



NEWS BRIEFS

Informational Newsletter for Wyoming Hospitals

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WHA Calendar:

WHA Annual Meeting Sheridan	9/2 0- 9/2 1
WHA Golf Tournament Buffalo, WY	9/1 9

Other Events:

Annual Wyoming Quality Conference Casper	8/9- 8/10
LeadingAge Wyoming Annual Meeting Sheridan	9/20- 9/21

Better Care Reconciliation Act of 2017

Senate Republican leaders have unveiled their version of healthcare reform legislation – the Better Care Reconciliation Act – to repeal and replace parts of the Affordable Care Act (ACA).

Congressional Budget Office scoring of the proposal is expected early next week, which will provide a much more specific analysis of the impacts expected in terms of cost and coverage. Live in the moment, the AHA has summarized the core elements of the legislation as follows:

Per Capita Caps and Block Grants. The bill would restructure the Medicaid financing system. State federal funding would be under a per capita cap payment structure, unless the state elects a block grant option for children and non-disabled adults - replacing the current federal Medicaid payment system as of October 2019.

Block Grant Option. The bill would provide states with an option to opt out of the per capita cap allotment and instead receive federal funds through a block grant beginning in FY 2020. This new Medicaid Flexibility Option allows states greater flexibility in the design of their program, subject to certain federal requirements including a list of services to be covered and

maintenance of effort spending.

Provider Taxes. The Senate bill would reduce the allowable provider tax limit from 6% to 5% over a five-year period – taking 0.2 percentage points off for each year beginning with 2021; with the final reduction in 2025. The cap would then be 5% in 2025 and beyond. The House bill had no provider tax provision.

Individual and Employer Coverage Mandates: Beginning with tax year 2016, the Senate bill would effectively repeal the ACA individual and employer coverage mandates by not penalizing individuals and employers who are not in compliance. Unlike the House bill, the Senate bill does not include penalties for individuals who fail to maintain continuous enrollment.

Coverage Subsidies: The Senate bill would keep but restructure the ACA’s advanced premium tax credits. Individuals between 0% – 350% of poverty would be eligible for a tax credit, a change from the ACA’s eligibility levels of 100% – 400% of poverty. This has the effect of offering a tax credit to individuals below 100% of poverty who currently fall into the “coverage gap” in non-expansion states.

State Stability and Innovation Fund: The Senate bill would establish pools of funds for both insurers and states to help ensure access to coverage and to improve the affordability of coverage. A short-term fund makes \$50 billion available to CMS to provide resources to insurers to help address coverage and access disruption and respond to urgent health care needs.

The bill would modify waiver provisions to increase flexibility for states to provide alternative coverage options, reduce premiums, or increase enrollment in coverage. The bill would repeal most taxes authorized by the ACA for 2018 and beyond, including the fees on insurers, and prescription drug and medical device manufacturers, among others. The increase in the Medicare payroll tax for high earners would be repealed beginning in 2023.

The WHA continues to be in consistent dialogue and discussion with Senators Barasso & Enzi, their health policy staff – and will continue with specific advocacy efforts throughout the process. WHA members can expect additional analysis, impact details, and timely prompting to be in contact with our Senate delegation directly as well.



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



Terry Odom

IMH Invests in 3-D Mammography Machine

Iverson Memorial Hospital (IMH) is upgrading its breast cancer screening technology with a new mammography machine that provides 3-D, as well as 2-D images.

The hospital believes that the Hologic 2-D/3-D mammography machine will give radiologists the detailed information they need to diagnose as many as 41 percent of invasive

cancers 15 months sooner than they could have otherwise.

IMH director of radiology Susan Harnsberger said the new machine was on the cutting edge of mammography technology.

IMH is currently training employees on the use of the machine, but expects to continue with its pre 3-D average of 15-18 mammograms per day in the near future.

The biggest benefit of this cutting-edge technology might be having it so close to home for residents of Albany County.



Odom Named CEO Of Powell Valley Healthcare

After serving as Powell Valley Healthcare's interim chief executive officer for two years, Terry Odom will drop the "interim" part of her title July 1.

Although PVHC has decided to part ways with the management company that had employed Odom, she recently agreed to stay on as the permanent CEO as a Powell Valley Healthcare employee.

Odom came to Powell from New Mexico two years ago, hired by HealthTech Management

Services to provide interim leadership.

"I want this hospital to be a viable part of Powell, for the economy and for the local health care," Odom said. "I'm committed to the organization as long as the board believes I'm doing an effective job."

Odom said she has 30 years of hospital management experience. She entered the health care field as a registered nurse in Santa Fe, "right out of college," she said. Four years later, she became the director of surgical services, and "I

worked my way up to administration."

She has held positions as chief nursing officer, chief operating officer and chief executive officer. Most recently, she was CEO of a Santa Fe surgery center.

Odom said her husband, O'Brien Mason, will remain in New Mexico for the foreseeable future.

"We'll travel back and forth until he retires; I'm not sure when that will be," she said, "but he's been very supportive of the decision."

SNF Quality Data Preview Reports Available

Skilled nursing facilities can now preview their quality measure data for the SNF Quality Reporting Program in the Certification and Survey Provider Enhanced Reporting (CASPER) application, the Centers for Medicare & Medicaid Services have announced .

The Review and Correct reports contain quality measure information at the facility level, and allow providers to obtain aggregate performance for the past four full quarters.

CMS has recalculated all quality measure data for first-quarter 2017 and

encourages providers to view the updated results.

To view the reports, log into the CMS Network and access the QIES Systems for Providers webpage, then select the CASPER Reporting link.

Wyoming Hospital Association

**2005 Warren Ave.
Cheyenne, WY
82001**

www.wyohospitals.com

307.632.9344