



NEWS BRIEFS

Informational Newsletter for Wyoming Hospitals

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Congress Must Protect Patients, Not Insurance Profits

Eric Boley, WHA President



When a patient is rushed to the hospital in an emergency, they shouldn't have to worry whether their

insurance will cover a potentially life-saving treatment. Health insurance is meant to protect patients when they are at their most vulnerable. That's why patients pay expensive premiums every month.

In 2017, a Texas high school teacher was billed more than \$164,000 for stent surgery following a heart attack. His health insurance only covered \$55,000 simply because the ambulance had taken him to an out-of-network hospital. According to a recent poll, two-thirds of Americans worry about being able to afford emergency medical treatments. In fact, surprise medical bills are the most common fear among American patients.

Fortunately, Congress has a blueprint for reform. Over the last few years, many states have created systems using independent dispute resolution (IDR) system, a process where a third-party healthcare expert oversees negotiations between insurers and providers. This IDR system encourages insurers and providers to negotiate reasonable and fair rates over surprise medical bills. But

most importantly, it removes patients from the middle of disputes between doctors and insurers and protects them from being punished for emergency care. From these different states, we know that arbitration and independent dispute resolutions work.

But Congress must go further and create standards requiring insurance companies to have adequate networks for patients. Profits for major insurers have increased by \$12 billion in the last five years, and the three largest insurance companies control more than 80 percent of the market. However, insurers continue to deny network contracts to doctors and drop physicians from existing networks.

Last month, President Trump hosted a White House ceremony where patients shared their heart-breaking stories about receiving surprise medical bills. In the following few weeks, Republicans and Democrats in both the House and Senate have released several bipartisan draft bills and discussions.

Despite the success of these IDR systems, some members of Congress are pushing for a policy that would tie payments to the median in-network rate. Although this may sound reasonable, these rate-setting proposals would only exacerbate the problem and have proven to be ineffective at the state level.

Basing payments to the median in-network rate would incentivize insurers and providers to go out of network. This would lead to doctor shortages and make it harder for patients to find the care they need.

The solution to ending surprise medical bills already exists. Congress must heed the success of these states and create an independent resolution system that removes patients from the process and lets doctors and insurers negotiate payments with healthcare experts. Additionally, Congress must also create adequate network standards ensuring that providers remain in network.

Politicians in Washington may not be able to agree on much these days, but Republicans and Democrats have a golden opportunity to protect patients when they are at their most vulnerable. No patient should ever have to receive a surprise medical bill from their insurer for a treatment that saved their life.

With Senator Enzi's role as a member of the Health, Education, Labor & Pensions (HELP) committee, I urge him to support arbitration and independent dispute resolutions to resolve surprise medical bills and oppose the unacceptable proposal of federal rate setting.

WHA Calendar

WHA Golf Tournament
Cheyenne 9/3

WHA Annual Meeting & Convention
Little America, Cheyenne 9/4-9/5

2019 PAC Contributions

Barry Burkart
Bren Lowe
Margie Molitor
Doug Faus
Andy Fitzgerald
Maureen Cadwell

MEMBER
SPOTLIGHT**DOH Seeking ICD-10-CM Coding Survey Participants**

Hospital Discharge data are critical for understanding the burden of injury in Wyoming. Understanding the burden of injury informs prevention efforts and program improvement.

The Wyoming Department of Health (WDH) is conducting an assessment of the current practices and knowledge of external cause code use in ICD-10-CM coding at hospitals across the state. The goal of this project is to gather information on current hospi-

tal practices around external cause coding to inform future efforts by WDH to optimize injury surveillance using hospital discharge data.

To accomplish this, WDH has partnered with Public Consulting Group (PCG), a public sector consulting firm. Together, we will develop and implement an online survey for distribution to key hospital staff across the state of Wyoming.

WDH is seeking hospital staff to participate in the sur-

vey to assist with gathering information on current practices. It is estimated the survey will take approximately 10–15 minutes to complete. There will be two online informational sessions held the week of July 29th to kick-off the survey distribution. Additional information and the exact dates of these sessions will be available in future communications.

The survey can be found at <http://bit.ly/2JBHUBb>



Commit to your health.

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

GRANT OPPORTUNITY NOTICE! - Due July 22, 2019

The Wyoming Department of Health, Maternal and Child Health (MCH) Unit received funds from the Centers for Disease Control and Prevention to implement projects in response to the rising incidence of opioid use in pregnancy and postpartum and increases in substance-exposed newborns.

This grant project will support Wyoming hospitals in implementation of quality-improvement strategies or projects related to opioid use during pregnancy and neonatal abstinence syndrome.

Program Objectives:

- To decrease the number of women who are misusing opioids during their pregnancy and in the postpartum period.
- To decrease the number of infants who are exposed to opioids in utero.
- To improve the care of opioid-exposed infants and their families in the hospital setting.
- To improve discharge and resource-referral systems for opioid-exposed infants and their families after their stay in the hospital.

All Wyoming hospitals with an active labor and delivery department are eligible to apply. Applicants may request up to \$10,000. If interested in learning more please visit www.wypqc.com under the "Current Projects" radio button or contact Brenda, WYPQC Coordinator at brendakburnett1974@gmail.com / 719 661 9271.

Annual Meeting Hotel Reservation Deadline Approaching

This year's Annual Meeting & Convention will be held September 4-5 in Cheyenne at Little America Hotel & Resort.

The annual golf tournament will be held September 3rd at the Cheyenne Country Club.

Little America Hotel & Resort is located at 2800 West Lincolnway, Cheyenne.

Hotel Reservations must be made by the August 3 deadline. The Wyoming Hospital Association has reserved a limited number of rooms for Convention attendees. The WHA room block will be available through August 3 at a rate of \$100 for Deluxe Rooms and \$130 for Preferred rooms so make your reservations today.

Registration materials are available online at wyohospitals.com

**Little America
Reservation Deadline
August 3, 2019
Phone : 800-235-6396
\$100/night**

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