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WHA Expresses Concerns Over Federal Public Option

In a July 30 comment letter to the House Committee on Energy and Commerce (E&C) and Senate Health, Education, Labor & Pensions (HELP) Committee, WHA expressed concerns over Congress creating a new public option. The letter was in response to requests from House E&C chair Frank Pallone and Senate HELP chair Patty Murray about what Congress should do in regard to creating a public health insurance option to increase coverage.

WHA President and CEO Eric Borgerding urged Congress to recognize the successful coverage option that already exists for most states while expressing concerns about creating a redundant public option that would not achieve the coverage gains hoped for, while also leading to painful reimbursement cuts for health care providers.

Noting Wisconsin’s unique approach to expanding coverage, Borgerding urged Congress to be wary of one-size-fits all policies that would penalize a state like Wisconsin. While Wisconsin has technically not done full Medicaid expansion, it has achieved better health insurance coverage outcomes than 31 states that did, and is the only such state without a coverage gap. In fact, Wisconsin currently enjoys the eighth lowest uninsured rate in the country.

Borgerding recognized the Affordable Care Act’s publicly health insurance marketplace for playing a large role in this success, noting it has helped decrease Wisconsin’s uninsured rate by roughly 50% since 2013. Thanks to Congress’s recent work to enhance the subsidies in the American Rescue Plan Act (ARPA), Wisconsinites with incomes between

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CMS Issues Final 2022 Inpatient Rule

On Monday, Aug. 2, the Centers for Medicare and Medicaid services (CMS) released its final Inpatient Prospective Payment System (IPPS) rule. Overall, the rule will increase IPPS rates by a net of 2.5% in fiscal year 2022 compared to 2021.



Notably, CMS decided to delay finalizing its proposed way of implementing the 1,000 new Medicare Graduate Medical Education (GME) slots authorized in the Consolidated Appropriations Act, 2021. WHA in its [comment letter](#) had expressed concerns that CMS’s proposed method of capping new slots at 1.0 full-time employee (FTE) per hospital without taking into consideration the length of the residency could limit the utility of receiving a new slot. For instance, a hospital receiving a slot under CMS’s proposal would only create a new physician once every three-to-five 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.

CMS stated that due to the large number and nature of comments it received, it is continuing to review the comments and will address them in a separate document.

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EDUCATIONAL EVENTS

August 10

*Where in the world is my data?
Healthcare meets Big Tech*
Webinar

August 11

*The Winning Race: Diversity, Equity and
Inclusion Coaching Clinic*
Webinar

August 11

EMTALA Update 2021 - Part 2
Webinar

Visit www.wha.org for more
educational opportunities

WHA 2021 Nominating Awards Committee Seeking Nominations

Nominations are now being accepted for WHA's annual Distinguished Service Award and Trustee Award. These important awards recognize those who display leadership, dedication and professionalism to their community or the Association.

You may know someone in your region, in your hospital or on your board of directors who deserves such an honor. You now have an opportunity to nominate him or her for one of these annual awards:

- **The Distinguished Service Award** is presented to a senior health care executive who has made an exemplary commitment to WHA, his or her hospital and the communities he or she serves.
- **The Trustee Award** honors a trustee of a WHA member organization who has made an exemplary commitment to his or her community and to the organization on whose board he or she serves.

Administrators, trustees, senior managers, nurse leaders, volunteers and others are encouraged to review the criteria for the awards and consider nominating someone to receive one of these honors. Information on these two awards can be found on the [WHA website](#).

The nominating committee will also make recommendations on new WHA board members. WHA members interested in being considered for, or wish to submit a candidate for, an at-large WHA board seat or the chair-elect position should contact WHA President [Eric Borgerding](#).

Nominations for both the awards and WHA board of directors are due Friday, Sept. 3.

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100% and 150% of the federal poverty level (FPL) can sign up for coverage with no premium and very low cost sharing, which is leading to further coverage gains.

Given that these policies have so successfully reduced the uninsured rate and improved affordability, Borgerding urged Congress to recognize they already function as a highly effective coverage option. He cautioned lawmakers against creating a redundant public option that would pay health care providers unfair below-market rates. While policy makers and health care providers have recently put a large emphasis on improving health equity, cutting provider rates will make it harder for providers that already see the most Medicaid and Medicare patients to stay in business. This would hit health care providers and the patients they serve in rural communities and inner cities the most.

Lastly, Borgerding cited the U.S. Department of Health and Human Service's recent uninsured estimates which show there are approximately 80,000 Wisconsinites below 100% FPL eligible for a no-cost Medicaid plan who remain uninsured, as well as 25,000 with incomes between 100% and 138% FPL eligible for a subsidized marketplace plan who remain uninsured. This suggests that costs alone are not the reason people choose to forgo coverage. Given that, Congress must do more work to understand what obstacles remain in all income brackets to determine what can help achieve further coverage gains.

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CMS also finalized a number of quality data reporting and promoting interoperability (PI) program measures. Despite concerns from WHA and others about extending the PI electronic health record reporting period to a continuous 180-day period, CMS indicated it intends to go ahead with that for 2024. The agency also said it will go ahead with its quality measures suppression, in line with comments made by WHA and others supporting these proposals. Unfortunately, it is also proceeding with its proposal to require the reporting of health care worker vaccinations as a quality measure, despite concerns raised by WHA and others.

The entire final rule is available [here](#). Contact WHA Vice President of Federal and State Relations [Jon Hoelter](#) with questions.