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EDUCATIONAL EVENTS

- November 19**
Health Care Aggression - In the Line of Duty
Webinar
- December 9**
Transgender Healthcare Dignity Model and Certification Program
Webinar
- December 9**
22/23 SHIP Grant Options with WORH and WHAIC
Webinar

WHA Publications Reflect Pandemic's Toll on Wisconsin Hospitals

WHA's recently published [2020 Guide to Wisconsin Hospitals](#) and [2020 Wisconsin Hospitals Uncompensated Health Care Report](#) begin to shed some light on the financial impact of the ongoing COVID-19 pandemic on Wisconsin hospitals.

Both reports rely on fiscal year 2020 data, which includes varying year-end dates for WHA member hospitals.

As a result, the full effects of the pandemic will continue to flow through financial reports compiled and published by the [Wisconsin Hospital Association Information Center \(WHAIC\)](#).



WHAIC's mission is to help health care stakeholders in Wisconsin turn data into actionable insights that enable timely and reliable decision-making. The WHAIC online [COVID-19 dashboard](#) has served as a reliable source of information for policymakers, the media and the general public, logging nearly 1.2 million views since its launch in April 2020. In the case of its most recent reports, WHAIC's work is drawing significant attention, with [WisBusiness.com](#) and [Wisconsin Health News](#) providing extensive coverage to falling incomes that have resulted from the many challenges COVID-19 has visited upon Wisconsin hospitals over the past 20 months. *(continued on page 6)*

WHA Urges Wis. Congressional Delegation to Support Legislation Streamlining Medicare Advantage Prior Authorization

The Wisconsin Hospital Association is urging Wisconsin's congressional delegation to support legislation aiming to help streamline the prior authorization process for Medicare Advantage plans. In a [November 15 letter](#) sent to all 10 members of Wisconsin's congressional delegation, WHA President and CEO Eric Borgerding urged lawmakers to support [H.R.3173/S.3018](#)—the Improving Seniors' Timely Access to Care Act of 2021.

This legislation would establish various standardization and transparency requirements for the prior authorization practices of health insurers offering Medicare Advantage Plans. Among the reforms included in the legislation are:

(continued on page 6)

Fighting for Fair Health Insurance Policies for Patients and Clinicians

Hospitals and health systems put the health and welfare of their patients first. But for some of the nation's largest commercial health insurance companies, that increasingly is not always the case.

Major commercial insurers have implemented a number of policies that compromise patient care, access and safety. These include frequent changes to coverage, limited provider networks, delays in authorizing treatment and failure to pay providers in a timely manner.

One example of these policies in action: a patient with a traumatic brain injury who was medically ready for the next step of recovery had to wait four additional days in a hospital bed because the insurer would not respond to the request to move to a rehabilitation facility.

Another example: a patient diagnosed with diabetes who presented with a fasting blood glucose level five times the acceptable range had to wait for his insurer to authorize standard life-saving insulin.

These policies blindside patients and put their health at risk. They also add billions of dollars in added costs to the health care system and contribute to clinician burnout. For example, one physician group reported that their office spends an average of two business days a week dealing with insurer approvals for care.

One factor that enables insurers to implement such policies: commercial health insurance markets are increasingly concentrated and nearly every market is dominated by a single large commercial insurer. According to the American Medical Association, 46% of the country's metropolitan areas have one insurer



Rick Pollack
President and CEO
American Hospital
Association

that controls at least 50% of the market; and in 91% of metropolitan areas, at least one insurer held a commercial market share of 30% or more.

America's hospitals and health systems are working every day to bring public attention and accountability to commercial health insurers' policies that harm patients and clinicians.

Over the last year, we have:

- Publicly called on UnitedHealthcare to end a policy that would have retroactively denied coverage for some emergency department care. After concerns raised by the AHA and others, UnitedHealthcare has delayed implementing this policy.
- Called out Anthem for running multiple months behind in payments owed to hospitals.
- Endorsed bipartisan legislation requiring Medicare Advantage plans to approve coverage for care in a timely manner.
- Shed light on policies that make it harder for patients to access the specialty drugs they need to treat complex and rare conditions.

Our message is clear: **Lawmakers and regulators should increase their oversight of commercial health plans and enact fair, patient-friendly reforms.**

Patients deserve to be able to access the care they need at the right time and in the right setting. Clinicians should be able to focus their time on providing care instead of paperwork. Hospitals and health systems are in their corner, and always will be.

To read more, visit www.aha.org

CMS Updates Hospital Co-Location Guidance

On Nov. 12, the Centers for Medicare & Medicaid Services (CMS) published an update to its [2019 proposed memo](#) aiming to clarify its position on hospitals co-locating with other hospitals or health care providers.



In its comments on the memo, the American Hospital Association said, “CMS has made important revisions that will allow hospitals and health systems the flexibility to utilize co-location agreements to improve services and efficiency, ultimately benefitting the patients and communities they serve.” [WHA has long requested that CMS clarify its policy](#) from 2016.

In brief, the CMS memo recognizes hospitals can be co-located with other health care providers; emphasizes that each co-located entity must demonstrate compliance with all applicable Medicare and Medicaid requirements; provides guidance regarding shared space, staffing requirements, contracted services and emergency services; and states that the guidance does not apply to critical access hospitals (CAHs), given the applicability of certain distance and location requirements. CMS states that while it wants to allow flexibility for co-location arrangements, it wants to do so while simultaneously protecting the safety and quality of care for patients.

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

Worker’s Compensation Advisory Council Members Reach Agreement

The Worker’s Compensation Advisory Council (WCAC) voted during its meeting on Nov. 17 to support a group of proposals affecting the Wisconsin Worker’s Compensation Program that will become the biennial “agreed upon bill” it recommends to the Legislature for consideration. The agreement includes a [proposed](#) increase in the permanent partial disability compensation rate, a revision to a rate calculation method for part-time employees and several proposals from the Wisconsin Department of Workforce Development. Unlike agreed upon bills from the last several sessions, the WCAC did not include a health care provider fee schedule in its agreement.

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 recommends changes to the Wisconsin Worker’s Compensation program to the Legislature, which then considers the WCAC’s recommendations.

Help Shape Health Care Policy in Wisconsin by Joining a WHA Council or Committee

WHA invites members to join councils and committees focused on important issues affecting hospitals and health systems in Wisconsin. Council and committee participants develop proposed solutions to challenges facing WHA members and make policy recommendations to the WHA board of directors.

The following councils and committees are looking for member participation:

- Council on Finance and Payment
- Council on Public Policy
- Council on Rural Health
- Council on Workforce Development
- WHA Physician Leadership Council

Additional information, including council responsibilities and current member information, is available [here](#). To be considered for a WHA council or committee, [sign up online](#). Questions can be directed to WHA Executive Assistant [Kim Drone by email](#) or telephone at 608-274-1820.

Wisconsin Health Care Leaders Promote Career Paths for Women

Women health care leaders reflected on their industry experience and shared advice to colleagues looking to make the most of their careers at the 2021 Women in Health Care Leadership Conference in Pewaukee on Nov. 12.

Panel moderator Candace Sanchez, director of HIT Strategic Partnerships at Advocate Aurora Health, led a discussion among senior leaders from across Wisconsin health care organizations on career paths, empowering women leaders and the future of health care. Speakers included Bellin Health President and CEO Chris Woleske, Froedtert Hospital Senior Vice President and Chief Operating Officer Richelle Webb Dixon, Advocate Aurora Health Aurora Sinai Medical Center and Greater Milwaukee Patient Service Area President Carrie Norbin Killoran and Wisconsin Hospital Association Vice President Jennifer Mueller.



Women in Health Care Leadership Panel: WHA Vice President and Privacy Officer Jennifer Mueller, MBA, RHIA, FACHE, FAHIMA, SHIMSS; Froedtert Hospital Senior Vice President and Chief Operating Officer Richelle Webb Dixon, MHA, FACHE; Advocate Aurora Health Director of HIT Strategic Partnerships Candace Sanchez, MBA; Bellin Health President and CEO Chris Woleske, JD, FACHE; and Advocate Aurora Health President of Aurora Sinai Medical Center and Greater Milwaukee Patient Service Area Carrie Norbin Killoran, JD, MPP, FACHE, CCEP, CHC

Reflecting on the importance of supporting other women on their leadership journey, WHA’s Mueller noted the importance of mentorship. “I have been a mentor for many people in my 25-plus years in health care leadership—both men and women. They have included coworkers, young professionals and students, two of which specifically requested a mentor who was a woman in IT.”

Mueller and the other panelists encouraged professionals interested in growing their careers to say “yes” to opportunities, even if they are out of their comfort zones. The women leaders also stressed the value of volunteering. All the panelists had doors open to them as a result of their work in professional associations and other community initiatives.

The 2021 Women in Health Care Leadership Conference was sponsored by the Wisconsin chapters of the Healthcare Financial Management Association and the American College of Healthcare Executives.

WHA Resource Spotlight

WHA Member Portal Finance Reports

To help hospital and health system financial leaders understand the impacts of the various Medicare prospective payment system (PPS) rules as they change from year to year, the Wisconsin Hospital Association provides hospital-specific analysis through the [wha.org member portal](http://wha.org/memberportal) as a member benefit. These valuable reports can be found under the “Resources” tab once logged in.

The reports utilize rule specifics and data and information from CMS including cost report and MEDPARE files to accurately project how the various PPS rule changes will affect Medicare reimbursement in the coming year.

Rules covered in these reports include:

- Inpatient PPS
- Outpatient PPS
- Inpatient Rehab PPS
- Home Health PPS
- Long Term Care Hospital PPS

In addition to the hospital-specific reports, WHA also makes available Medicare rule briefs explaining the key elements within each PPS rule. These easy-to-read rule briefs can be found on the [WHA website](http://wha.org).

Contact WHA Senior Vice President Finance [Brian Potter](#) to learn more about how WHA Finance resources can help you better understand these important reimbursement rules and their impact on your facility.

Category	Estimated PPS Payments	Medicare Reimbursement	Total Medicare Payments
Inpatient PPS	\$2,381,708	\$1,850,000	\$4,231,708
Outpatient PPS	\$1,200,000	\$900,000	\$2,100,000
Inpatient Rehab PPS	\$500,000	\$350,000	\$850,000
Home Health PPS	\$300,000	\$200,000	\$500,000
Long Term Care Hospital PPS	\$100,000	\$70,000	\$170,000
Total Estimated Medicare PPS Payments	\$4,481,708	\$3,370,000	\$7,851,708

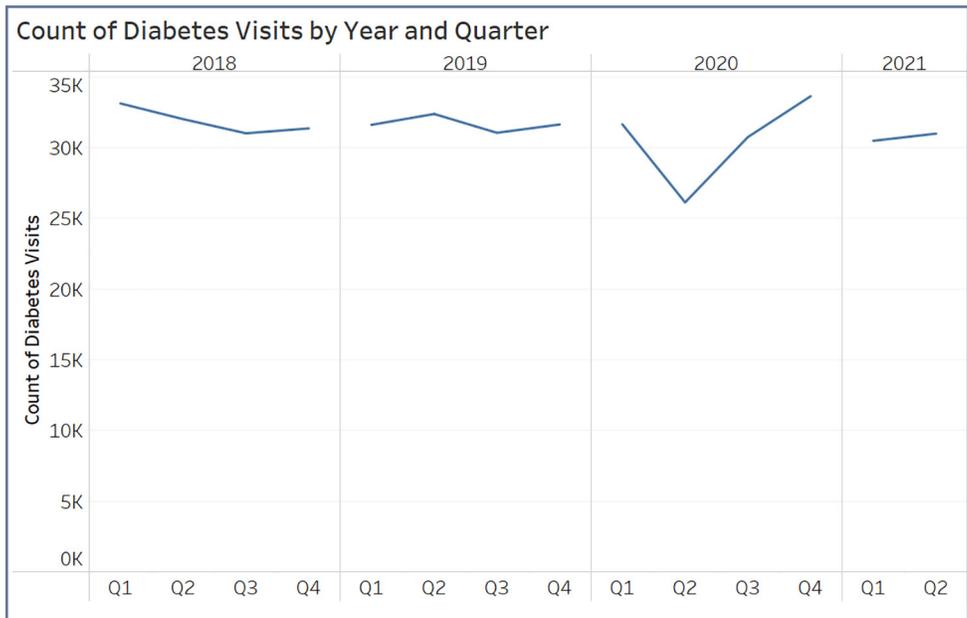
Fast Facts from the WHA Information Center: November is American Diabetes Month



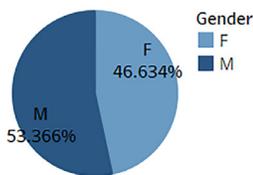
In the United States in 2018, 34.2 million Americans were reported to have diabetes, yet one-in-five were unaware they had it, according to the Centers for Disease Control and Prevention (CDC). Another 88 million adults are prediabetic, but the CDC reports that over 84% of those people do not know it.

Diabetes is the seventh leading cause of death in American adults. Within the last 20 years, the number of adults who have been diagnosed with diabetes has doubled. November is Diabetes Awareness Month, a time to call attention to diabetes and bring awareness to those it impacts.

The WHA Information Center analyzed claims for diabetes visits for the years 2018-2020 and all places of service. The count of visits broken down by year and quarter trended the same until the second quarter of 2020, when the COVID-19 pandemic lockdown occurred.

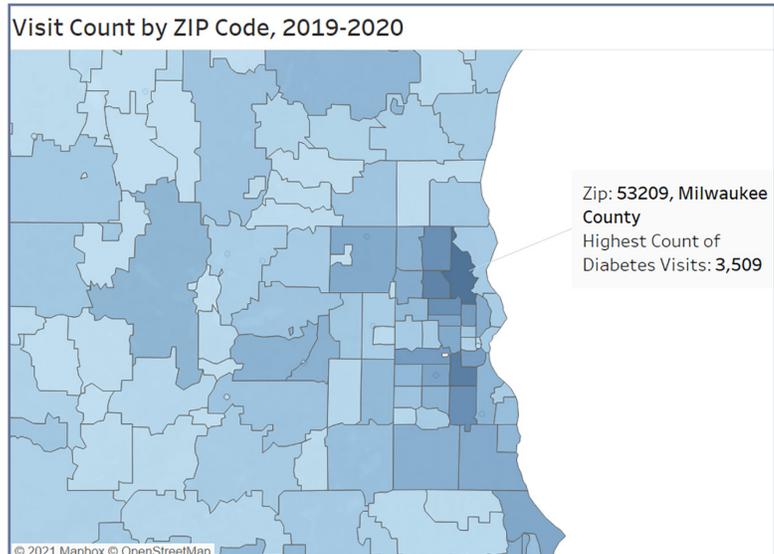


Count of Diabetes Visits by Gender, 2020



Males had a higher visit count compared to females, with about 54% male visits to 46% female visits. The ZIP code that saw the highest visit counts for diabetes was in Milwaukee County. The sum of total charges for diabetes visits averaged over \$6 billion each year since 2018. Nationally, the average age for the onset of Type 2 diabetes is 45 years old. Patients identified as White accounted for 83% of diabetes visits, while Black or African American patients accounted for 12% of visits.

The medical costs and wages lost due to diabetes combined for a total \$327 billion each year. The CDC finds that those who are diagnosed with diabetes have medical costs twice as much as those without diabetes. People who have diabetes are at a higher risk of serious health problems like blindness, kidney failure, heart disease, stroke and loss of toes, feet or legs. Risk factors for Type 2 diabetes include being overweight, being 45 years or older, having a family history and being physically inactive.



Diabetes prevention tips to lower risk of getting Type 2 diabetes from the CDC include the following:

- If you are prediabetic and are overweight, lose a small amount of weight and get regular physical activity;
- Discover ways to manage stress and stay motivated;
- Eat healthy and sustain a healthy diet; and
- Add more physical exercise into your daily routine.

(WHA Publications Reflect Pandemic's Toll on Wisconsin Hospitals . . . continued from page 1)

Additional information on the important role Wisconsin hospitals play in the communities they serve will soon be published in the WHA 2021 Community Benefits Report, scheduled for release later this month. WHA members will receive additional information and resources related to this report prior to its publication.

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- Establishing an electronic prior authorization program to provide real-time decisions in response to requests for items and services that are routinely approved;
- Annually publishing transparency information such as the percentage of requests approved and the average response time; and
- Creating quality and timeliness standards for prior authorization determinations.

The goal of the reforms included in this legislation are to help reduce unnecessary wait times and health insurance bureaucracy for Wisconsin patients, while allowing clinicians to focus more time on patient care and less time on burdensome paperwork.

Insurer practices that detract from patient care and add more complexity to the health care system are facing increasing scrutiny as they have become a growing frustration for Wisconsin health care providers and patients. In addition to these concerns over prior authorization delays, WHA has increasingly been referring unscrupulous insurer practices to the Office of the Commissioner of Insurance, and has recently helped spur the introduction of state legislation to curb the growing practice of “[white bagging](#),” a practice by insurance companies requiring that certain life-changing medications be shipped from a source that they dictate, rather than using the patient’s local hospital pharmacy.

So far, the Seniors’ Time Access to Care Act of 2021 has been cosponsored by Reps. Moore, Grothman, Kind, Pocan, and Gallagher from Wisconsin’s congressional delegation as well as 241 other members of the House of Representatives and five members of the U.S. Senate.

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

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