Barriers to Complex Patient Care](#)

Aug. 6, 2021

9 a.m. – 2 p.m.

Too often, barriers to complex patient care have resulted in delayed discharges from hospitals and hindered admissions to nursing homes and other post-acute care settings. The barriers to complex patient care have been identified, examined and debated. But now, with a focused effort by hospitals and their post-acute care partners, some of those barriers are beginning to break. Participants in this complimentary virtual conference will hear from colleagues who have implemented innovative approaches to complex patient care transitions. The session will also feature forward-looking insights from the administrator of the Wisconsin Division of Quality Assurance and a report on federal activity by WHA's federal lobbying team.

For more information and to register, click [here](#).

Physician Leadership Development Conference 2021 Registration Open

There is still time to register for WHA's premier educational event—the [Physician Leadership and Development Conference](#). With registration, attendees receive access to a recording of part one of the conference held virtually on March 12 and admission to the in-person conference on Sept. 14 and 15 at The American Club in Kohler.

For more information about the in-person conference and to register, click [here](#).

Questions can be directed to WHA's [education department](#).



WONL Annual Convention for Nurse Leaders and Managers

September 15-17, 2021



The Wisconsin Organization of Nurse Leaders (WONL) will host its annual convention for current and aspiring nurse leaders and managers on Sept. 15-17 at The Osthoff Resort in Elkhart Lake.

This year's convention will be a perfect combination of learning and laughter. The conference will focus on up-to-date information on workforce trends, how to lead in difficult times and how guidance, mentoring and direction are needed to achieve results in the most challenging times. Heartfelt humor combined with real-life examples and tactics will leave attendees with a fresh

perspective on how to engage and re-engage as a leader.

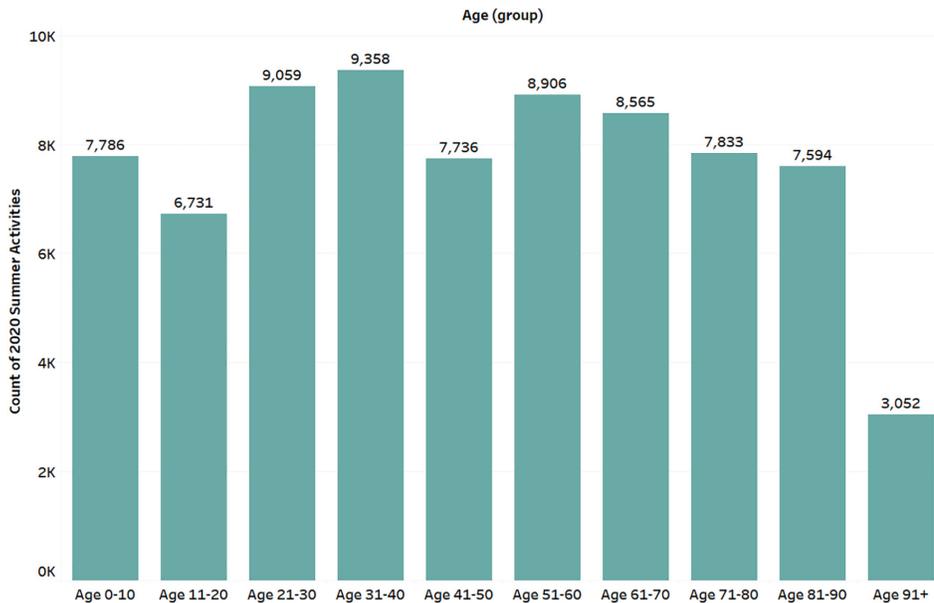
See the full [conference brochure](#).

Fast Facts from the WHA Information Center: Summer Activity Injuries

Longer days and warmer temperatures bring Americans to the great outdoors for barbecues, splashing in the pool or spending a day on the lake. With more time spent outside comes an increased risk of injury. A Kaiser Permanente study found that there is a 15-27% percent increase in visits to the emergency room department between Memorial Day and Labor Day.



Count of Visits by Age Grouping, 2020, EDV



The WHA Information Center analyzed claims data from 2020 emergency department (ED) visits and reviewed demographics and locations of patients who sought treatment for summer activity injuries. The summer activities analyzed included boating accidents, drownings, tubing, water skiing and kayaking/rafting. The United States Coast Guard reports that every two-and-a-half hours someone is injured or killed in a boating accident. The Centers for Disease Control and Prevention notes that approximately 11 people die each day from drowning in the U.S.

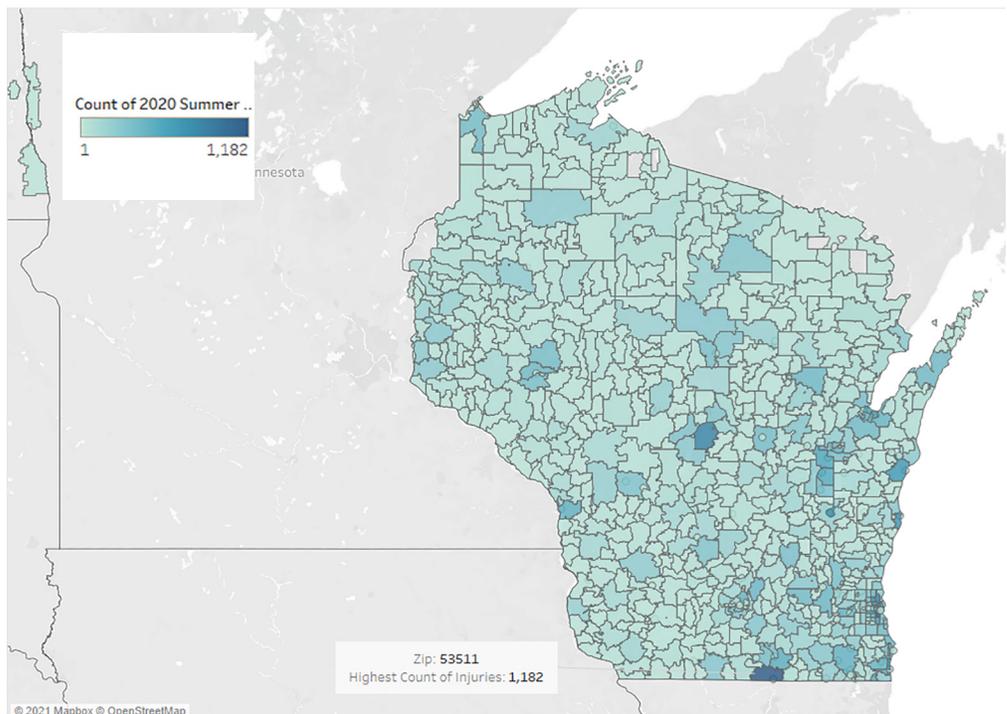
By far, the most ED visits in Wisconsin hospitals came from boating accidents—roughly 20,000 more than the next injury:

drownings. The top county with ED visits resulting from boating accidents was Milwaukee County, followed by Dane County. The ZIP code with the top count of ED visits, however, is located in Rock County. Women had around 1,000 more visits to the ED for summer activity injuries than men. Women also had higher counts of drownings, while men visited the ED more for boating accidents and water skiing. The average age of patients who went to the ED was 47. More than 60 percent of the drownings involved people aged 60 and older. The highest counts of boating accidents occurred in those aged 21 to 40.

The following tips will help everyone to have a safe and fun summer:

- Do not drink and boat.
- Wear a life jacket when doing anything on the water.
- Pay attention to weather forecasts.
- Know and understand boating rules and regulations before hitting the lake.
- Avoid dangerous swimming locations and risky conditions.
- Never go swimming or boating alone.
- Learn basic swimming and water safety.

Count of Patient Visits by Zip Code, 2020, EDV



(WHA Board Receives Annual Goals Update and Advocacy Report in June Meeting . . . continued from page 1)

related to strengthening the state’s health care funding and infrastructure; expanding access and coverage; improving health care quality and affordability; ensuring an adequate health care workforce; maximizing the value of data and information; and achieving performance excellence.



WHA President and CEO Eric Borgerding and WHA Board Chair Dan Meyer

Borgerding emphasized WHA’s progress toward its top priority for the current state budget cycle—reauthorization of Medicaid Disproportionate Share Hospital (DSH) funding for hospitals, which is included in a budget bill which has been approved by both the Assembly and the Senate and is now on its way to Gov. Evers for signature.

While highlighting successful WHA advocacy initiatives, Borgerding also noted that the Association continues to monitor national industry trends in order to keep ahead of “bad ideas” surfacing elsewhere.

Prairie Ridge Health President and CEO John Russell and Burnett Medical Center CEO Gordon Lewis shared key takeaways from the most recent American Hospital Association Region 5 board meeting. Lewis noted that of the issues discussed, Wisconsin is “leading on

many fronts,” adding, “It’s great to be on the rocket and have a great team behind you.”

Among the threats on the horizon discussed by board members prior to WHA’s advocacy report were what one member referred to as the “skyrocketing of denials” by insurance companies, as well as aggressive and inaccurate reporting on collections activities by hospitals during the pandemic. Borgerding noted that WHA’s messaging in support of hospitals has included pushback on inaccurate media reports, a steady stream of positive social media activity and the publication of authoritative, data-based reports demonstrating the importance of Wisconsin’s hospitals to the health and economic vibrancy of the communities they serve.

WHA Advocacy Advances Budget Priorities, Shines Spotlight on Payer Abuses

WHA Senior Vice President of Government Relations Kyle O’Brien recapped the Association’s involvement in ongoing state budget discussions with elected officials to ensure understanding and support of policies and investments crucial to maintaining the strength of the state’s health care system, including reauthorization and permanent DSH funding. Support for and participation in these discussions by WHA members, O’Brien noted, has been critical to protecting WHA-led budget provisions. O’Brien thanked members for signing a joint [letter](#) asking lawmakers to reauthorize DSH funding and for testifying at Joint Finance Committee (JFC) listening sessions in their markets.

Through this coordinated action between WHA and its members, the JFC approved the following health care funding:

- \$517.5 million general purpose revenue (GPR) for cost-to-continue state Medicaid program;
- Permanent reauthorization of additional \$104 million all-funds for Medicaid DSH program;
- \$10 million GPR for regional crisis response system;
- Extension of post-partum Medicaid coverage for an additional 30 days;
- Additional \$30 million all-funds into the Wisconsin Healthcare Stability Plan, reducing premiums for the individual market; and
- \$170 million GPR for long-term care, including nursing homes, personal care workers and various other direct care workforce.



WHA Senior Vice President of Government Relations Kyle O’Brien

Other issues WHA’s advocacy team continues to focus on in support of its members include behavioral health and telehealth policies, broadband investment and expansion, advanced practice providers, post-acute care-related issues and insurance trends.

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WHA Senior Vice President of Public Policy Joanne Alig

On the latter point, WHA Senior Vice President of Public Policy Joanne Alig highlighted disturbing new payer practices in which insurers are making unilateral and dangerous changes to contracts which they frame as “policy changes” with very short notice and minimal communication. These include insurers retroactively denying emergency department claims, the establishment of “designated diagnostic providers” and “white bagging,” a policy in which insurers stipulate that failure to use a designated network for specialty pharmacy medications administered in the outpatient hospital setting will result in claim denials.

WHA is actively monitoring and responding as appropriate to these and other insurance issues on the horizon, working with the

Wisconsin Office of the Commissioner of Insurance and partnering with the Rural Wisconsin Health Cooperative to coordinate effective advocacy representative of all state hospitals and health systems.

Quality Partnerships

Wisconsin Collaborative for Healthcare Quality (WCHQ) President and CEO Gabrielle Rude joined the WHA board meeting to share her vision for WCHQ, having taken the organization’s helm in November 2020.

Noting that 70% of WCHQ’s members are primary care providers, Rude shared her desire to increase membership among free and charitable clinics as well as Federally Qualified Health Care (FQHC) and tribal providers.

WCHQ’s mission has remained unchanged since its founding in 2003—to publicly report and bring meaning to information, in turn improving health. The organization’s core competencies include developing and publicly reporting quality measures; creating and disseminating improvement strategies; and facilitating collaboration.

Overcoming health disparities and improving health care value, Rude noted, are top priorities for WCHQ, both of which require input and engagement among a wide range of stakeholders.

WCHQ studies draw upon data from its members, and the Collaborative makes 40 quality measures publicly available at wchq.org. WCHQ shares quality improvement toolkits with members even if their data was not included in its analysis.

Noting the voluntary relationship WCHQ has with its members, Rude observed, “When members come to us, they are focused on quality.” Among the benefits of WCHQ participation, according to Rude, is the fact that “Members start improving when they start reporting.”

In thanking Rude for her remarks, WHA President and CEO Eric Borgerding underscored the importance of collaboration in health care. “We look forward to expanding the dialogue with WCHQ and looking for opportunities to partner around health care quality, safety and access.”

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