



NEWS BRIEFS

Informational Newsletter for Wyoming Hospitals

Volume 48, Number 25

July 14, 2017

WHA Calendar:

WHA Annual Meeting Sheridan	9/20-9/21
WHA Golf Tournament Buffalo, WY	9/19

Other Events:

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

WHA/LAW Hosts Call With Wyoming DOH

This past week, the Wyoming Hospital Association hosted a call with the Wyoming Department of Health.

Director Tom Forslund and Policy Administrator Stefan Johansson from the DOH presented their analysis and initial predictions of the impact of the BCRA senate bill to the state Medicaid program. Michelle Panos from Governor Mead's office also joined the call. In addition, more than half the member hospitals and many of the nursing home members dialed in to hear the briefing.

The DOH, using what data they had available and making many assumptions because of so many unknowns still remaining with the proposed BCRA bill reported that initial projections of the impact don't look as devastating to the state Medicaid program as could be.

At the most, things would remain the same in the first several years. This is because traditional FMAP methods would continue to apply, but be subject to a cap -- which Wyoming would fall under (based on the current version of the BCRA). With the exception of some temporary bonus/incentive funding sources (DSH, bonus payments for staying under the cap, etc.), the federal government is who benefits from Wyoming's ability to stay under the cap. It's the years that follow the

initial rollout that could prove problematic with an aging population that are going to start requiring more and more care that are concerning.

The definition of the "elderly" group in the BCRA is defined in statute and in the bill as anyone over 65. The main problem, articulated correctly in the previous sentence, is impending changes in demographics that may result in demand for more (and higher cost) long-term care in Wyoming Medicaid.

Johansson also explained that the analysis conducted -- which models enrollment and per member costs -- has limitations in that it relies on Medicaid data only going back 8 years to project 13 years in the future.

Michelle Panos from the Governor's office said that they are taking the wait and see approach and are waiting for the final version of the bill before weighing in.

WHA/LAW President Eric Boley encouraged members to continue to advocate for parity for the state of Wyoming with Medicaid expansion states.

Additional funding for Wyoming is necessary to shore up struggling facilities, to level the playing field with other surrounding states and to allow access to care for citizens of Wyoming that

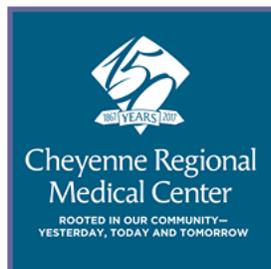
need help.

This becomes even more necessary when later in the week at a meeting with the DOH Director Forslund warned of impending additional cuts to state agency budgets in the upcoming state legislative budget session."

The Medicaid piece of the BCRA is only one, although huge, component of the BCRA that is concerning. The stabilization of the insurance market in Wyoming, the continued coverage of those that have obtained insurance through the exchange and Affordable Care Act are of other great concern.

The high risk pool for those with preexisting conditions and their ability to receive coverage also concerns hospitals. Finally, the high deductibles and co-insurances attached to the plans that are driving up uncompensated care across the state are also parts of the BCRA that need to be addressed and that members of the WHA need to continue to remind our members of Congress about as the legislation unfolds.

Thanks go out to Director Forslund, Stefan Johansson and Michelle Panos for making themselves available to the members of the Wyoming Hospital Association and LeadingAge Wyoming.



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

Wyoming Hospital Association

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

www.wyohospitals.com

307.632.9344

CRMC Earns Top Award

For the third consecutive year, Cheyenne Regional Medical Center (CRMC) has received the American College of Cardiology's Platinum Performance Achievement Award.

"This award is tangible evidence of our cardiac team's hard work and commitment to delivering the highest quality cardiovascular care to our

community and region," said cardiologist Muhammad Khan, MD, CRMC's medical director of cardiovascular care. "It further reflects the extent to which our physicians, clinicians, nurses and the entire cardiac team are focused on providing heart attack care that saves lives."

The Platinum Performance award recognizes

CRMC's commitment and success in implementing a higher standard of care for heart attack patients and signifies that CRMC has reached an aggressive goal of treating these patients to standard levels of care as outlined by the American College of Cardiology/American Heart Association clinical guidelines and recommendations.

Wyoming to Join First Responder Network Authority

Governor Matt Mead announced that Wyoming will join the First Responder Network Authority known as FirstNet.

Congress established FirstNet in 2012 to build, operate, and maintain the first high-speed, nationwide wireless broadband network dedicated to public safety. This network has been a top priority for first responders and public safety agencies in Wyoming and throughout the country, and has been designed on their specific,

expressed needs.

Governor Mead sent a letter to Mike Poth, CEO of FirstNet, indicating Wyoming's intent to participate in the plan.

"The State of Wyoming has participated in FirstNet consultation and outreach activities throughout the planning of the network and reviewed the details of the FirstNet State Plan," wrote Governor Mead. "I have determined that it is in the best interest of Wyoming to participate in the FirstNet deployment of the Nation-

wide Public Safety Broadband Network."

Wyoming is not responsible for any costs for the FirstNet network. If a state opts-out, the state is responsible for all costs and logistics associated with the network. If a state does nothing, then it defaults to opt-in.

"FirstNet will be an asset for emergency personnel across Wyoming. This is a tool that allows for better communication and faster response," said Governor Mead. More information on FirstNet at firstnet.gov.

Wyoming DOH Offering Worksite Wellness Grants

The Wyoming Department of Health (WDH) Chronic Disease Prevention Program is encouraging Wyoming businesses to apply for a worksite wellness grant opportunity.

"The idea is to help Wyoming employers interested in developing worksite wellness programs," said Maria Hipp, chronic disease prevention

specialist with WDH.

Total funding available is \$20,500 and may be awarded to an unspecified number of applicants. Applicants must be in good standing with the Wyoming Secretary of State and must not currently have a comprehensive wellness program in place. Businesses of all sizes may apply.

The deadline for applications is July 28. The full ap-

plication and guidelines are available online at: <https://health.wyo.gov/publichealth/prevention/chronicdisease/worksites-wellness/>

Questions related to this funding opportunity can be directed to Hipp @ maria.hipp@wyo.gov or 307-777-7356.

Wyoming, 18 other states would receive \$737 billion less in Medicaid money than other states under Senate bill

Seth Klamann

Casper Star Tribune – July 9, 2017

The Medicaid funding disparity between the 31 states that expanded the program and the 19 states that didn't — which includes Wyoming — could reach \$737 billion by 2026 under the Senate's health care proposal, according to a report by hospital officials.

The policy brief, which Wyoming officials submitted Friday to Gov. Matt Mead, Sens. John Barrasso and Mike Enzi and Rep. Liz Cheney, hopes to make clear to lawmakers that the Cowboy State “will continue to struggle” under the current Senate plan, said Eric Boley, the president of the Wyoming Hospital Association. The brief was created with input from the hospital associations of 19 states that chose not to expand Medicaid.

“Our goal from this coalition is that there needs to be parity,” he said. The policy brief was authored by Mat Reidhead, of the Missouri Hospital Association, and is co-signed by the Idaho, Nebraska, Wyoming, Missouri, Texas and Wisconsin organizations. Boley said he believed the other 13 states would sign on soon. “We're coming at this from a hospital perspective but also from a patient advocacy standpoint,” he said.

The Senate bill, formally titled the Better Care Reconciliation Act of 2017, would reduce Medicaid funding by \$772 billion over the next 10 years, according to the nonpartisan Congressional Budget Office. States could choose to receive their federal Medicaid dollars in a block grant or on a per capita basis. But the funding would be capped based on an average of past spending levels and would be adjusted for inflation.

Boley and the policy brief warn that “history suggests (those inflationary components) are significantly outstripped by the trajectory of Medicaid costs in the U.S.” Essentially, they argue, costs will exceed the inflation adjustments made. That gulf between what's needed and what would be provided under the Senate bill is where that \$773 billion Medicaid reduction comes from, Boley explained.

As a result of Medicaid changes, the CBO estimates that under the Senate bill, 15 million Medicaid recipients would lose coverage between 2017 and 2026.

The office estimated that a total of 22 million additional Americans would not have insurance because of the bill; nearly seven out of 10 would be Medicaid recipients.

Expansion

In 2012, the Supreme Court ruled on a key provision of the Affordable Care Act, then-President Barack Obama's massive health care reform bill. The justices said that individual states could choose to expand their Medicaid program and broaden the number of people who were eligible to receive benefits.

Thirty-one states chose to expand the program. To pay for the millions of people who were newly eligible, the federal government agreed to fund it at 100 percent, a level that would decrease to 90 percent in the coming years.

But 19 states, including Wyoming, have chosen to keep the program as-is. Expansion, which was supported by Mead, would've brought hundreds of millions of dollars to Wyoming and provided coverage to roughly 20,000 low-income adults here.

Opponents said the government wouldn't live up to its side of the bargain and wouldn't continue to provide the dollars promised. That would leave the states on the hook to pay for a program that had more participants and a higher bill. But Boley and the policy report argue that the move not only cost Wyoming the potential to insure thousands, but will now cost the state and 18 others \$737 billion between now and 2026.

“In the absence of added efficiencies, this will require states to continue significantly paring back services and enrollment for low-income residents,” the report says.

The 31 states that expanded have received significantly more federal funding since they broadened the program and will continue to do so for the rest of this decade. In the first two years of Medicaid expansion, the 31 states received \$96 billion more than the 19. During fiscal year 2015, expansion states received \$1,578 per capita in federal funding. Wyoming and the other non-expansion states received \$753 per capita that year.

The policy report estimates the expanded states will receive \$1,987 per capita by 2026, while the non-expansion states will receive \$1,192.

Boley said Friday that he and other hospital officials aren't advocating taking dollars from states that are using them to help care for the needy. But he said he wanted lawmakers to "do something" that would at least narrow the \$737 billion gulf that would exist should the Senate bill become law.

He said money allocated in the Senate's bill — \$2 billion — to help non-expansion states was not enough. The measures also calls for \$10 billion to be given to facilities with a disproportionately high number of Medicaid recipients. That applies to few hospitals in Wyoming, Boley said, and thus wouldn't have much of an effect here.

"Our taxpayer dollars are going to other states to help provide care to the needy," he explained. "They're helping the health care systems in the 31 states that expanded Medicaid. We're surrounded by states that received that benefit. In Wyoming, we've got facilities that are struggling to stay afloat. We've got doctors in the state that are treating the uninsured."

A message left for Reidhead, the principal author of the policy report and a vice president with the Missouri Hospital Association, was not returned Friday.

The Senate bill isn't entirely good news for expansion states' Medicaid funding: Starting after the beginning of the coming decade, the bill would institute a "glide path," which meant that the percentage of Medicaid dollars provided by the government would slowly decrease until it was at the level that existed before the ACA.

For instance, if a state used to pay 40 percent of its Medicaid costs before it expanded and the government took up 100 percent of the cost, the Senate bill would slowly chip away at how much the government was paying, until it was back to that 60-40 split.

That's going to be difficult for expansion states. The number of residents participating in Medicaid has swelled in those areas, and with fewer dollars available from Washington, state governments will "struggle to continue to provide the coverage to those that received coverage under expansion," Boley said.

But still, he said, Wyoming has given away tax dollars that could've brought expanded coverage here. The state has absorbed Medicaid cuts — like a \$130 million blow it took last fall — and lost programs it would still have had it expanded, he said.

Boley hopes the report will illustrate to Mead the potential disparity that could become reality under the bill and that the governor will call for a provision that would give non-expansion states more help. He said he wants it do to the same for Barrasso, Enzi and Cheney. But to achieve that parity, Boley said, lawmakers will have to provide more dollars