

Wisconsin Chapter HFMA
Member Directory Committee
September 2007 Board Report

Members: Jim Dietsche, Co-Chair
Bruce Lorenz, Co-Chair

Update

1. 2007 – 2008 chapter directory is in process
2. Directory format will be similar to last years
3. Anticipated completion date is end of October

Respectfully submitted,

Jim Dietsche and Bruce Lorenz

Electronic Communications Committee

Board Meeting Report for September 27, 2007

The Committee was busy with two significant projects since its last report:

1. Scott Wallner assisted the Directory Committee in distributing the annual directory update message via email. While it seemed that the directions for responding to the message were clear, many members replied to the wrong individual and/or with requests to update their information. Directions for next year's update message will need to be even more clear regarding to whom to respond and how members should update incorrect information.
2. Brian Sullivan and DuWayne Severson coordinated the effort to provide a website demonstration at the Fall Program.

Nick Wolf from BlickenWolf was welcomed as a new member of the Committee. Unfortunately, we also lost a member; Amy Cook from TransUnion stepped down from the Committee as she will no longer be serving clients from the healthcare industry due to a reorganization at her company.

Announcements were sent out to the membership for the following: WI Chapter Fall Meeting, Great Lakes Chapter program, WHA Grassroots Leadership Workshop, and invitations to a Brewer Game/Tailgate party event sponsored by the chapter to promote membership.

The Employment Board has been holding steady in terms of the volume of job postings: currently there are nine (9) positions included within its database.

Respectfully submitted,

DuWayne Severson and Scott Wallner
Co-Chairpersons

**WI Chapter of HFMA
Major Program Locations
2008 thru 2010**

Time Period	Resort Name	Location	Status
Mega Conference 1/30/08 thru 2/1/08	Kalahari Resort	Wisconsin Dells	Confirmed
5/21/08 thru 5/23/08 Jean Voight's Installation	The Abbey Resort	Fontana, WI	Confirmed
9/10/08 thru 9/12/08	Radisson Hotel	LaCrosse	Confirmed
1/21/09 thru 1/23/09	Radisson Hotel & Casino	Green Bay	Confirmed
5/20/09 thru 5/22/09 Bud Zeissberger's Installation	Stone Harbor Resort	Sturgeon Bay	Confirmed
September, 2009	Marriott Hotel OR Holiday Inn OR Country Springs Hotel	Middleton Steven's Point Steven's Point	Open
Mega Conference?? January, 2010	Kalahari Resort??	Wisconsin Dells	
5/26/10 thru 5/28/10	???	???	

HFMA WISCONSIN CHAPTER BOARD OF DIRECTORS MEETING
WHA Report (submitted by Brian Potter)
September 27, 2007

DHFS Plans for 35 Percent Cut to Hospital and Physician MA Payments, 15 Percent for Nursing Homes

Cuts could take effect if budget not enacted soon

On August 29, Department of Administration Secretary Mike Morgan proposed 20 percent reductions in Medicaid (MA) spending in response to the stalled state budget (see August 31 issue of *The Valued Voice*), and asked DHFS Secretary Kevin Hayden to recommend a plan to implement the cuts.

Late the week of September 3, Secretary Hayden delivered his plan. Leading the way—a 35 percent reduction in MA payments to hospitals (inpatient and outpatient) and physicians. In addition, Hayden's plan would cut payments to nursing homes by 15 percent. Roughly half of Wisconsin's hospitals own/subsidize nursing homes, and often do so at a tremendous financial loss. The cuts *could* go into effect if a state budget is not passed in the near future.

The cuts would generate millions in savings Secretary Morgan believes may be necessary due to the budget quagmire. But if implemented, the cuts would have a devastating impact on access to care for the MA population, create financial hardship for high Medicaid volume providers, and translate into higher health care costs for businesses and others.

"Cutting the state's contribution to MA also means a loss of millions in federal matching dollars," said WHA Executive Vice President Eric Borgerding. "A 35 percent cut for hospitals would equal about \$250 million annually. Just like current underpayments from MA, these cuts would have to be passed on to others, resulting in an immediate increase in health care costs while crippling our safety net hospitals and nursing homes."

The plan was requested largely in response to the Assembly's version of the still pending budget bill, which cuts spending in several areas but leaves MA largely unscathed.

"The budget adopted by the State Assembly does not include (increases in the tobacco tax or a new hospital tax) for Medicaid, but instead proposes deep cuts to essential local services, state public safety programs, the University of Wisconsin and the state's already meager budgetary reserves," Secretary Morgan said in his August 29 letter. "Since these cuts are unsustainable and in the absence of a budget and the associated revenue increases dedicated to support the Medicaid program, administrative action is necessary."

The plan for cuts has left many in the MA provider community puzzled, since it comes specifically in response to a version (the Assembly's) of the state budget that has not been enacted and is staunchly opposed by Governor Doyle.

Further, in a memo requested by Assembly Speaker Mike Huebsch, the non-partisan Legislative Fiscal Bureau (LFB) stated that in the absence of an enacted budget, spending continues at the same rate as the previous fiscal year (FY07). Unlike many other states, Wisconsin government does not shut down if a new state budget has not been enacted. Additionally, the LFB memo noted that Wisconsin's MA program could continue operating well into 2009 at FY07 budgeted levels.

"Regardless of whether these cuts are warranted, the proposal has been put on the table and we are taking it very seriously," said Borgerding. "We certainly hope solving the budget impasse does not come to massive and damaging cuts in the MA program."

Workers Compensation Negotiations Continue
Payment cuts remain on the table

The Workers Compensation Advisory Council again made no discernible progress toward resolving the issues for this session's Workers Compensation legislation during its meeting September 6. Management continues to seek cuts in payments to hospitals and other health care providers and to limit any changes to permanent total disability payment increases. After six hours of discussions between representatives of management and labor, AFL CIO President David Newby, while summarizing the day's discussions, expressed frustration with management advocating for an unclear and undefined proposal concerning cuts in payments to health care providers and the resulting lack of progress on improvements to permanent total disability payments (PTD) for workers. He characterized the current low PTD benefit as "barbaric." Newby said he had asked the

management representatives to explain their health care proposal to the labor representatives and to the WHA, Medical Society, and Wisconsin Chiropractic Association liaisons to the Council, but that management had refused.

Apparently dismayed, Newby observed, "Our workers compensation insurance rates are going down; the rates in Wisconsin are lower than most other states; our overall medical costs are lower than most other states; and our indemnity rates are low. The Wisconsin Workers Compensation system should be used by businesses and manufacturers to sell Wisconsin." Newby called reasonable the current proposal to constrain the rate of growth in health care costs and again expressed frustration with management's refusal to accept a proposal that meets management's stated goal.

Contrary to a recent letter released by Wisconsin Manufacturers and Commerce (WMC), the management representatives did not present their concerns as being how to control increasing health care costs, but rather how to cut payments to health care providers. A spokesperson for management pointed to a disparity between the reimbursement rates for a single procedure for providers in Minnesota, North Dakota, and South Dakota compared to providers in Wisconsin and said that the current proposal from labor would preserve the disparity. "We have an opportunity to do better," said the management representative. A copy of WMC's letter is available on the WHA Web site at www.wha.org/financeAndData/workerscomp.aspx.

WHA Senior Vice President George Quinn noted, "We have attempted to work with the Council to address reasonable concerns. But it is not reasonable when some people think that millions of dollars can be pulled from a system without impacting patients and employees. We have an excellent system that we all should be fighting to preserve." The next meeting of the Council is September 24.

DHFS Workgroup Proposes Removing Statutory Barriers to Electronic Records ***Changes would "enable better, safer, and more coordinated care for patients with mental illness"***

Efforts to facilitate the adoption of electronic medical records and inter-organization electronic health information exchange took a step forward on September 12, when a workgroup convened by the Department of Health and Family Services (DHFS) voted to recommend the removal of statutory barriers in §51.30 of the Wisconsin Statutes that prevent the sharing of mental illness, developmental disability, and alcohol and drug dependency information for purposes of treating a patient.

Consisting of providers, information technology experts, and consumer advocates, the 25-person §51.30 Workgroup has met three times in August and September to consider and recommend changes to §51.30 of the Wisconsin Statutes that would enable health care providers to exchange needed health care information for treatment purposes only.

After considering multiple options to amend §51.30, the 51.30 Workgroup voted on September 12 to adopt a recommendation proposed by WHA that would recommend the development of legislation that would permit some, but not all, information from §51.30 treatment records to be disclosed, without patient consent, for treatment purposes only. In October, the Workgroup will consider the particular records and information that should be sharable for treatment purposes under an amended §51.30.

"The §51.30 Workgroup's recommendation, a culmination of several months of discussions and analysis by several DHFS workgroups analyzing barriers to quality care, was a compromise between sharing very limited information for treatment purposes and sharing all information for treatment purposes," said Matthew Stanford, WHA associate counsel and a member of the §51.30 Workgroup. "The broad support this option received from this diverse workgroup shows the need for changes to §51.30 as health care advances toward the full promise of electronic records."

"The safest, highest quality patient care occurs when providers have access to all relevant health information about a patient," said Dana Richardson, WHA vice president of quality initiatives. "The changes recommended by the §51.30 Workgroup would enable safer and more coordinated care for patients with mental illness and developmental disabilities, while preserving the confidentiality of the most sensitive information that is only relevant to the care provided by the patient's mental health provider."

The workgroup's final recommendation will be forwarded to the Governor's eHealth Quality and Patient Safety Board in October for the eHealth Board's consideration. The eHealth Board will then be invited to approve the recommendation.

DHFS Secretary Kevin Hayden indicated to the eHealth Board on September 11 his interest in bringing forward "in the very near future," legislative remedies to some of the issues around §51.30 based on the "great work" that has been done.