



Friday, March 29, 2024

WHN/UPDATES

OakLeaf plans new clinics in western Wisconsin

OakLeaf Clinics, the largest clinic part of OakLeaf Medical Network, a physician association in western Wisconsin, plans to open four new clinics due to the exit of Hospital Sisters Health System and Prevea Health from the region.

OakLeaf Clinics is hiring former Prevea doctors, nurse practitioners and medical staff.

Its new clinics in Cornell, Ladysmith and Menomonie will be at the same locations that Prevea plans to close in the coming weeks.

A site in Rice Lake will co-locate with Diagnostic Radiology Associates of Wisconsin, an OakLeaf Medical Network member, until a permanent location is found.

The Cornell and Ladysmith sites will open May 1.

OakLeaf Clinics Menomonie, Clinic and Urgent Care will open May 6, with urgent care to be re-established in the near future.

The Rice Lake location opens May 13.

The new sites bump the total number of clinics run by OakLeaf Clinics to 11.

“Local access to high-quality healthcare is critical for communities to thrive,” Dr. Chris Longbella, OakLeaf Clinics president, said in a statement. “We moved quickly to fill the healthcare needs in these

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communities with talented providers with deep connections to their communities.”

OakLeaf Clinics and OakLeaf Medical Network plan to offer other expanded services soon, including urgent care services in Chippewa Falls.

HSHS closed its two hospitals in the Chippewa Valley last week. Prevea **plans** to close the bulk of its clinics in the area by April 21, although some locations will remain open until the end of June.

Providers back Medicaid long-term care fee schedule plan

Provider groups are asking lawmakers to sign off on a major shift in how Medicaid pays for certain long-term care services.

The Department of Health Services **submitted** a **request** last week to establish minimum rates in the Family Care program for adult family homes, community-based residential facilities, residential apartment complexes, supportive home care agencies and self-directed supportive home care providers. The fee schedule would set a floor for payments, not maximums.

The plan would cost around \$258 million in all funds, which federal COVID-19 relief dollars would cover from July through June of next year. The annual cost would then be \$154.8 million in federal Medicaid dollars and \$103.2 million in state money.

DHS told the Legislature’s budget-writing committee, which must sign off on the change, that three-quarters of supportive home care services providers would see a 16.2 percent rate increase under the plan, while around two-thirds of monthly residential providers would see a 40.5 percent rate increase.

The Disability Service Provider Network, LeadingAge Wisconsin, Wisconsin Assisted Living Association and Wisconsin Health Care Association/Wisconsin Center for Assisted Living back the proposal.

“Your committee’s support and approval is critical to ensure this funding is reliable for long-term care providers to be able to continually invest in caring for



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Wisconsin's most vulnerable through ongoing workforce and operational challenges," they wrote in a [letter](#) to the Joint Finance Committee sent last week.

Lisa Davidson, CEO for the Disability Service Provider Network, a trade association for vocational and residential organizations that support people with disabilities, called the proposed influx of resources a "once-in-a-lifetime opportunity."

"We're grateful for the recognition from the administration that home and community-based services are worth investing in," Davidson said. "We know that need is only going to grow based upon the demographic data that's in front of us today."

Davidson spoke to Wisconsin Health News this week about the effort.

Edited excerpts from the interview are below.

WHN: Why are long-term care providers asking for this change?

LD: We've been working with DHS and a broad stakeholder community, including the other long-term care provider associations, on this particular project for a couple of years now. And specific to DSPN, our members have the most skin in the game when we talk about Medicaid reimbursement because Medicaid is our only payer for long-term services and supports for DSPN members.

So the road to get here has been long. It has been one of a lot of collaboration, feedback and a lot of very thoughtful conversations amongst my members ...

What we have in front of the committee today, while it's certainly not perfect, I feel that there's a tremendous opportunity here to have an influx of new resources into our Family Care program. And we certainly do not want to miss that once-in-a-lifetime opportunity.

WHN: What could this mean for your members?

LD: Some of our members are already above that proposed minimum. And that's because a number of DSPN members have expertise in caring for very complex individuals, so looking at people who have



both behavioral and medical needs that are a little bit above what the traditional staffing models would support, people that need perhaps one, or even two staff. So there's going to be some members where, right now, there really isn't going to be much of a change.

But we do have some members — and in the broader provider community — that are currently below that proposed minimum. With respect to giving them a bump to come up to the proposed minimum, which is the floor, obviously, the providers have a lot of flexibility in how to use those funds. But we know that right now, our workforce is the foundation of the ability to provide services and quality of life.

This represents a new influx of resources and providers are already coming up with those plans on how to utilize that. I know from conversations that a lot of that is looking at workforce and how they can invest in their workforce. That is both recruitment and retention, as well as looking at the services that they're providing, and just being able to plan for the future. We can't do anything without having the right workforce in place.

WHN: How are you pitching lawmakers to support this change, given its cost?

LD: This is where it's very important that we use data and that we are able to have those very important conversations between providers and decision makers in looking at: What is really needed to ensure that Family Care will continue to be there in the future?

There's a lot of tough decisions that have to be made. But with respect to sustaining this investment in Family Care, I think that's where we really want to work with the department and look at opportunities for efficiencies in Medicaid and how we can create some sustainability for the Family Care program. So looking at quantitative and qualitative data and seeing perhaps there's opportunities for efficiency over here that then could be invested in another area within Medicaid itself. (For example,) we believe that there's a tremendous amount of opportunity and efficiency for the Medicaid program if we look at a broader application of technology. And, obviously, we would



WHAT'S/HAPPENING

**April 18 -
Newsmaker event
with Aspirus
Health CEO Matt
Heywood,
Madison**

**May 7 - Wisconsin
Collaborative for
Healthcare
Quality: Driving
Change:
Education and
Awareness for
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Mortality in High-
Risk
Communities,
Madison**

ABOUT WHN

Wisconsin Health News is an independent, nonpartisan, online news organization that provides information on all sectors of the healthcare industry.

want to do that in partnership with the DHS, and also with the Legislature.

WHN: How have these discussions highlighted other possible Family Care changes?

LD: One of the biggest that DSPN has really been involved in in terms of elevating the issue is ensuring that we're not creating a disincentive for individuals to attend day services. So the issue that has arisen is that there is a current limited practice in Family Care where MCOs will reduce payment to residential providers when they have residents that attend day services, so when they leave the residential facility, and go to a more vocational-based provider to have day services. We look at that as a way for people to not only have social interaction, but also build up their skills for employment, to live independently. So making sure that we are not creating a pathway that prioritizes people staying home and not attending those really valuable day services.

We have been talking to the department. I'm pleased to say that we will be able to start a workgroup very soon to work with the department and the MCOs, so that we can establish some parameters around this practice ... It's really important that we have some guidance on this for everyone, so that they understand that there won't be disruptions and care when people are establishing their residency and they're also going to be attending day services, that they know what to expect and making sure that there are no disruptions for individuals. Getting everybody on the same page and really codifying in language is something that we need to do very quickly. But I know that we can do that and get everybody at the table so that this will be part of the new MCO contract for July 1 ideally.

Contact us.

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PEOPLE / WATCHING

Dr. **Paul Mueller**, who has led Mayo Clinic Health System - Southwest Wisconsin for six years, is leaving. Dr. Richard Helmers, regional vice president of Mayo Clinic Health System - Northwest Wisconsin, is now regional vice president for all of Wisconsin.

Milwaukee-based Versiti has selected **Gretchen Jameson** as executive vice president and chief marketing officer. She will join the blood center April 1. Jameson most recently was chief learning and experience officer for RippleWorx, an Alabama software development firm. She's also worked at Kacmarcik Enterprises, a Milwaukee-area portfolio of companies that are in the manufacturing, sports, entertainment and social services industries, and Concordia University Wisconsin and Ann Arbor.

WHN/EVENTS

April 18 - Newsmaker event with Aspirus Health CEO Matt Heywood

As rural hospitals across the country continue to struggle, Aspirus Health has its foot on the gas. Under the leadership of CEO Matt Heywood, the Wausau-based system followed up its 2021 purchase of seven Ascension hospitals with the recent acquisition of Duluth-based St. Luke's.

Aspirus is now a 19-hospital system with 130 outpatient clinics and nearly 14,000 employees, spanning Minnesota, Wisconsin and Michigan's Upper Peninsula. And the growth might not be done.

At a Wisconsin Health News Newsmaker event in Madison on April 18, Heywood will discuss what's driving Aspirus' expansion, what's next and what he sees as the future of rural healthcare.

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IN OTHER NEWS

Fox Valley healthcare providers expect Wisconsin to see measles cases given what's happening in neighboring states, [**reports the Oshkosh Northwestern.**](#)

Froedtert ThedaCare Health broke ground on its \$84 million campus in Oshkosh while still waiting for word from the city council on funding to mitigate environmental remediation costs, [**reports the Business Journal.**](#)

A proposal by Versiti Blood Research Institute for a \$79 million expansion is expected to appear on the agenda of the Wauwatosa Design Review Board's April 4 meeting, [**reports the Business Journal.**](#)

President Joe Biden's administration has finalized a regulation curbing the use of short-term health plans that do not comply with the Affordable Care Act, [**reports The New York Times.**](#)

Hospitals are blaming insurers for struggles to get paid following the cyberattack on UnitedHealth Group subsidiary Change Healthcare, [**reports Politico.**](#)

The first major U.S. health insurers have agreed to cover anti-obesity drug Wegovy for certain Medicare patients with heart conditions, [reports The Wall Street Journal](#).

More than 7 in 10 Americans back access to medication abortion, [reports Axios](#).

QUOTABLE /

“The hardest thing I’ve had to do in my professional career was to lay off our staff and tell them we were exiting the group health market. I’ll be damned if I’m going to go back to them and say, ‘We are not up for the fight, and you’re going to have to fend for yourself to try to take on this behemoth Wall Street company.’”

- NeuGen CEO Vaughn Vance said about a lawsuit his company filed alleging that East Coast investment firm MassMutual cost their former employees \$3 million in retirement savings. NeuGen is a shared services organization that is part of WEA Trust, which stopped offering health insurance at the start of 2023. When Neugen notified MassMutual of downsizing, the firm “abruptly” ended Neugen workers participation in its fund, according to a statement released this week.

“While we empathize with those NeuGen plan participants who were impacted by unfavorable market conditions at the time of their layoffs, we did nothing wrong and we will defend ourselves against any claims suggesting otherwise.”

- A MassMutual spokesperson said in response.

“This investment is a clear indication of our commitment to leveraging resources for the greatest possible impact.”

- Jeff Wicklander, Aspirus Health senior vice president and central region president, said about a \$40 million renovation project of the health system’s Merrill hospital.

“We have the opportunity to continue providing compassionate care to the people in this region.”

- Cathy Jacobson, Froedtert ThedaCare Health CEO, said about the health system breaking ground on a new Oshkosh health campus.

“History shows that when historically excluded groups build power, meaningful changes can happen that benefit the health and well-being of all.”

- Sheri Johnson, director of the University of Wisconsin Population Health Institute, said in a statement about a recent County Health Rankings & Roadmaps report highlighting the connection between civic participation and health.

“This is such a no-brainer. We need to move forward with this.”

- Attorney General Josh Kaul hopes that new legislative maps could open the door to Medicaid expansion in Wisconsin.

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