



Illinois Health and Hospital Association

**AAHAM**

November 30, 2018

Insert date

# 2018 Spring Legislative Session

- No Medicaid cuts
- Medicaid MCO transparency
- Investor-Owned tax credit extended
- Expanded reimbursement for Medicaid telehealth
- Healthcare worker safety/violence prevention

## Held – Did Not Pass

- Healthcare cost estimates
- Surprise out-of-network bills
- Health lien insurance bill
- Right to shop

# Democrats win Illinois



# Democrats control both chambers



# JB Pritzker's Positions

“The three biggest issues facing the state are fiscal instability, **unaffordable healthcare**, and a deteriorating education system.”

“...I will propose ... a budget that prioritizes job creation, **expanded healthcare coverage**, and quality, public education.”

“My **public health insurance option plan, called IllinoisCares**, would allow every Illinoisan ... to be covered and would give middle class families and small businesses a break on the high cost of health insurance.”

“[Rauner] ... **has provided little oversight to ensure [Medicaid MCOs]** are providing the care coordination and preventative care that will bring down costs in the long run.”

# Key State Issues

## State Budget

- Current deficit – \$1.5 billion
- Graduated Income Tax – 2020 Constitutional Amdt.
- Short term revenues
- Potential Cuts – Medicaid?

## Coverage Expansion – *IllinoisCares*

- Medicaid public option
- Individuals pay premiums – No state funds
- Questions To Consider:
  - Is it available to employers?
  - Is there an income limit?
  - Is it available to undocumented?
  - What rates would be paid to providers?
  - Would it operate as FFS or using the Medicaid MCOs?

# Key State Issues

## Capital

- 2019 Capital bill
- Hospital Component

## Tax Exemption

- Preserve 2012 statute
- Defend other legal challenges
- Potential vulnerability on other issues
- New Leaders: Director of Revenue & Attorney General

# Key State Issues

## Medicaid Transformation Pool

- \$263 million pool for 95 hospitals
- Continuation of 2014 Rate Reform Transition Payments
- Sunsets July 1, 2020
- Critical funding for many vulnerable SN and rural hospitals
- CMS wants progress toward transformation
- Legislative Hospital Transformation Review Committee
- IHA Hospital Transformation Task Force Principles
  - Community needs across continuum of care
  - Entire health care system, not just hospitals
  - Must be sustainable with rational payment systems
  - Accountability established before funds delivered
  - Adequate time is needed for proper planning

# Key State Issues - Medicaid Managed Care

- 2018 legislation-HFS post analysis of MCO claims processing and payment performance. Auditor General audit of MCOs
- Assessment requires MCO cooperation
- MCOs need hospitals for network adequacy
- IHA Performance Surveys shared with HFS
- Standardization efforts
  - Provider Roster Template
  - Discharge Planning Workgroup
    - IAMPH Discharge Planning Resource Guide
  - Billing Guidelines Workgroup
    - Provider Billing Manual
    - Encounter Related Recoupments

# Medicaid Integrated Health Homes

- Each enrollee linked to an IHH provider for care coordination
- Physical, behavioral and social needs
- Scheduled to begin January 1, possibly delayed
- Monthly face-to-face encounter for PMPM reimbursement
- Tiered approach with behavioral health focus

# Workers Compensation – SB 904

- Allows medical professionals to collect interest on late medical claims by filing a claim for this interest in circuit court
- Prevents workers' compensation insurers from ignoring the law requiring them to use electronic billing for workers' compensation claims
- Requires workers' compensation insurance companies to send an Explanation of Benefits to medical providers explaining why they have denied the authorization of medical care or what additional information they need to make a decision on that care.

# Certificate of Need – HB 4645

Passed to extend CON for 10 years – till Dec 31, 2029

Governor Vetoed – Working to Override veto

IHA working with Health Facilities & Services Review Board  
on modernizations

# Ethylene Oxide (ETO) Usage

Two concerns for hospitals:

- Using in-house to sterilize equipment
- Receiving supplies/surgical kits that have been sterilized using ETO

Legislative subject matter hearings

HB 5983 and HB 5985 introduced

Advocating for a 12-month transition period to phase out in-house usage if USEPA determines need to phase out

# Sexual Assault Survivors Emergency Treatment Act (SASETA)

## **Amended:**

2015 – P.A. 99-0454 effective 1/1/16 regarding billing

2016 – P.A. 99-0801 effective 1/1/17 regarding consent for evidence testing, storage and patient notice

2018 – [P.A. 100-0775](#) (HB5245) effective 1/1/19 regarding definitions, treatment/transfer hospital requirements, IDPH/OAG requirements, creation of Task Force

2018 - P.A. 100–1087 (SB3404) effective 1/1/19 regarding offer of shower after exam, additional support person and evidence retained 10 years

# SASETA Revision Genesis

Pediatric survivor care:

- 2017 legislation introduced to allow treatment of pediatric survivors outside hospitals
- Same level of medical forensic care
- Provided by child abuse pediatrician or SANE-P
- Agreement with treatment hospital
- IDPH oversight

2018 expanded to include:

- SANES providing medical forensic care in hospitals
- Training of ED staff and many other requirements

# Sexual Assault Facility Plans

- Treatment Hospitals- Provides medical forensic services to all sexual assault survivors
- Treatment Hospitals with approved pediatric transfer
- Approved Pediatric Health Care Facilities
- Transfer Hospital
- Out-of-State Hospital designated as trauma center (EMS) and has an approved areawide treatment plan, provides medical forensic services

# New Requirements

- Treatment hospitals must have “qualified medical providers” available to treat within 90 minutes 24/7 by January 1, 2022
- SANEs, SAFEs or child-abuse pediatricians
- ED clinical staff – physicians, PAs, RNs, APNs that are not qualified medical providers need 2 hours of training every 2 years
- Treatment must include photo documentation and storage - 20 years adults/60 years after age 18 for child
- Must have MOU with rape crisis center
- Report statistics semi-annually

# SASETA Reporting Requirements

**IDPH will request the following data in July 2019 for data from January to June of 2019**

- Total number of patients who presented with a complaint of sexual assault
- Total number of evidence collection kits offered – adults/pediatrics
- Total number of completed kits for all assault survivors - adults/pediatrics
- Total number of survivors who declined evidence collection – adults/pediatrics
- Treatment hospitals, the number transfers received for SASETA

# Sexual Assault Medical Forensic Services Implementation Task Force

27 Members – co-chaired by IDPH/OAG

Legislators

Hospitals

SANEs

Physicians

Advocates

Law enforcement

## Goals:

- Educational material
- Model rape crisis MOU
- Photography and storage options
- Facilitate area wide treatment plans & on-call systems
- Telemedicine recommendations
- Seek SANE training in nursing programs/emergency physician programs
- Report impact out-of-state transfer & treatment hospital availability

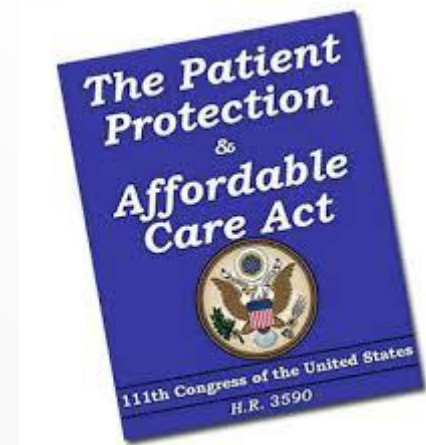
# Posting Public Charges



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# ACA Price Transparency Requirement-2010

Each hospital operating within the United States shall for each year establish (and update) and make public (in accordance with guidelines developed by the Secretary) a list of the hospital's standard charges for items and services provided by the hospital, including for diagnosis-related groups established under Section 1886(d)(4) of the Social Security Act.



# CMS Guidance – Final Rule August 2014

That hospitals either make public:

- a list of their standard charges (whether that be the charge master itself or in another form of their choice),
- or their policies for allowing the public to view a list of those charges in response to an inquiry.

# IHA Price Transparency Resources

- Price Transparency Principles
- Price Transparency Web Page
- Sample Policy for ACA Public Charges Requirement
- Health Plan Subscriber Education Resource
- Frequently Asked Questions
- Price Estimate Checklist
- Hospital Talking Points
- Patient Handout
- Links to other resources



# CMS Price Challenges

- Patients surprised by out-of-network bills
- Patients surprised by facility fees and physician fees for ED visits
- Chargemaster data not helpful to knowing what will have to pay
- Encourage providers to communicate beyond charges
- Want patients to be able to compare services

# IHA Comment Letter

- Gross charges do not advance price transparency
- Patients want to know what their out-of-pocket will be
- 93% of Illinoisans have coverage and health plans set the cost-sharing obligations
- Health plan is best option for information/cost estimators
- Uninsured can obtain pricing and financial assistance information from provider
- Illinois laws promote transparency and assistance

# CMS Guidance – Final Rule August 17, 2018

## **X. Requirements for Hospitals To Make Public a List of Their Standard Charges via the Internet**

- **Effective January 1, 2019:**
- Make public standard charges via the charge master or another form of hospital's choosing
- On the internet
- In machine readable format
- Updated at least annually

# CMS FAQs

- Applies to all hospitals
- Applies to all items and services provided
- Format – hospital’s choice as long as it represents current standard charges as reflected in chargemaster
- Machine-readable = easily imported/read into a computer (e.g. XML, CSV). Not pdf.
- Online state price transparency initiatives does not exempt hospital from requirements
- Can include quality information and additional information to help patients understand their liability and compare charges across hospitals

# Compliance Considerations

- Post complete chargemaster on website
  - Unit level charge code (CDM) with charge (default, average, common)
  - Add HCPCS/CPT? (AMA copyrighted)
  - Descriptions?
  - Different charges for same item?
  - Any codes with \$0 pricing?
- Additional information
  - Top DRGs, APC – could be in addition to all line items
  - Post near other price transparency information
  - Disclaimer – not what patient will pay
  - Contact for further information
  - Pointing to Illinois' Hospital Report Card Act website does not appear to comply but can include

# Future CMS Action

- No further guidance will be coming
- No current indication on enforcement, but will be included in future rulemaking
- Issued notice to find companies able to create a price comparison tool for consumers
- Proposes to require disclosure of drug prices in TV Ads
- Proposes to decrease Medicare Part B reimbursement for drugs by indexing them to other countries' payment

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