



Medicaid Expansion Talking Points

WHA Calendar	
Wyoming Budget Session	2/7

WHA has put together what we believe are important talking points as you discuss the bill that has been passed out of the Joint Revenue Committee that would allow the Governor to recommend expansion of Medicaid. We encourage everyone to tell the same things and focus on the benefits as outlined in the talking points.

Expanding Medicaid is Good for the State Budget

- Several credible and expert evaluations (including one in the New England Journal of Medicine) have found states such as Arkansas, Indiana, Kentucky, Louisiana, Michigan, Montana, New Mexico, Ohio and West Virginia have reduced, not increased, state spending as a result of Medicaid Expansion
- States spend less on serving people with mental health or behavioral health needs, and hospital care for incarcerated individuals since Medicaid paid for their treatment
- A 2019 study found an association between expansion and a reduction in the rate of poverty by just under 1%, meaning roughly 690,000 fewer people across the country living in poverty
- People with health coverage can redirect their spending into local economies

Expanding Medicaid is Good for People

- Expansion moves the front door of the healthcare system from the Emergency Room to the Primary Care Physicians office
- Arkansas and Kentucky found a decrease in poor adults delaying care due to cost, using the ER as a usual source of care or having trouble paying bills relative to non-expansion state, Texas
- Expansion states have seen larger reductions in both uninsured rates and uncompensated care costs
- Every dollar of uncompensated care is a dollar not spent on upgrading equipment and facilities, recruiting providers, and investing in the capabilities needed for systems of care which are well-communicated and well-coordinated
- Health coverage helps low income adults address health problems such as diabetes or depression which are a common reason some people lose their jobs or cannot find one
- The Wyoming Department of Health estimates approximately 19,000 Wyoming residents would enroll for health insurance coverage under expansion of the Medicaid program in the first 24 months

- Wyoming has the 6th highest uninsured rate in the country
- The cost for expansion in the state of Wyoming would largely be covered by the Federal Government. The Federal match will never fall below 90%
- Wyoming missed out on \$577 million between 2012 and 2018 by not expanding Medicaid
- Uncompensated care at COST to Wyoming Hospitals was \$132,657,608 in 2016
- Providing coverage to the expansion group in Wyoming would help decrease this burden on our hospitals. In addition, every uncompensated care dollar is a dollar not spent on upgrading equipment and facilities, recruiting providers, and investing in the capabilities needed for systems of care which are well-communicated and well-coordinated
- Michigan found, as a result of Medicaid Expansion, a reduction in medical bills in collections (about 57% relative to pre-ACA mean) and significant reductions (16%) in public records such as evictions, bankruptcies and wage garnishment
- Wyoming is now an island in the West with all surrounding states, excluding South Dakota, having expanded their Medicaid programs. Nationwide, 36 states and the District of Columbia have accepted expansion

2019 PAC Contributions

Barry Burkart
 Bren Lowe
 Margie Molitor
 Doug Faus
 Andy Fitzgerald
 Maureen Cadwell
 Dr. Carol Solie
 Tim Thornell
 Eric Boley
 LifePoint
 Robin Roling
 Irene Richardson

Harman Named CEO at MHCC

The Board of Trustees of Memorial Hospital of Carbon County have announced the appointment of Mr. Kenneth L. Harman as the permanent Chief Executive Officer of the hospital effective December 16, 2019.

Mr. Harman has served as the Chief Executive Officer of Pioneers Medical Center, Walbridge Memorial Convalescent Wing and Meeker Family Health Center in Meeker, CO for the past 9 years. Prior to that, Ken was the CEO of Cassia Regional Medical Center in Burley, Idaho for 6 years.

Ken is a graduate of the University of Utah with a B.S. in Economics and was recognized

as an Economics Departmental Scholar. He then attended the University of Minnesota where he obtained his Masters in Health Care Administration in 1996.

He and his wife, Leslie, have six children and four grandchildren with a fifth grandchild expected in the next few weeks. With two children still at home, they will be moving to Rawlins with their sons, Zach, a Senior in high school, and Josh, who is in 7th Grade.

The MHCC Board of Trustees Chair Rod Waeckerlin noted that “Mr. Harman has demonstrated a history of exemplary leadership within other

critical access facilities and we are excited to have him direct MHCC and our clinics as we continue to grow and be at the forefront of healthcare in Carbon County.”



CMS Issues Proposed UPL Rule

The Centers for Medicare & Medicaid Services issued a proposed rule intended to increase oversight and transparency in Medicaid supplemental payment programs, including Disproportionate Share Hospital payments, and how states finance these programs. The rule can be found at <https://s3.amazonaws.com/publicinspection.federalregister.gov/2019-24763.pdf>.

The proposed rule would require states to report provider-specific information on non-DSH supplemental payments received for services in the state’s plan amendment or through demonstration programs and the source

of the non-federal funding for those payments. CMS proposes to sunset supplemental payment methodologies after three years, requiring states to seek future approval and adhere to standardized templates and calculations for non-DSH supplemental payments. In addition, the rule proposes to establish new regulatory definitions for Medicaid “base” and “supplemental” payments, and clarify definitions for non-federal share financing arrangements and upper payment limit ownership categories.

The rule also would clarify

how public funds can be used in state financing arrangements, clarify impermissible donations, and prohibit imposing higher provider tax rates on Medicaid services. Among other proposals, the rule would quantify individual DSH audit findings by hospital, and clarify the procedures for when DSH overpayments are discovered and the process for redistributing the overpayment. CMS will accept comments on the rule for 60 days after its publication in the Federal Register.

WCRS Requesting Regional Coordinator Services

The Wyoming Department of Health, Wyoming Cancer Program is pleased to announce the Request for Applications (RFA) for the Wyoming Cancer Resource Services (WCRS) Regional Coordinator Program. The purpose of this competitive application process is to select six (6) regional sites throughout Wyoming to coordinate cancer control at the regional level. The compo-

nents of the WCRS Program include: evidence-based intervention implementation, communication and media, and patient navigation. The anticipated contract term will be from July 1, 2020 - June 30, 2022.

Proposals will be considered from Wyoming tax-exempt, not-for-profit organizations, and public and private

organizations that are in good standing with the State of Wyoming, and have a desire to improve cancer morbidity and mortality in Wyoming. Health systems are encouraged to apply. Applicants must be registered with Systems for Award Management at www.sam.gov.

For more information call (307) 777-8609.