



NEWS BRIEFS

Informational Newsletter for Wyoming Hospitals

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WHA Calendar:

WHA Board Meeting	1/28
Healthcare Effective Communication Webinar	2/12

Other Events:

Blood Donor Month	1/2014
Wyoming Legislative Session Convenes	2/10



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Medicaid Expansion Options Explained

As the 2014 Budget Session of the Wyoming Legislature approaches, many have quickly become interested in the dynamics of the two separate bills that were approved by the Labor, Health & Social Services Committee last week to give consideration to Medicaid Expansion.

Medicaid Fit is a modification of traditional Medicaid, which was included in the Affordable Care Act as originally passed by Congress.

As an alternative to this traditional approach, a handful of states, including Arkansas, Iowa and Wisconsin, have moved to expand in a non-traditional way.

Under Medicaid Fit, the state would offer Medicaid coverage to people with incomes lower than 138 percent of poverty who do not now qualify for Medicaid.

But unlike current Medicaid recipients, the newly eligible would be obligated to share the cost of their treatment.

Medicaid patients under 100 percent of the Federal Poverty Level could pay a maximum of \$4 for outpatient and \$75 for inpatient services.

Recipients earning between 101 and 138 percent of poverty could pay up to 10 percent of the amount that

the government pays for a particular inpatient or outpatient treatment, according to Tom Forslund, director of the state Department of Health, who answered questions posed by committee lawmakers.

Forslund emphasized that Centers for Medicare and Medicaid do not allow a 10 percent payment of the hospital's charge for the service. Instead, CMS allows the state to charge a recipient 10 percent of what CMS actually pays. In general, Medicaid pays less for a medical procedure than private insurance.

Senator Charles Scott, who believes that Medicaid coverage has led to over-utilization of hospital and especially emergency room facilities, refers to Medicaid Fit as "Medicaid Lite."

He authored the Insurance Pool option bill to add incentives to the system to encourage more responsible use of health care options. His proposed bill grew out of legislation passed in Arkansas and approved by CMS.

It incorporates the basic structure of a bill authored earlier by Representative Elaine Harvey, which allowed the state to use the federal Medicaid funds to buy private insurance coverage for the poor.

In Senator Scott's version, the bill adds small copays, which the insured person could pay out of a health insurance savings account.

Most of the funds in the account would come from the government, but some would come from small premiums paid by the policy owner.

Tom Forslund, director of the Wyoming Department of Health, reiterated his willingness to work with lawmakers and the governor, no matter what decision is made in the legislative branch. "We can work with any bill," he said.

"The issue of optional Medicaid expansion is not black and white," Governor Matt Mead said in a statement following the Committee's actions.

"It is appropriate for the Legislature to move these bills forward to continue to debate what approach is best for Wyoming. I continue to believe that an optional expansion is not in the best interest of Wyoming. The ACA is poor in design and implementation. I point out the problems as the federal government struggles with implementation and it delays certain provisions of the law."



Don't forget to send us a story about your hospital so we can feature you in our Member Spotlight



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WMC Nurse Aids in Flight Emergency

Amy Sorensen, an ER nurse at Wyoming Medical Center, was on an airplane when she heard a call for help for anyone with medical knowledge.

She volunteered to help the pilot, who appeared to be suffering from a heart attack.

She administered a nitroglycerin tab, used the defibrillator to check his heart

and started an IV.

Sorensen earned her Bachelor of Nursing degree from the University of Wyoming just a couple of weeks earlier and, while she had worked at Wyoming Medical Center since September 2012, she'd only worked the last six months in the Emergency Department.

The passengers gave the 24 year-old Sorensen a

round of applause when the plane landed.

"I've been an ER nurse for six months. I don't know how I would have reacted if that had happened before my time in critical care," Sorensen said. "My experience here (at WMC) and what I've learned from my coworkers has definitely taught me stuff to take out in the real world."

WCAHN Planning Underway for Upcoming Flex Grant

In anticipation of the annual spring planning meeting for the Wyoming Critical Access Hospital Network (WCAHN), Network Director Steve Bahmer is traveling the state to meet with CAH CEOs.

The meetings began this week, with trips to the Big Horn Basin as well as to Lincoln County. Additional meetings are tentatively planned for northeast and eastern Wyoming later in the month. Bahmer will be contacting hospital CEOs to arrange those meetings.

The WCAHN planning meeting is held each year in the spring, and it is Network

members' key opportunity to help determine Network priorities for the upcoming Flex grant year.

Hospital site visits are intended to start a conversation with members about programs and services the Network can provide that would be valuable, and that can be funded with Flex grant dollars.

Successful current and past Network programs include the Healthcare Leadership Training Program, Chart Audits and Coding Training, Financial Workshops, reimbursement for travel to training and conferences, and many others.

With questions about the WCAHN or to offer your thoughts about upcoming Network priorities, contact Steve Bahmer at (307) 287-4594, or via email at steve@wyohospitals.com.



HFMA Issues 'Best Practices' for Debt Collection

The Healthcare Financial Management Association issued "best practices" for medical debt collection.

Developed by a task force of health care providers and others convened by HFMA and ACA International (Association of Credit and Collection Professionals), the practices

seek to provide patients with a thorough understanding of what to expect during the payment and collection process.

They call for developing consistent, coordinated policies for account resolution so collection agencies and others are governed by a provider's board-approved

policies; developing appropriate channels and practices for patient communications and account resolution; reporting back to credit bureaus when accounts are resolved; and tracking consumer complaints.

For more information, visit www.hfma.org/medicaldebt.