



Wyoming Hospital Association

NEWS BRIEFS

Informational Newsletter for Wyoming Hospitals



**CEO/Trustee
Program
May 16
Casper**

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WHA Calendar

CEO/Trustee Educational Program Casper	5/16
HFMA Spring Meeting Casper	5/22-5/23

2019 PAC Contributions

Barry Burkart
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Surprise Billing Principles AHA Advocacy Campaign

America’s hospitals and health systems are committed to protecting patients from “surprise bills” and support a federal legislative solution to do so. These types of bills may occur when a patient receives care from an out-of-network provider or when their health plan fails to pay for covered services.

The three most typical scenarios are when: (1) a patient accesses emergency services outside of their insurance network, including from providers while they are away from home; (2) a patient has acted in good faith to obtain care within their network but unintentionally receives care from an out-of-network physician providing services in an in-network hospital; or (3) a health plan denies coverage for emergency services saying they were unnecessary. In these situations, we believe it is critical to protect patients from surprise bills.

The following principles are to help inform the debate regarding surprise billing in the scenarios outlined above. In the event a patient chooses to go out-of-network for care, these principles should not apply.

Protect the Patient. Any public policy solution should protect patients and remove them from payment negotiations between insurers and providers.

Ensure Patients have Access to Emergency Care. Any public policy solution should ensure patients have access to and cover-

age of emergency care. This requires health plans adhere to the “prudent layperson standard” and not deny payment for emergency care which, in retrospect, the health plan determined was not an emergency.

Reserve the Role of Private Negotiation. Any public policy solution should ensure providers are able to negotiate appropriate payment rates with health plans. The government should not establish a fixed payment amount for out-of-network services. Health plans and providers take into account a number of factors when negotiating rates.

Educate Patients. Any public policy solution should include an educational component to help patients understand the scope of their health care coverage and how to access their benefits. All stakeholders – health plans, employers, providers and others – should undertake efforts to improve patients’ health care literacy and support them in navigating their health coverage and the health care system.

Ensure Adequate Provider Networks and Greater Health Plan Transparency. Any public policy solution should include greater oversight of health plan provider networks and the role health plans play in helping patients access in-network care. Patients should have access to easily-understandable provider network information to ensure

they can make informed health care decisions, including accurate listings for hospital-based physicians in health plan directories and websites. Patients also should have adequate access to in-network providers, including hospital-based specialists at in-network facilities, rather than simply a minimum number of physicians and hospitals.

Federal and state regulators should ensure both the adequacy of health plan provider networks and the accuracy of provider directories. Health plans should be responsible for an efficient and timely credentialing process to minimize the amount of time a physician is “out-of-network.”

Support State Laws That Work. Any public policy solution should take into account the interaction between federal and state laws. Many states have undertaken efforts to protect patients from surprise billing, but federal action is necessary to protect patients in self-insured employer-sponsored plans regulated under the Employee Retirement Income Security Act, which cover the majority of privately insured individuals. Any federal solution should provide a default to state laws that meet the federal minimum for consumer protections.



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

MHCC Provides Care Ride Program

Memorial Hospital of Converse County (MHCC) provides the Care Ride Program to members of their community.

The Care Ride vehicle travels not just around the hospital campus or in the city of Douglas, but routinely makes round trip loops to Casper to help patients attend appointments at Rocky Mountain Oncology.

Recently one of the Care

Ride vehicles required retirement. Memorial Hospital's Ambassadors reached out to the Converse Count Hospital Foundation for assistance in the purchase of a newer Ford Flex vehicle to be able to maintain and grow the level of service afforded by the program.

The vehicle was purchased in late 2018 and has made the program even more effective. Short Power-

line Service, TDS Construction and Drone King UAS donated the purchase cost of the vehicle.

The new Ford Flex allows the hospital to have two all-wheel drive vehicles to pick up patients and is large enough to be comfortable for the passengers.



Office of Rural Health Funding for Two Programs

1) HRSA has released the Notice of Funding Opportunity for the Rural Communities Opioid Response Program-Medication-Assisted Treatment Expansion.

The application instructions can be found at: <https://www.hrsa.gov/about/news/press-releases/apply-hrsa-forhp-funding-rural-rcorp-mat>

The deadline to apply is Monday, June 10, and FORHP will hold a webinar for interested appli-

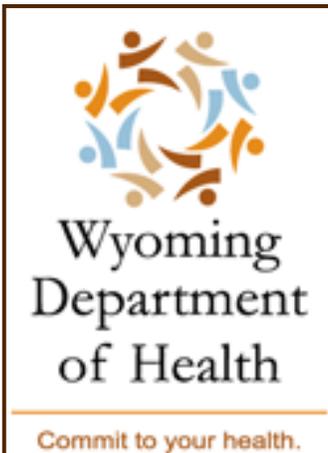
cants on Thursday, May 16. You can contact ruralopioidresponse@hrsa.gov for questions about the NOFO.

2) The Health Resources and Services Administration's (HRSA) Federal Office of Rural Health Policy (FORHP) will be releasing a Notice of Funding Opportunity (NOFO) for a new Rural Communities Opioid Response Program (RCORP) initiative called RCORP-Medication-Assisted Treatment Expansion (HRSA-19-

102). HRSA plans to invest approximately \$8 million in rural communities as part of this funding opportunity.

A press release with more information can be viewed at <https://www.hrsa.gov/about/news/press-releases/hrsa-forhp-funding-rural-rcorp-mat-soon>

The funding opportunity will be posted in the next few weeks at the following link: <https://www.grants.gov/web/grants/search-grants.html?keywords=hrsa-19-102>



Community Mental Health Online Survey

The Wyoming Department of Health (WDH) invites residents to share their thoughts and opinions about community-based mental health and substance use disorder services through an online survey.

The survey is part of an overall statewide assessment effort meant to help the WDH Behavioral Health Division state iden-

tify treatment capacity and resources, plan federal funding expenditures and direct future initiatives.

The online survey can be found at: <https://www.surveymonkey.com/r/WyomingNeedsAssessment> and will be available through June 3.

A needs assessment is an important component of both the Community Mental Health Block Grant and the Substance Abuse Prevention

and Treatment Block Grant, which are issued by the federal Substance Abuse and Mental Health Services Administration to WHA each year.

More information about mental health and substance use treatment services in Wyoming can be found at <https://health.wyo.gov/behavioralhealth/mhsa/>.