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EDUCATIONAL EVENTS

Open Until January 28
Chargemaster Coding Updates and Implementation for 2022
Self-study module series

January 26
Mega Healthcare Conference
Kalahari Resort, Wisconsin Dells

January 26
Governance Megatrends: What is the Impact on Your Board?
Webinar

January 27
Beyond the Headlines: What Health Care Executives Need to Know about Cyber Risk
Webinar

Advocacy Day Registration Now Open

Virtual Advocacy Day: March 23

[Registration now is live](#) for WHA’s Advocacy Day. Information about this year’s virtual event on March 23 is available on the [WHA website](#).



As in years past, attendees can expect to hear from a great lineup of speakers, including an opening keynote guest to be announced soon. The day will also include the always interesting and popular bipartisan legislative panel discussion.

Attendees have the special opportunity to meet virtually with their legislators and/or Capitol staff. All attendees are encouraged to sign up for the legislative visits, as these meetings are an opportunity to speak directly to your representatives on the issues, and they want to hear from hospital representatives. The meetings, scheduled by WHA staff for you, will take place in 30-minute intervals over the course of three days—March 23, 24 and 25.

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Senate Committee Hears Hospital-at-Home Legislation

Legislation that continues state regulatory flexibilities for hospitals with Medicare-approved acute hospital-care-at-home programs received a public hearing in the Wisconsin Senate on Jan. 12. Senate Bill 687 extends regulatory flexibilities provided through 2021 Wisconsin Act 10 by clarifying the ability for hospitals to deliver hospital-level services in a home setting without needing additional state-level certification. The legislation also allows the state to use any federal program standards as a state standard, like landmark regulatory harmonization WHA achieved in 2014 when aligning state hospital regulations with Medicare’s conditions of participation.

Lead author Sen. Dale Kooyenga (R-Brookfield) testified before the committee about the importance of extending this “innovative and cost-effective program” that will “create additional capacity options” for hospitals.

“If there is any silver lining in the last couple years, we have proven that we can provide more regulatory flexibilities in care delivery,” said Sen. Pat Testin (R-Stevens Point), chair of the Senate Health Committee. “I know this is a time-sensitive bill, so I look forward to getting this out of committee so we can get it to the floor.”

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(Senate Committee Hears Hospital-at-Home Legislation . . . continued from page 1)

In November 2021, the Assembly Health Committee both heard and unanimously voted the Assembly's companion to Senate Bill 687 out of committee, allowing it to be considered by the full Legislature. WHA expects this legislation to be taken up in both houses of the Legislature before the end of the month.

WHA members may contact WHA Senior Vice President of Government Relations [Kyle O'Brien](#) or Policy Counsel [Laura Leitch](#) with questions.

Starting Jan. 15, Insurers Required to Cover At-Home COVID Tests

News comes as hospitals urge patients not to seek testing in EDs

Under a new policy detailed on Jan. 10 by the Biden administration, health insurers will be required to cover at-home COVID-19 tests for people insured under their plans beginning on Jan. 15. The details were announced the same day WHA issued a [press release](#) urging the public to avoid visiting hospital emergency departments to receive COVID-19 tests.

"These issues are importantly linked," said WHA President and CEO Eric Borgerding. "To the extent patients can access at-home COVID tests, it will help lighten the burden on hospital emergency departments and better allow hospitals to care for the high volume of patients they are now seeing, which, ultimately, is in the best interest of patients, those purchasing health insurance and our communities." WHA's messaging discouraging Wisconsinites from seeking COVID-19 tests in emergency departments received widespread media coverage throughout the state.

Under the new federal requirements, private health insurers will be required to cover up to eight at-home COVID-19 tests per person enrolled in their health plans. For a family of four, that means up to 32 tests. Insurers were already required to cover, with no cost sharing, COVID-19 diagnostic tests when a licensed or authorized health care provider administers or has referred a patient for such a test. Such PCR tests and rapid tests ordered or administered by a health provider will continue to be fully covered by insurance with no limit.

Insurers will have a choice in how to implement the new provisions, but the Biden administration indicates its intent is to incent insurers to set up a network of options, such as a pharmacies, retailers or online sources, where individuals can get tests without having to pay upfront. If it does establish such a network, then the plan or insurer is permitted to limit the reimbursement for tests purchased outside of its network to \$12 per test. However, if the plan or insurer does not set up a process through which individuals can obtain the test in-network with no upfront costs, and instead the individual has to pay and then submit reimbursement, then the plan and insurer would have to reimburse the full cost of the test, even if the test costs more than \$12.

Health insurers are working to implement these provisions. Although some insurer websites might still indicate they don't pay for at-home tests, that should change, and enrollees should know that their tests purchased on or after Jan. 15 must be covered. The federal guidance indicates that people who buy tests should keep their receipt for reimbursement, and they should contact their insurer about the process for reimbursement.

Answers to frequently asked questions about how consumers can get at-home COVID tests for free are available [here](#).

Last year's American Rescue Plan Act (ARPA) required state Medicaid to cover at-home COVID-19 tests. However, neither ARPA nor these new requirements apply to people on Medicare. Instead, the federal guidance indicates that up to 50 million free at-home tests are being provided to community health centers and Medicare certified health clinics for distribution at no cost to patients and community members. The guidance also indicates that Medicare Advantage plans may offer coverage and payment for at-home tests and recommends that individuals with a Medicare Advantage plan contact their plan to see if they are covering at-home tests.

WHA Asks Wis. Congressional Delegation to Join Bipartisan Letter Requesting Investigation into Anticompetitive Nurse Staffing Agency Practices

AHA also urging extension of COVID-19 federal emergency declarations

WHA is asking Wisconsin members of U.S. House of Representatives to sign onto a [bipartisan letter](#) to White House COVID-19 Response Team Coordinator Jeff Zients requesting the Biden administration to investigate anticompetitive behavior from traveling nurse staffing agencies across the country. The letter is being led by Reps. Peter Welch (D-VT) and Morgan Griffith (R-VA).

In a Jan. 12 communication to Wisconsin's congressional delegation, WHA noted that some Wisconsin hospitals and health systems have seen costs increase from around \$75 per hour six months ago to more than \$200 per hour today, with a large portion of this increase suspected to be going to agency profits rather than the health care staff themselves.

To add insult to injury, these high wages at staffing agencies are leading some nurses to leave their current hospital job to work for traveling nurse staffing agencies, and WHA has also highlighted this issue with the State of Wisconsin. "Our members across the state are reporting a greater exodus of nurses, respiratory therapists and other staff leaving to work for temporary staffing agencies and then being deployed to work within the same community or region," said WHA President and CEO Eric Borgerding. "Travel nurses don't have to travel very far anymore."

These factors have combined to also impact staff morale, as long-time nurses feel frustrated to be making substantially less than agency staff that have drastically less experience working at their hospitals. To mitigate this, many hospitals have spent significantly on retention bonuses to keep these valuable staff and reward them for their loyalty.

The bipartisan letter from Congress asks for an investigation into whether this behavior is anticompetitive, noting concern that these staffing agencies are taking advantage of difficult circumstances to increase their profits at the expense of the patients and hospitals that treat them.

In a separate but related federal matter, the American Hospital Association (AHA) is urging the federal government to extend the flexibilities granted in the federal emergency declarations. In letters to Health and Human Services [Secretary Xavier Becerra](#) and [President Joe Biden](#), the AHA asked for both an extension to the 90-day public health emergency (PHE) and a one-year extension of the national emergency declaration concerning the COVID-19 pandemic under the National Emergencies Act. Without further action, the PHE would expire on Jan. 16, and the national emergency would expire on Mar. 1.

WHA has been a strong proponent of extending these declarations in the past, due to their allowance of special waivers that aid hospitals in responding to the COVID-19 pandemic. WHA has also called for the Centers for Medicare & Medicaid Services to [permanently retain](#) several of these waivers that improve hospitals' ability to treat patients.

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

(Advocacy Day Registration Now Open . . . continued from page 1)

While there is no registration fee to participate in Advocacy Day, [pre-registration is required](#).

WHA encourages and invites hospital CEOs, CFOs, managers, nurse executives, quality managers, hospital volunteers, hospital trustees, WHA Hospitals Education and Advocacy Team (HEAT) grassroots members, Partners of WHA members, WHA corporate members and any other hospital staff interested in helping to shape the future of health care in Wisconsin communities to attend.

As the COVID-19 pandemic maintains its grip on Wisconsin and stretches the state's health care system to its limits, it has never been more important for you and your teams to participate in Advocacy Day and let your voices be heard.

WHA WISCONSIN HOSPITAL ASSOCIATION
HOSPITALS EDUCATION AND ADVOCACY TEAM

ADVOCACY DAY
MARCH 23, 2022

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For sponsorship opportunities, contact Kari Hofer at khofer@waha.org.

WHA Resource Spotlight

Health Care Workplace Violence Prevention Resources for WHA Members

Workplace violence is a growing concern for health care employers. Anecdotal reports from WHA members and their teams suggest this problem has been further exacerbated amidst public health mandates, requests to mask, visitation policies necessary for safety and overall COVID fatigue.

WHA, with the assistance of the WHA Council on Workforce Development, has launched a resource for Wisconsin hospitals and health systems to assist in their ongoing violence prevention efforts. Resources available to WHA members through the [WHA member portal](#) include regulatory standards from the Centers for Medicare & Medicaid Services and The Joint Commission and insights from subject matter experts such as the U.S. Department of Health and Human Services Assistant Secretary for Preparedness and Response (ASPR).

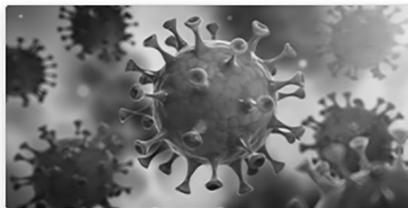
Watch for more to come, as the Council on Workforce Development works to expand the violence prevention member resources to include examples from Wisconsin hospitals and health systems.

Contact WHA Senior Vice President Workforce and Clinical Practice [Ann Zenk](#) with questions, suggestions or requests for more information.

Resources



Charge Analyzer Dashboard



COVID-19 Impact Dashboard



COVID-19 Impact Dashboard Request Form



Community Health Needs Dashboard



Violence Prevention



Wisconsin Workforce Dashboard

First Social Determinants of Health Webinar Series Session Announced

Setting the Stage for SDOH Z Code Data Capture: Jan. 26

Social Determinants of Health (SDOH) can have a profound impact on health outcomes; and yet, developing and sustaining processes to build a culture of health remains a challenge. Currently, no standardized SDOH collection exists, resulting in incomplete data and gaps in important information, placing health care systems at a disadvantage when seeking to effectively identify, prioritize and intervene on SDOH.

In collaboration with WHA Information Center (WHAIC), the WHA quality team is offering the first of a four-part social SDOH webinar series, featuring American Hospital Association Chief Data Strategy Officer Gloria Kupferman. This webinar will provide the background and purpose of this significant collaboration, stress the importance of Z code data collection from the national perspective, emphasize the importance of capturing SDOH data in the medical record and provide an overview of Z code collection in Wisconsin hospitals to offer hospitals and health systems valuable information to help improve health outcomes in their communities. Z codes are a special group of codes provided for the reporting of factors influencing health status and contact with health services.

The Journey to a Healthier Wisconsin ***Setting the Stage for SDOH Z Code Data Capture***

January 26, 2022
12:00 p.m. – 12:50 p.m.

Register at: <https://www.wha.org/EducationEvent?EventID=390>

This webinar series, offered as a member benefit and at no cost to hospital participants, is intended for hospital administrators, quality leaders, clinical staff, IT staff, coders, business intelligence staff and anyone who acts as an agent of change for SDOH for a hospital or health system.

Upcoming, quarterly webinars in the Journey to a Healthier Wisconsin series are scheduled for April 27, July 27 and Oct. 26. The webinars will feature tools to assist with using Z code data in a meaningful way and include perspectives from organizations around the state who have begun to successfully implement strategies that are driving improvement in health outcomes through identification of health disparities.

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