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EDUCATIONAL EVENTS

- March 23**
WHA Advocacy Day 2022
Virtual
- April 6**
Patient Financial Engagement Solutions that Drive the Revenue Cycle
Webinar
- April 27**
Journey to a Healthier Wisconsin – Setting the Stage for SDOH Z Code Data Capture
Webinar

Enrollment in Health Insurance Exchange Marketplace on the Rise for 2022

CMS looks ahead to 2023 with new guidelines for network adequacy

Enrollment in the health insurance exchange marketplace in Wisconsin grew for the first time in the past five years, reaching 212,209 for benefit year 2022. The national total also increased in 2022, up 5.2% to reach 14.5 million people.

First implemented for the 2014 benefit year, the health insurance exchange marketplace has been the primary place for people without government coverage or group health insurance options through their employer to sign up for coverage in the individual market. Enrollment increased for the first few years after implementation but then started declining. Rising premiums and insurers exiting the market led the state to implement the Wisconsin Healthcare Stability Program, first effective in 2019. While premiums appeared to have stabilized, enrollment continued to decline in 2020 and 2021. But new subsidies enacted as part of the American Rescue Plan Act in 2021, as well as investments in outreach, likely contributed to the near 11% increase for 2022.

The [subsidies](#) are significant—most people with income below 150% of the federal poverty level (about \$20,400 for a single person and \$41,600 for a family of four) have coverage options available with no monthly premium, as well as subsidized cost-sharing amounts. New subsidies are also available to people with higher income levels as well.

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WHA Council on Workforce Development Recommits to Addressing Workforce Challenges in 2022

Workforce challenges top the list of issues confronting WHA members. On Jan. 29, the WHA Council on Workforce Development weighed in on key workforce trends, considerations and strategies at their first meeting of 2022.

Guidance on COVID-19 continues to evolve, including criteria for isolation and quarantine of health care personnel based on the continuum of conventional, contingency and crisis staffing. Ashlie Dowdell, director of the Wisconsin Department of Health Services’ (DHS’s) Healthcare-Associated Infections Prevention Program joined WHA’s Council on Workforce Development for a discussion of the Centers for Disease Control and Prevention’s latest (Jan. 21) updates regarding quarantine and isolation of health care personnel.

Staffing gaps due to isolation or quarantine have a critical impact while hospital occupancy remains very high and workforce shortages are increasing. WHA Senior Vice President Workforce and Clinical Practice Ann Zenk provided the council with a preview of personnel survey results for 2021 that show dramatic increases in vacancy rates in multiple segments of the health care workforce. Council members agreed that the 2021 data reflects their experience—increasing difficulty finding and retaining front-line clinical and technical positions for inpatient units and emergency departments, and increased reliance on agency staffing.

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Hospitals and nursing homes continue to have high staff vacancy rates and high turnover for nursing assistant roles. Wisconsin Health Care Association/Wisconsin Center for Assisted Living (WHA/WiCAL) Director of Workforce Development Kate Battiato provided an update on the re-launch of a statewide program to attract more individuals to the health care workforce, the WisCaregiver Certified Nursing Assistant (CNA) Career Program. The program includes free CNA training and certification testing, employment at a participating nursing home and a \$500 retention bonus as strategies to attract and retain new workers to the field.

High utilization of staffing agencies and increasing costs were a focus of the WHA state and federal workforce advocacy update provided to the council. WHA General Counsel Matthew Stanford reviewed WHA advocacy steps already taken and led a discussion with the council on consideration of policy options to address agency concerns. WHA action thus far included a [letter](#) to DHS Secretary-Designee Timberlake about state staffing agency contracts, a [request](#) to the Wisconsin federal delegation to sign on to a congressional letter requesting a Biden administration investigation of traveling nursing agency anti-competitive practices, and WHA monitoring of other states' regulatory and legislative activity.

The Council on Workforce Development closed its meeting with an update on the culmination of WHA's goal to launch a co-branded salary survey with the Wisconsin Healthcare Human Resources Association (WisHHRA). Zenk highlighted WHA's goal to provide WHA members with a robust survey process, data and reporting, noting also the value this data will add to WHA's workforce advocacy efforts. She also recognized WisHHRA's history and expertise with salary surveys. Wisconsin Hospital Association Information Center Vice President Jennifer Mueller provided an update on the survey vendor and the process that will be utilized to develop and roll out the survey. WHA Chief Operating Officer and Senior Vice President of Finance Brian Potter verified WHA's intent to provide this hospital salary survey and platform to WHA and WisHHRA participants at no cost.

Health Care Advocates Share Perspectives on Industry Trends at Mega Healthcare Conference

Representatives from WHA, the Rural Wisconsin Health Cooperative (RWHC) and the Wisconsin Medical Society (WMS) participated in a panel discussion on the future of health care in Wisconsin moderated by Wisconsin Health News Assistant Editor Sean Kirkby at the Mega Healthcare Conference at the Kalahari Convention Center in Wisconsin Dells on Jan. 28. Naturally, much of the discussion centered on the projected long-term impact of COVID-19 on hospitals and health systems in the state.

Panelists described the roller coaster experienced by front-line health care workers over the past two years from the onset of the pandemic to the promise of the vaccine to recent surges fueled by the Delta and Omicron variants. They discussed workforce shortages and the increases in vacancies over the past year resulting from health care workers resigning or looking for less stressful jobs.

While immediate solutions to workforce challenges have included legislation such as Act 10, which allows health care workers from other states with a valid license to begin practicing immediately in Wisconsin while they await a traditional license, panelists noted the need to increase supply in the long run. RWHC Director of Advocacy Jeremy Levin described federal grants available to help provide incentives for nursing staff to join rural hospitals. WHA Senior Vice President of Public Policy Joanne Alig stressed the importance of encouraging people to choose health care for all the rewards that come with serving such an important role in the community.



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The panelists agreed that positive health care developments to come out of COVID-19’s prolonged presence include the acceleration of telehealth and virtual care trends and increased investment in broadband technology, particularly in rural areas. Although not appropriate for all patients or all types of care, broad segments of patients have shown increasing adaptability to virtual visits with their health care providers. Alig said there is still work to do in this area, as evidenced by the [recent reminder](#) from Wisconsin Office of the Commissioner of Insurance to the state’s health insurance companies to continue to cover such care.

Kirkby asked about the effects of the current political climate on health care in Wisconsin. Wisconsin Medical Society Chief Policy and Advocacy Officer Mark Grapentine noted a disheartening political divide fueled by COVID-19 that continues to frustrate frontline workers. “They got into the business to take care of people, but some people do not want to be taken care of,” he said. Grapentine worried that entrenched political antagonism is producing legislative proposals that would negatively affect health care.

“While both sides have strong beliefs, health care is caught in the middle, and that is certainly having an impact on our workforce,” said WHA’s Alig. “We have to keep doing the work to find common ground and places where we can agree,” she added.

Kirkby asked the panel about recent proposals to prohibit some insurer practices, such as mandatory [white bagging](#). Panelists described provider frustrations with such practices that interfere with a patient’s ability to obtain timely care. Several audience members asked questions about what could be done to stop such practices. Panelists encouraged audience members to get involved and reminded them of [WHA’s Hospitals Education & Advocacy Team \(HEAT\) program](#), which provides information, tools and resources to effectively engage the state’s elected leaders on issues affecting health care in Wisconsin.

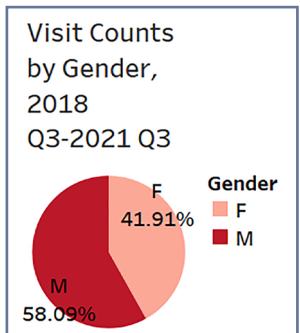
Fast Facts from the WHA Information Center: February is American Heart Month



Every February is recognized as American Heart Month to call attention to and educate people on the impacts of heart conditions. According to the National Institutes of Health, heart disease is the number-one leading cause of death in the United States for both men and women. The Centers for

Disease Control and Prevention also notes that heart disease is the leading cause of death for most ethnic and racial groups. Nearly 650,000 Americans die from heart disease each year—meaning every one in three deaths is due to a heart disease. Coronary heart disease is the most common type of heart disease, impacting about 18.2 million adults over the age of 20.

The WHA Information Center (WHAIC) analyzed data from September 2018 to September 2021 to see how Wisconsin hospitals and patients are impacted by heart disease. Visit counts per quarter

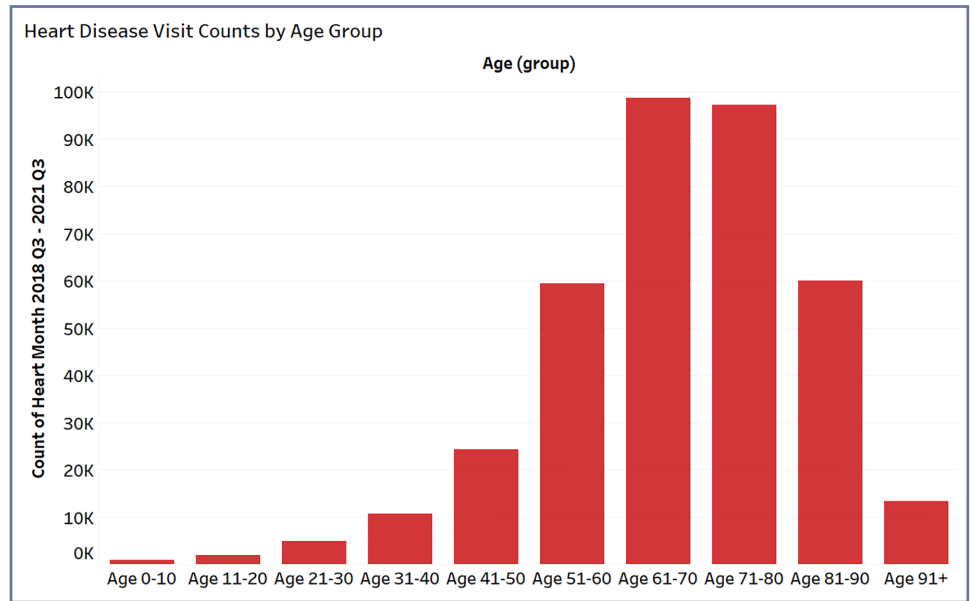


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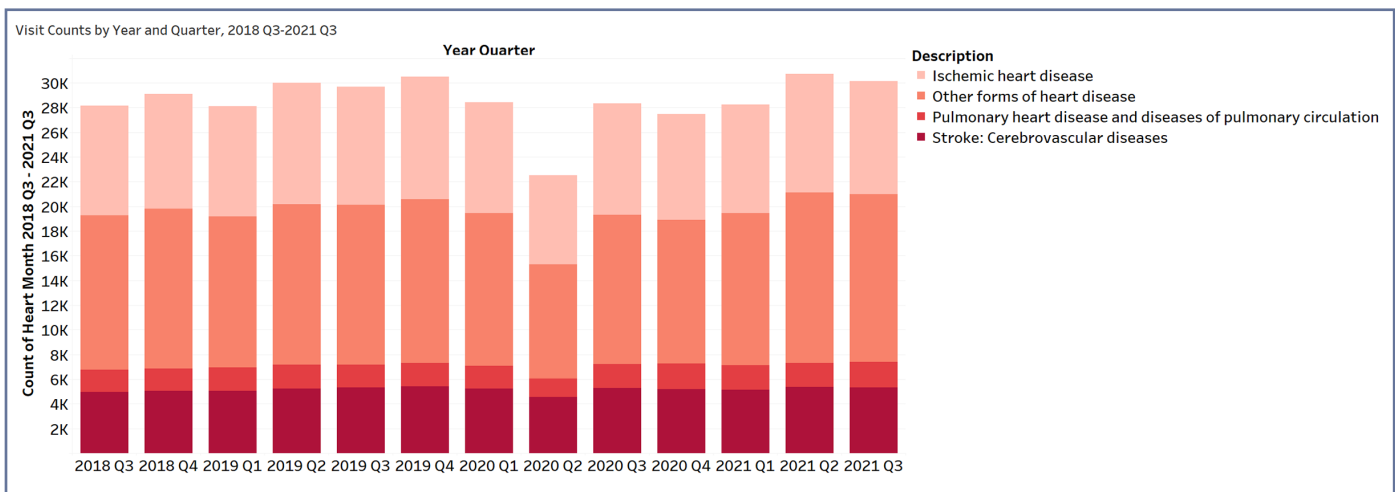
were fairly consistent throughout the year, except for April through June of 2020, during the COVID-19 shutdown.

Ischemic heart disease accounts for the most visit counts when looking at heart disease conditions. Men accounted for 58% of all visit counts related to heart disease. The national average age for a heart attack is 64 for men and 70 for women. WHAIC data shows that for the average age is 66 men and 69 for women. Accordingly, the age group with the largest visit count during this period was 61-70.

National Today provides the following facts about heart health:



- Heart attacks can be silent. One in five heart attacks occurs without the person even knowing they had one.
- Heart attacks affect women differently. Women may experience different symptoms than men. They include pain in the back, arm, neck, or shoulder; nausea; fatigue; shortness of breath; vomiting.
- Young women are at a higher risk than men. Women under the age of 50 are twice as likely to die of a heart attack as men in the same age group.
- Another reason to hate Mondays. Heart attacks are more likely to occur on Monday mornings than other days of the week. Scientist’s attribute this to the disruption in our circadian rhythm over the weekend which leads to increased blood pressure and other changes to the nervous system.
- Diet soda raises heart attack risk. If you drink one or more diet sodas a day, your chances of having a heart attack are 43% higher than those who drink regular soda or none at all.



WADVS Announces the Installation of Five New Officers, One Regional Rep.

WADVS (Wisconsin Association of Directors of Volunteer Services) announced installation of five new officers and one new regional rep to its board of directors. This brings the number of board members to 16.

Peggy McEvoy and Susan Senglaub were installed as co-presidents and will serve a two-year term. Jennifer Loew and Dawn Meier transitioned to co-past presidents for a two-year term. Theresa Douglas was installed as the WADVS treasurer for a three-year term. Cindy Clark was appointed as the northwest district rep. and will serve a three-year term in her new role.



“We are looking forward to welcoming our new board members, as well as welcoming existing members into new roles. It is an exciting time for WADVS to help our members rebuild their volunteer programs post pandemic,” said Tammy Koger, current secretary and former president of WADVS.

Peggy McEvoy, WADVS co-president 2022-2024, is the supervisor of volunteer services at ProHealth Care in Waukesha County. Peggy previously served as the treasurer for WADVS from 2013-2022 before being elected to president. She has worked with volunteers for the past 10 years and has been a member of WADVS for just as long. Her favorite aspect of WADVS is the networking, hearing what others are doing in their programs, being on the board and the friendships made. Peggy has been with ProHealth Care for 25 years and is a member of SHVL. One of Peggy’s most notable achievements is passing the Certified Administrator of Volunteer Services (CAVS) exam.

Susan Senglaub, WADVS co-president 2022-2024, is the director of volunteer services at Holy Family Memorial Hospital in affiliation with Froedtert and the Medical College of Wisconsin in Manitowoc. Susan previously served as the northeast district rep. for WADVS for many years before she was elected as the executive director of communications and now co-president. She has worked with volunteers for the past 24 years and has been a member of WADVS for the past 20 years. Her favorite aspect of WADVS is networking, sharing best practices, and the friendships made. Susan holds a bachelor’s degree in social work from Northern Illinois University. One of Susan’s most notable achievements is earning her CAVS.

Jennifer Loew, WADVS past president, 2022-2024, is the director of volunteer services for Mayo Clinic Health System in Northwest Wisconsin. Jennifer served as the recruitment and retention chair for WADVS from 2016-2018, co-president elect from 2018-2019, and co-president from 2019-2022. Jennifer has worked with volunteers for the past 16 years and has been a member of WADVS for the past eight years. Jennifer’s favorite part of WADVS is – everything. “I love the people, I love the resources, such as ‘Ask the Director,’ I love the board, and I love the purpose.” Jennifer holds a Bachelor of Business Administration in Human Resources and a Master of Business Administration, with an emphasis in Health Care. Jennifer’s most notable achievements include passing the CAVS exam, implementing EPIC transport for the STEP Force volunteers, and presenting at the AHVRP conference in 2019, and serving as WADVS co-president.

Dawn Meier, WADVS past president, 2022-2024, is the volunteer coordinator for SSM Health in Monroe. Dawn served as the regional rep. for SE WI from WADVS from 2016-2018, co-president elect from 2018-2019, and co-president from 2019-2022. She has worked with volunteers for the past nine years and has been a member of WADVS just as long. Dawn’s favorite aspect of WADVS is the friends she has made and the great information that we all share. She holds an associate degree in photography. Dawn owned her own portrait business for 23 years and was a photographer for 29 years. One of her most notable achievements is serving as WADVS co-president.

Theresa Douglas, WADVS Treasurer 2022-2025, is the volunteer services coordinator for Sauk Prairie Healthcare in Prairie du Sac and is new to the WADVS board. Theresa has worked with volunteers and been a member of WADVS for the past nine years. Her favorite aspect of WADVS is the networking, learning from others, and sharing resources through “Ask the Director.” Theresa holds a bachelor’s degree in Business Administration from UW-La Crosse and worked in HR for 21 years before entering the world of volunteer services. Her most notable achievement is starting volunteer roles from scratch and growing them into successful programs. “I am excited to join this dynamic team of leaders of WADVS and I look forward to the continuing the strong tradition of excellence as their new treasurer,” said Theresa.

Cindy Clark, WADVS northwest district rep. 2022-2025, is the director of volunteer services for Black River Memorial Hospital in Black River Falls. Cindy served as president elect in 2016, president of WADVS from 2017-2019 and past president 2019-2022. She has worked with volunteers for the past 16 years and has been a member of WADVS for the past 10 years. Cindy’s favorite aspect of WADVS is networking with other members of this awesome group. She holds an associate degree in human resources, certification in volunteer administration, and certified as a professional for human resources. Cindy’s most notable achievements are serving as president of WADVS, creating every position she worked at Black River Memorial Hospital, and creating the volunteer services department.

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(WADVS Announces the Installation of Five New Officers, One Regional Rep. . . . continued from page 5)

WADVS's mission is to develop and advance volunteer services in health care. These new leaders will continue to advance this mission by re-imagining volunteer services in health care post pandemic. The organization provides valuable resources, education and networking opportunities to new and seasoned professionals who lead volunteers. WADVS will be holding a virtual conference in 2022 to ensure all members have the opportunity to attend, regardless of the state of the pandemic.

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While the 2022 benefit year has just begun, the federal Centers for Medicare & Medicaid Services (CMS) is already looking forward to the 2023 benefit year. Annually, CMS releases guidelines to issuers offering qualified health plans in the federal health insurance exchange marketplace. For 2023, the [proposed rule](#) covers several operational areas, including network adequacy. In particular, CMS seeks to adopt specific quantitative time, distance and appointment wait-time standards, as well as increase the percentage of essential community providers from 20% to 35%. CMS also would require that, in order to count toward meeting the network adequacy standards, providers must be contracted within the network tier that results in the lowest cost-sharing obligation. Finally, CMS proposes to collect information from health insurance issuers regarding whether providers offer telehealth services to help inform future development of telehealth standards.

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