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EDUCATIONAL EVENTS

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Advisory Board State of the Union Webinar

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WHA Information Center Data Tools for Everyday Use - 2021 Virtual Bag Lunch Webinar Series
Session 5: Utilizing Quick reports and specialized dashboards - Kaavio Part II

November 11

WHA Information Center Survey Training - Fall 2021 Webinar

WHA Updates Board on Progress Toward 2021 Goals, Adapts to Unforeseen Challenges and Priorities

With the end of 2021 in sight, WHA President and CEO Eric Borgerding began his report to the WHA board of directors on Oct. 27 by reflecting on the association’s goals for the year, noting that COVID-19 has slightly “crowded out” some planned activities, even as unpredicted and urgent matters have arisen requiring significant attention by the WHA team.

“No one could foresee 13,000 Afghans, the equivalent of adding the cities of Tomah and Sparta in that area, arriving at Fort McCoy with very little notice and then relying very heavily on the local health care system,” Borgerding said. “Nonetheless, our members responded, and WHA stepped up to engage directly with the many layers of federal government involved and to be their advocate. One of several examples of unforeseen developments that became significant priorities for our team.”

Post-acute care discharge challenges, which have long been a focus of WHA and its members, took on even greater importance in 2021 as successive surges of COVID-19 filled Wisconsin hospital beds. This issue combined with the unique stresses of a sustained global pandemic, a long-felt health care workforce shortage and other challenges to cause one board member to reflect on the “perfect storm” of conditions hospitals are operating under.

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Build Back Better Proposal Includes Punitive and Misguided DSH Cuts

On Nov. 1, WHA expressed strong concerns over the proposed cuts to federal Disproportionate Share Hospital (DSH) caps included in President Joe Biden’s Build Back Better framework.

In the [proposed legislation](#), states that do not take the traditional Medicaid expansion would see a 12.5% cut to their federal DSH allotments. Wisconsin is considered a low DSH state because it does not utilize its full federal DSH allotment, and therefore, hospitals in Wisconsin would not be directly impacted by this. However, the proposal would limit Wisconsin’s flexibility to increase DSH matching federal funding in the future.

WHA President and CEO Eric Borgerding expressed WHA’s opposition to this punitive measure. “We oppose the federal government using a DSH cap cut to leverage pushing about 40,000-60,000 Wisconsin citizens off their commercial ACA Marketplace insurance and onto Medicaid,” said Borgerding. “Ironically, we have more people eligible for Medicaid that just don’t sign up than we do uninsured people between 100% and 138% of the federal poverty level. Let’s first get them covered in Medicaid while building on the ACA-based coverage strategies that have worked so well here in Wisconsin.”

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(Build Back Better Framework Proposal Includes Objectionable DSH Cap Cuts . . . continued from page 1)

WHA also expressed its [strong opposition](#) to members of Wisconsin's congressional delegation and urged Congress to drop these proposed cuts from the legislation. "Wisconsin is a unique state given that while it has not taken the traditional federal Medicaid expansion, it already covers people up to 100% of the federal poverty level and transitions those above that level to the ACA subsidized plans. The ACA marketplace subsidies have worked very well at increasing coverage in Wisconsin; we are currently doing better than 80% of traditional expansion states...this proposal would unfairly punish Wisconsin—even though it has no coverage gap—by limiting our future flexibility should our state decide to maximize our state DSH contributions like many other states do," WHA wrote to Wisconsin's congressional delegation health care staff.

Only days after this legislation was introduced, Democrats experienced a major political defeat when Republican candidate for governor Glenn Youngkin became the first Republican to win a major statewide office in Virginia in more than a decade. This result seems to have amplified concerns from moderate Democrats who have been worried about public blowback to many of the provisions in the Build Back Better framework. WHA will continue to express its concerns over these proposed cuts and closely follow new developments over this and other potential year-end spending packages.

Contact [Jon Hoelter](#) with questions.

CMS Finalizes 2022 OPPS Rule



On Nov. 2, the Centers for Medicare and Medicaid Services (CMS) finalized its [2022 Outpatient Prospective Payment \(OPPS\) Rule](#).

Despite fierce pushback from WHA, the AHA and other hospital groups, CMS finalized a number of proposed policies harmful to hospitals. In its [comment letter](#), WHA had expressed opposition to continued cuts to 340B providers and hospital outpatient departments, while expressing equal concerns with the proposal to increase fines on hospitals CMS finds out of compliance with the Hospital Price Transparency Rule. Instead, WHA urged CMS to take a more collaborative approach, particularly given the strides hospitals have made in recent years increasing transparency for consumers and the leniency the Biden administration has shown for similar provisions covering the insurance industry.

Nevertheless, CMS finalized previously scheduled cuts to 340B providers and hospital-based outpatient departments (HOPDs), while increasing fines by 1,700% on hospitals CMS finds in violation of the Hospital Price Transparency Rule.

CMS also finalized its proposal to roll back the Trump administration policies that would have phased out the inpatient-only list while adding back most of the services that had been removed from the list in 2021.

In addition to these, CMS finalized proposals to:

- Increase overall outpatient prospective payment system (OPPS) rates by 2.0%;
- Remove or add various provisions in the Outpatient Quality Reporting Program (OQR);
- Require reporting of health care personnel vaccination rates; and
- Use CY 2019 claims data for rate-setting given the disruption of COVID-19 in 2020.

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

Corporate Membership Renewal and Upgrade Portal Now Open

Deadline to be included in WHA 2022 membership directory is Dec. 31

Current WHA corporate members can now renew or upgrade their membership 2022 online.

To renew or upgrade a corporate membership, click [here](#).

The deadline to renew or upgrade a corporate membership and be listed in WHA's 2022 membership directory and 2022 *Business Connections* guide is Dec. 31.

Contact WHA Vice President of Education and Marketing [Leigh Ann Larson](#) with questions about membership renewals or upgrades.

WHA Health Care Leadership Academy Scholarships Available

First 20 registrants to receive \$1,750

Through generous donations provided by the WHA Foundation and WHA premier partner M3 Insurance, partial scholarships are being offered to the first 20 registrants for the 2022 [WHA Health Care Leadership Academy](#). As of this printing, nine \$1,750 scholarships have been awarded, leaving only 11 remaining.

“The WHA Foundation was a natural partner to provide scholarships to the WHA Health Care Leadership Academy due to its overall mission to support health care workforce development in the state of Wisconsin,” said WHA Foundation Executive Director Leigh Ann Larson. “Our board of directors are forward-thinking health care leaders who were eager to support this unique opportunity.”



“We are thrilled to have the opportunity to support and develop future hospital leaders through the WHA Health Care Leadership Academy,” said M3 Insurance Director of Healthcare Practice Cindy Van Asten. “Our sponsorship further illustrates M3’s commitment to making an impact on the performance and profitability of WHA hospital members, today and well into the future.”

Interested participants in the WHA Health Care Leadership Academy are encouraged to secure spots and their scholarships soon, before the limited number of scholarships are claimed. To learn more about the academy and to register, click [here](#).

Founded in 1968, the WHA Foundation today focuses its priorities on initiatives that have a statewide impact on health care in Wisconsin. To learn more about the WHA Foundation, click [here](#).

Fast Facts from the WHA Information Center: November is Lung Cancer Awareness Month

Lung cancer is the deadliest form of cancer, killing more people than breast cancer, colon cancer and prostate cancer combined. November is Lung Cancer Awareness Month, created to educate people on the effects of lung cancer and how to prevent this devastating disease.

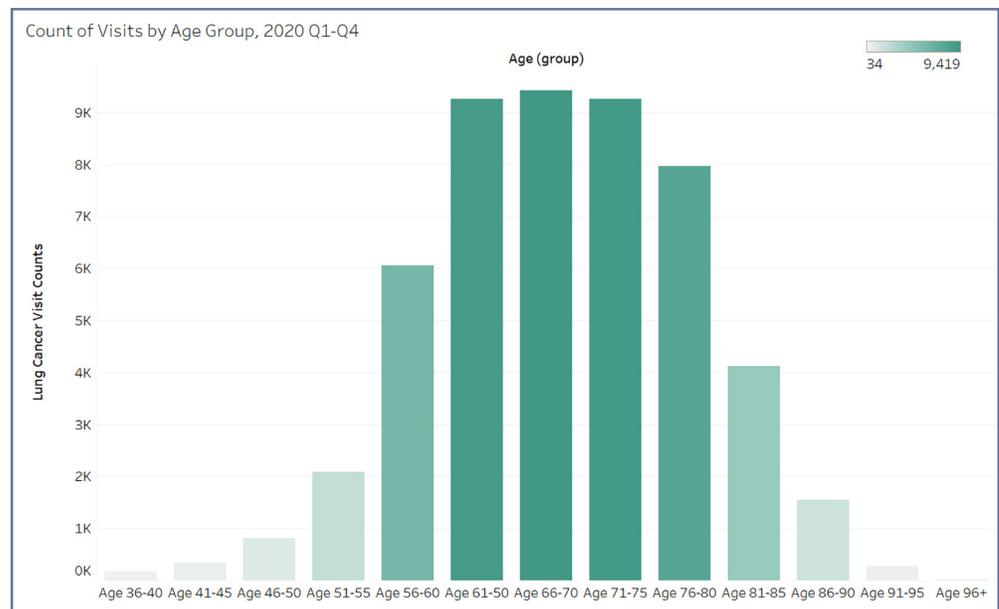


One-in-16 Americans will be diagnosed with lung cancer in their lifetime. The Centers for Disease Control and Prevention notes that lung cancer is the second most diagnosed cancer in both men and women in the United States. In 2018, the latest year incidence data was published, the U.S. reported more than 215,000 new cases of lung cancer.

The WHA Information Center analyzed all lung cancer diagnosis hospital claims in Wisconsin from April 2018 through June 2021. In this timeframe, the second quarter of 2021 registered the highest visit count for lung cancer at roughly 15,000. Visit counts hit a low during the peak of the COVID-19 lockdown in the second quarter of 2020, with about 11,500 visits.

The age group with the greatest number of lung cancer visits is 66-70, with the median age being 68. Nationally, the median age of a lung cancer diagnosis is 72.

The Wisconsin ZIP code with the greatest number of lung cancer visits was Door County, with roughly 2,000 visits.



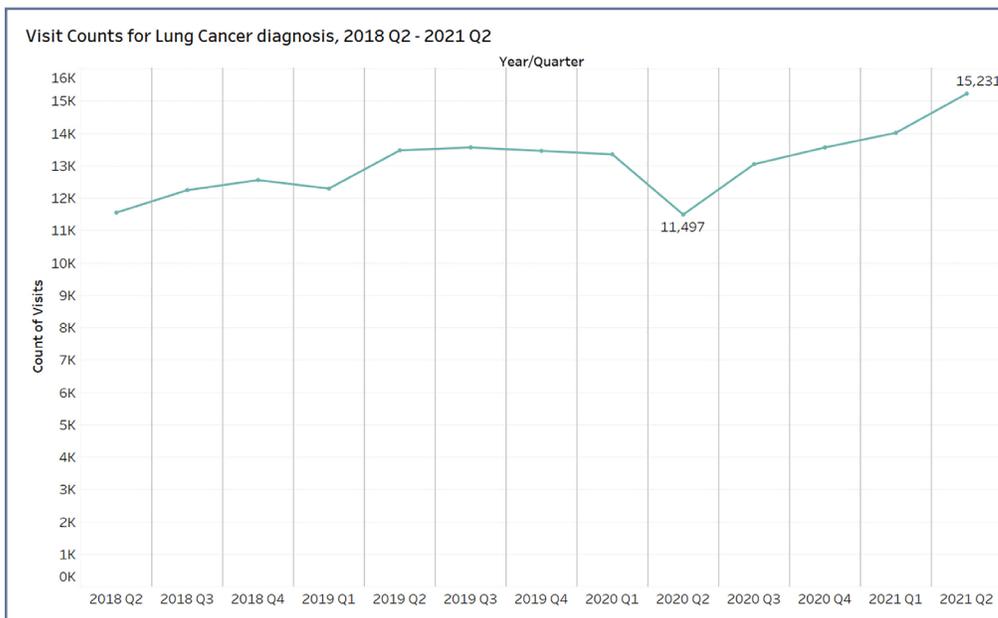
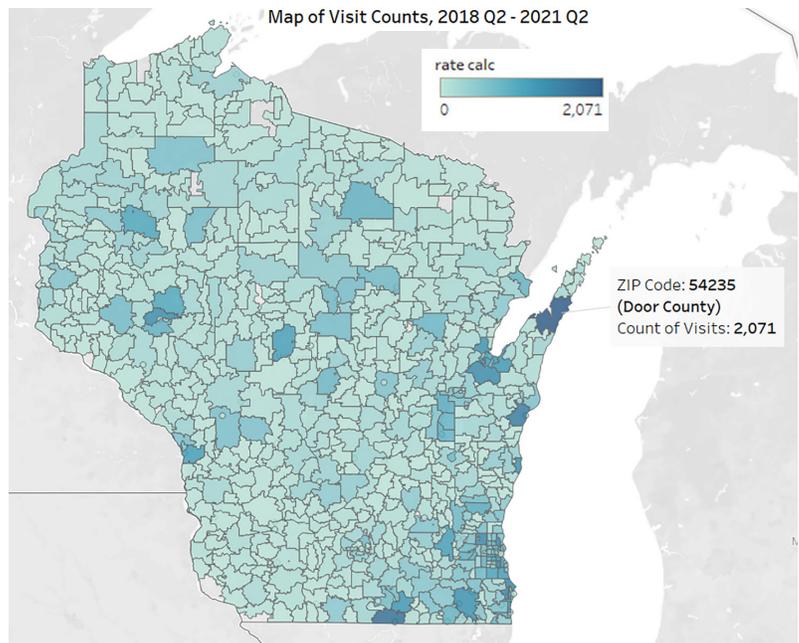
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(Fast Facts from the WHA Information Center . . . continued from page 3)

Lung cancer rates have been decreasing nationally the past few years, as fewer people smoke cigarettes today than in past and lung cancer treatments have improved. Smoking cigarettes is still the number-one cause of lung cancer, but other tobacco products such as pipes or cigars also have a significant negative impact on the lungs. Other risk factors of lung cancer include family history, breathing in secondhand smoke and being exposed to substances such as radon or asbestos.

The Center for Disease Control and Prevention recommendations for lowering lung cancer risk within communities include:

- Implementing tobacco control programs to help prevent and reduce tobacco use;
- Establishing community preventive services taskforces to help people quit using tobacco, prevent minors from using tobacco and avoid exposure to secondhand smoke; and
- Introducing evidence-based cancer control programs to encourage people to be screened for lung cancer.



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The way in which hospitals and health systems have responded to such pressures is not only taken for granted, but it also often goes unnoticed by the public and elected officials. “Hospitals and health systems have been taking on more roles, more responsibilities in the past 18 months,” Borgerding said. “They are being relied on more and more to fulfill basic government and public health tasks, whether that be testing and vaccinating their communities during COVID, providing resources and health care services, with little notice, to help implement the federal government’s foreign policy decisions, or becoming de-facto nursing homes when those facilities bog down. These are all massive challenges anytime, but especially during a pandemic, and Wisconsin hospitals have stepped up, have been there. That service is counted on, but that capacity is not limitless, and I’m not sure that is widely understood.”

Insurance Company-Mandated White Bagging “Crossed a Line”

Much of WHA’s advocacy report focused on the rising incidence of an insurance company tactic called “white bagging” and a WHA-organized, coalition-led effort to put a stop to the practice in Wisconsin.

Insurance company-mandated white bagging requires certain medications to be purchased through specialty pharmacies often owned by the insurance company, instead of the patient’s preferred local health care provider.

Borgerding noted that white bagging is one of many examples of insurers implementing unilateral “policy changes” during the tumult of COVID. While WHA has not sought legislative solutions to all such policies, white bagging affects patient care and “crossed a line,” Borgerding noted, leading WHA to support a bipartisan bill making the practice illegal in Wisconsin.

WHA Senior Vice President of Public Policy Joanne Alig and Senior Vice President of Government Relations Kyle O’Brien detailed the increasing trend of white bagging nationwide and in Wisconsin and discussed the creation of Koreen’s Law, named for an Eau Claire cancer patient whose health insurer’s specialty drug policy needlessly threatened the quality and reliability of the life-saving medication she desperately needed.

O’Brien summarized a comprehensive public education campaign under the brand name [Patients First Wisconsin](#) aimed at building support for Koreen’s Law. The coalition includes the Pharmacy Society of Wisconsin; the Rural Wisconsin Health Cooperative; the Wisconsin Dermatological Society; the Coalition of Wisconsin Aging & Health Groups; the Wisconsin Association of Hematology and Oncology; ASHP; the National Infusion Center Association; the Infusion Access Foundation; the Coalition of State Rheumatology Organizations; and the Association of Community Cancer Centers. Patients First Wisconsin’s advocacy of Koreen’s law has garnered significant [media coverage](#), extensive [social media activity](#) and more than [2,000 contacts to state legislators](#) encouraging support for the bill, an unprecedented response and strong indication of the frustration and opposition to this insurer practice, O’Brien noted.

COVID-Exacerbated Challenges

WHA is [raising awareness](#) of and working to address delays in discharging hospital patients to post-acute care facilities, including by advocating for greater use of the EMResource bed tracking system by nursing homes and hospitals and amplifying calls by the Wisconsin Office of the Commissioner of Insurance to remove barriers to transferring patients to post-acute care facilities when possible, WHA Policy Counsel Laura Leitch reported.

Leitch outlined a series of statewide initiatives geared toward stabilizing post-acute care facilities and addressing their workforce challenges. These include efforts by the Wisconsin Department of Health Services (DHS) to increase the number of certified nursing assistants and to provide nursing homes access to agency staffing services. DHS has also provided a number of waivers to increase facility capacity and provide certain workforce flexibilities.

Leitch also provided information on the Acute Hospital Care at Home program. Under 2021 Wisconsin Act 10, Wisconsin adopted the program’s federal standards as the state standards. Four systems in Wisconsin have been approved by the Centers for Medicare & Medicaid Services to provide hospital at home services: Mayo Clinic Health System, Marshfield Clinic Health System, Bellin Health System and Gundersen Health System. Others have expressed interest in the program. While the Act 10 hospital at home provisions sunset at the end of the year, WHA and the participating systems are pursuing legislation that would continue the authority currently in the statute, Leitch noted.

WHA Senior Vice President of Clinical Practice and Workforce Ann Zenk provided an update on WHA’s work with the Evers administration to establish another state contract with a health care staffing agency based on the documented needs of WHA members. A new health services agency staffing resources assistance contract was launched on Oct. 4. As of Oct. 19, 188 facility

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requests were submitted to the four DHS contracted staffing vendors. As of Oct. 22, 23 facility agreements were signed, resulting in nearly 300 staff being deployed to hospitals, skilled nursing facilities and assisted living facilities throughout the state.

Zenk also reported on WHA's efforts to streamline health care licensure at the Wisconsin Department of Safety and Professional Services (DSPS). This outreach has led to the identification and prioritization of 188 health care licenses, 112 of which had been approved as of Oct. 27. WHA continues to work with DSPS on system and process improvements that will create even greater efficiencies in health care licensure in Wisconsin.

Federal Update

WHA Vice President of Federal and State Relations Jon Hoelter reflected on federal budgetary initiatives working their way through Congress, including the \$3.5 trillion reconciliation "human infrastructure package," the \$1 trillion bipartisan infrastructure package and negotiations related to raising the federal debt ceiling. All three interrelated issues have been in a holding pattern since summer, and the impasse continues as of press time.

Hoelter recapped points made in an [Oct. 15 WHA letter](#) to members of Wisconsin's federal congressional delegation urging lawmakers to make supporting Wisconsin's health care system a priority in the federal budget reconciliation package. The six priorities WHA listed in that letter include:

- Prioritizing Affordable Care Act (ACA) plan subsidies over Medicaid lookalike plans that will not benefit Wisconsin;
- Permanently removing Medicare's statutory barriers to telehealth;
- Providing one-time flexibility for 340B eligibility due to COVID patient-mix changes;
- Helping to ensure the health care workforce can catch up to demand for care;
- Adequately reimbursing new rural health clinics that submit quality metrics; and
- Making hospitals whole for the cost of aiding Operation Allies Welcome.

Hoelter also summarized ongoing federal Medicaid expansion efforts and where different lawmakers stand on these. "WHA remains concerned that such proposals do not take into account Wisconsin's unique situation of having no coverage gap despite not taking federal dollars for Medicaid expansion," he said.