Mission Health

Mission Health Returns to Top 15 List for Fourth Year
An innovative initiative to improve outcomes after patients return home from the hospital has been touted by Modern Healthcare as one reason Mission Health has been named to Truven Health Analytics’ coveted Top 15 Health Systems list for the fourth consecutive year.

Mission’s Good to Go program sends audio or video recordings of discharge instructions to patients or their caregivers to ensure they have important care information to reference when they get out of the hospital. Truven cites patients’ understanding and following of discharge instructions as a key way health systems can improve patient outcomes, while reducing readmission rates and costs associated with care.

Congress and the Centers for Medicare & Medicaid Services (CMS) want to reward physicians and hospitals with higher reimbursements for improving patients’ conditions and eliminating the need for them to return to the hospital for additional treatment. The Medicare and CHIP Reauthorization Act of 2015, signed by President Obama last week, paves the way for CMS to begin using these and other quality indicators to pay higher reimbursements for better management of patients' conditions.

Policy Changes Affect Delivery of Care
The Citizen-Times recently spent time at Mission Hospital, looking at how changes in policy have affected the way Mission Health, like many other healthcare providers across the United States, has had to change its traditional business model of treating patients within the hospital, to keeping them out of the hospital.

The series of articles by the Citizen-Times, examines how shrinking revenue from government and insurance reimbursements and the increasingly high costs of providing care have prompted that change. And how hospital leadership, headed by President and
CEO Ron Paulus, MD, must be thinking ahead as to how the delivery of care must adapt to proposed changes in Raleigh and Washington, D.C., to retain services, maintain quality and sustain financial stability.

**Mission Patients Older, Sicker, More Expensive**

**How an Affordable Care Organization Works**

**Mission Hospital Eyes Bigger Expansion**

**Mission CEO Ron Paulus: ‘It's All at Risk’**

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**State**

**House Bill Deadline Passes with a Flurry of Action**

As the House bill filing deadline came and went last week, close to a thousand House bills have now been filed with less than two weeks before crossover. While many of these bills are not subject to the crossover deadline, both chambers are anticipated to be extremely busy in the coming days as lawmakers work to move their legislation out of their chamber before the self-imposed deadline of April 29. Both Speaker Moore and Senate Pro Temp Berger have indicated that legislative members should be ready for “some late nights” as sessions are expected to run long. While leadership in both the House and Senate have pledged their willingness to work together, only thirteen bills have been approved by both chambers and sent to the Governor compared to thirty-eight at this same point during the 2013 long session.

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**Federal**

**CMS Awards First 5-Star Ratings for Nation's Hospitals**

The Centers for Medicare & Medicaid Services has awarded its first [star ratings to hospitals](https://www.cms.gov/Outcomes-Report/QualityStarRating/HospitalQualityStarRating.html) for their patient satisfaction. Many of the nation’s best known hospitals received average ratings, while comparatively unknown hospitals and others that specialized in lucrative surgeries often received the most stars.

Evaluating hospitals is becoming increasingly important as more insurance plans offer patients limited choices. [Only 7 percent of hospitals received 5 stars](https://www.hospitalqualityratings.com). Maine, South Dakota and Wisconsin [hospitals had the most number of stars](https://www.hospitalqualityratings.com/). Hospital Compare ratings are based on 11 facets of patient experience, targeted by the [Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey](https://www.hospitalcompare.hhs.gov).
issued to patients after they are discharged from the hospital.

**CMS Releases Proposals to Change Skilled Nursing Payments, Reporting Requirements**

CMS last week released a proposed rule updating Medicare fee-for-service payments for the skilled-nursing facility prospective payment system for FY16. The rule would increase aggregate payments by 1.4 percent, or $500 million, after accounting for inflation and other adjustments required by law. The rule also would require the submission of staffing information based on payroll data. CMS also proposes to adopt an all-cause readmission measure for use in the SNF value-based purchasing program, which will begin in FY 2019. [Read a CMS summary](#) or [view the 150-page rule](#).

**CMS to Grant $201 Million for Navigators**

Eligible individuals and entities, including health care providers, may apply until June 15 for a portion of [201 million in grants to support navigators](#) in federally-facilitated and state partnership marketplaces over three years, CMS announced last week. Letters of intent to apply are due June 3. The grants will be awarded in 12-month increments, with at least $600,000 available for the first 12-month period in each state with a federally facilitated or state partnership marketplace.

**WSJ: Government Overpaying for Hospital Outlier Patients**

List prices charged by hospitals aren’t supposed to matter to Medicare because the government doesn’t pay them. The federal program almost always pays fixed amounts based mostly on patients’ conditions. However, this apparently isn’t the case for treating "outlier patients." Medicare allows hospitals to collect for such patients based on the actual costs of treating them. But because hospitals don’t provide cost data until many months after patients are treated, the government has to estimate costs using a formula that relies heavily on list prices. [A new Wall Street Journal story](#) suggests that the government is overpaying for these services.

**Pharmaceutical Industry Defends Rise in Rx Costs**

Just a few days after reports showed a 13.1 percent spike in prescription drug spending, the Pharmaceutical Research and Manufacturers of America, PhRMA, released a new [video that tries to put it in perspective](#). "Since 2000, biopharmaceutical companies have brought more than 500 new medicines to U.S. patients, resulting in significant progress against some of the most costly and challenging diseases," PhRMA says in the video.

**Insurers Call for More Restrictions on Medical Devices**

The health-insurance industry is [calling for tougher rules for approving and tracking medical devices](#), citing regulatory gaps exposed last year when a tool used for decades in hysterectomies was found to spread cancer. America’s Health Insurance Plans said in a letter to Sen. Bob Casey (D-PA) last week that the dangers of the laparoscopic power morcellators reveal weaknesses in how devices are cleared for use and monitored once they are on the market.
New Analysis Shows Dramatic Slowing of Health Care Spending Growth
The United States is in the midst of a remarkable slowdown in health-care spending growth. Health care costs grew, on average, 2 percent faster than the economy between 1990 and 2008. However, since 2008, things have been different. New federal data released in December shows health care costs grew at 3.6 percent — the slowest rate the government has recorded ever, since it began keeping track of health-cost growth in 1960. See a visual analysis of the slowing of health care spending.

SAMHSA: ‘Nearly 1 in 10 Workers Has Substance Abuse Disorder’
A new report by the Substance Abuse and Mental Health Services Administration (SAMHSA) indicates that 9.5 percent of full-time workers (ages 18 to 64) experienced a substance use disorder in the past year. The report shows that an average of 8.7 percent of full-time workers used alcohol heavily in the past month. Heavy drinking is defined as consuming five or more drinks on the same occasion on five or more days in the 30 days. The report also indicates that 8.6 percent of full-time workers used illicit drugs in the past month.

Survey Says: Number of Uninsured at New Low
A new Urban Institute survey finds that the number of uninsured working-age Americans has fallen by 15 million people since Obamacare enrollment began in late 2013. That's a 7.5 percentage point drop through last month, although it still leaves one in 10 adults aged 18 to 64 without health coverage. The survey found that the uninsured rate fell more sharply in states that expanded Medicaid.

Florida, Feds Fighting Over Medicaid Expansion
The Obama Administration and Florida's Governor are escalating the fight over the state's Medicaid program. Last week, Gov. Rick Scott, a Republican, said he planned to sue the Obama administration for using what he called “coercion tactics” to try to pressure the state expanding Medicaid, a centerpiece of the Affordable Care Act. The federal government made clear that unless the Republican-controlled state legislature moved forward with Medicaid expansion, it could lose as much as $2.1 billion in federal dollars to help hospitals care for the uninsured. The federal aid is scheduled to expire June 30. See a report on how other states are also dealing with their Medicaid expansion efforts.