



Wyoming Hospital Association

NEWS BRIEFS

Informational Newsletter for Wyoming Hospitals

Volume 51, Number 06

February 21, 2020

Surprise Medical Billing Legislation Approved by House Ways and Means Committee

Two House committees (Ways and Means, and Education and Labor) advanced separate legislation to address surprise medical bills. These pieces of legislation also are different from a December agreement between leaders from the Senate Health, Education, Labor and Pensions (HELP) Committee and House Energy and Commerce Committee on legislation to address surprise medical bills.

Congressional leaders may act quickly because May 22 is a deadline to address several expiring federal health care provisions, and lawmakers hope to include a surprise medical billing fix in this legislative package.

House Ways and Means Legislation

Background: The Consumer Protections Against Surprise Medical Bills Act (H.R. 5826) prohibits providers from balance billing patients for emergency services or medical care the patient reasonably could have expected to be in-network, and from charging patients more than the in-network cost-sharing amount. Rather than rely on a benchmark payment rate to determine out-of-network reimbursement, the legislation provides a period for health plans and providers to negotiate out-of-network reimbursement, followed by a mediated dispute resolution process if necessary. The bill also includes other consumer protection provisions.

Position: The AHA agrees with the Committee that it is essential to prohibit balance billing in certain scenarios and to limit patients' obligation to their in-network cost-sharing responsibilities.

Once the patient is protected, hospitals and health systems should be permitted to work with health plans to determine appropriate reimbursement, as is outlined in this bill. We also appreciate that the Committee's legislation does not include any references that are extraneous to the surprise medical billing issue, such as those related to privately negotiated contracts. Such references have been incorporated into other bills and would lead to narrower provider networks with fewer choices for patients.

House Education and Labor Legislation

Background: The Ban Surprise Billing Act (H.R. 5800) relies on a median in-network rate to resolve out-of-network payments. For amounts paid above \$750 (or \$25,000 for air ambulance services), the legislation allows for an independent dispute resolution process to determine the final payment.

Position: We are concerned with the Committee's legislative approach to determining reimbursement for out-of-network providers. We strongly oppose approaches that would impose arbitrary rates on providers, which could have significant consequences far beyond the scope of surprise medical bills. It is the insurers' responsibility to maintain comprehensive provider networks, and a default payment rate would remove incentives for health plans to contract with providers or to offer fair terms.

Senate Help Committee and House Energy and Commerce Proposal

Background: Leaders from the Senate HELP Committee and House Energy and Commerce Committee Dec. 8 announced an agreement on legislation to address surprise medical billing. While legislative language has not been released, a summary of the proposal includes both a benchmark rate and an independent dispute resolution process for claims over \$750. The proposal also includes provisions that would add new constraints on provider and health plan contracts.

Position: This proposal is highly problematic and would jeopardize patient access to hospital care, particularly in rural communities. An arbitrary rate gives insurers an incentive to remove hospitals from their networks and force artificially low reimbursement rates, which limits access. Moreover, such proposals would provide a huge windfall to commercial insurance companies at the expense of the nation's community hospitals. In addition, we believe the contracting restrictions could lead to even more narrow networks with fewer provider choices for patients, while adversely affecting access to care at rural and community hospitals serving vulnerable communities.

CCH and The Legacy Receive Performance Excellence Awards

Member Spotlight

Campbell County Health's Campbell County Memorial Hospital and The Legacy Living and Rehabilitation Center are among five recipients of the 2019 Performance Excellence Awards from Rocky Mountain Performance Excellence.

The 2019 Award recipients are:
Peak Level Award—Elevations Credit Union, Boulder, Colorado; Great Plains Health, North Platte, Nebraska

Timberline Level Award—Campbell County Memorial Hospital, Gillette, Wyoming

Foothills Level Award—RiverStone Health, Billings, Montana

High Plains Recognition—The Legacy Living and Rehabilitation Center, Gillette, Wyoming

"Campbell County Health is the only organization in any industry in Wyoming to obtain any level of the Baldrige award,"

said CEO Andy Fitzgerald. "I am extremely pleased and proud of the work done by many people to achieve these awards, and to have CCH and The Legacy claim these milestones in the Baldrige journey. There are four levels before the national award and we have obtained the third level for the hospital, and the first level for The Legacy. Undoubtedly there are numerous opportunities on which we may improve before we start the application process for the next level of our journey."

High Plains recognition is for organizations that are interested in beginning self-assessment and beginning a journey toward performance excellence. These organizations complete an organizational profile, which is a snapshot that

describes its operating environment, key relationships with customers, suppliers, partners, and stakeholders, competitive environment, key strategic challenges and advantages, and performance improvement systems.

The Timberline Award is for organizations that have gained expertise in the RMPEX/Baldrige criteria and feel they are ready for a detailed discussion of their processes. The discussion includes information on approach, deployment, learning, and integration. At this level, the applicant addresses all process questions in a full application, except for those concerning results.



Campbell County Health

\$37,000 in 365 Days – SMH Auxiliary Does it Again

SMH Auxiliary

On Friday, February 7, 2020, the Sheridan Memorial Hospital Auxiliary presented donations totaling \$37,000 to The Sheridan Memorial Hospital Foundation at its annual meeting and luncheon. With this gift, the Auxiliary has given \$674,000 to Sheridan Memorial Hospital since 1991.

With a mission "to provide comfort to and better the welfare of Sheridan Memorial Hospital's patients," The Auxiliary Board members voted on the opportunity that best exemplified their purpose. Their funds will enhance

patient care in several departments including Respiratory Therapy, Urgent Care, and Patient and Family Waiting Rooms.

"We are so appreciative of the generosity and passion of the Auxiliary Board and all the Auxiliary volunteers," explained Chief Development Officer Cody Sinclair. "This year's donation will enhance the patient experience

throughout the entire organization and we are so fortunate to be able collaborate with such an incredible group."



Powell Receives Grant

Powell Hospital Receives Grant for Equipment

Powell Hospital District has been awarded a \$255,277 grant from the State Loan and Investment Board.

The grant provides half the funding for an upgrade to the emergency department's cardiac monitoring equipment

and 3D mammography equipment.

The district will provide the other half of the funding.

In its application to the state, the district said the equipment was needed to improve patient safety and meet a standard of care.



Powell Valley Healthcare

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