

Executive, Legislative & Regulatory

# AGENDA

2016







## *Dear Policy Makers and Community Stakeholders,*

Public policy and health care remain closely linked, and the decisions you will make in the upcoming year play a crucial role regarding increased patient access, improved transparency and healthier outcomes for our communities in Iowa, Illinois and Wisconsin.

At UnityPoint Health®, our regions have identified issues that we believe deserve your careful consideration. We are committed to serving our communities in an efficient, cost-effective manner that leads to the best outcome for every patient every time. We continue to be a trailblazer in care coordination by emphasizing the role of physician leaders, who elevate the quality of care for every patient.

With your help in advancing the priorities outlined here, we can improve the coordination of health care, enhance the recruitment and utilization of health professionals, increase the integration of behavioral health into primary health care and address key budgetary considerations to continue effective public and private partnerships.

We look forward to working together toward our mutual goals to meet the needs and improve the health of our communities.

Respectfully,



**Bill Leaver**  
Chief Executive Officer  
UnityPoint Health



**Kevin Vermeer**  
President & Chief Strategy Officer  
UnityPoint Health

## Renew the “Hospital Assessment” to Maintain \$38 Million in Medicaid Funding

The Hospital Health Care Access Assessment Program (Hospital Assessment) (Chapter 249M) was enacted in 2008 for the purpose of bringing additional federal funding to the State for use in the Medicaid program. Over the years, the hospital assessment program has worked well, bringing an additional \$38 million annually into the state to support the Medicaid program. The program was renewed for an additional three years in 2013. Last session, legislation was enacted to allow DHS to continue the program within a Medicaid managed care setting until the program is set to sunset on June 30, 2016.



### Does this program impact UnityPoint Health® Medicaid patients?

UnityPoint Health® Medicaid patients have benefited from this funding. For example, services such as UnityPoint Health-sponsored child protection centers, behavioral health and primary care integration, medication therapy management services, and well child care are all supported by this additional Medicaid funding. If the program is allowed to sunset, \$13.5 million of net revenue will be lost for programs like these that benefit UnityPoint Health Medicaid patients.

### How does the program work?

Currently, urban hospitals pay an assessment tax to the state (Iowa’s critical access hospitals and the UIHC do not pay the tax). The state submits the tax revenue to the federal government. The federal government commits a 2-to-1 match of the funding. The match dollars are returned to the state and distributed to those hospitals that care for the most Medicaid patients.

### Can the Hospital Assessment work now that the state has moved to managed care?

Yes. Statewide hospital assessment programs in no less than nine states (CA, GA, IN, MI, PH, PA, TN, IL, and WI) have at least part of their hospital-assessment funded payments to hospitals channeled through Medicaid managed care.

### What does UnityPoint Health propose?

UnityPoint Health is asking the Legislature to ensure the continuation and functioning of the hospital assessment in a Medicaid managed care setting. **UnityPoint Health would like to extend the program for an additional three years with the caveat that, if the federal government ceases to allow this funding match, the program would be repealed.**







## Medicaid Modernization – Transition to Managed Care

The privatization of Medicaid is happening throughout the country. As of summer 2015, 39 states have moved toward the privatization of managed care and over half of those counties include Medicaid recipients who are already functioning in a managed care environment.

In Iowa, four Managed Care Organizations (MCOs) have been chosen to manage a percentage of the Medicaid population. It is important for public policy leaders to be vigilant about the implementation process and aware of the concerns of patients and providers as the new system moves forward. Although UnityPoint Health has some concerns, we are committed to making this process work. UnityPoint Health will work with the Health Policy Oversight Committee at the Department of Human Services (DHS) and the Legislative Health Policy Oversight Committee to address concerns as the process moves forward.

**UnityPoint Health has been a leader in Iowa in the movement toward coordinated care. Our primary driver has been the promotion of patient-centered care and the improvement of population health. This goal should be paramount in the migration of Medicaid patients to managed care.**

- ✓ It is essential that providers maintain control over patient care and the coordination of that care. The State should ensure that current provider relationships with Medicaid recipients and providers are maintained when making MCO assignments and ensure that any new patients honor prior authorizations and provider relationships for ongoing care.
- ✓ MCOs must be treated as the administrative arm of Medicaid and not allowed to make decisions that impact the type, quality or coordination of patient care.
- ✓ The state should consider developing performance measures that incentivize MCOs to work with other community stakeholders to further improve in overall service delivery.

## Integrate Mental Health with Physical Health

Iowa's mental health confidentiality laws are more restrictive than federal requirements for patient privacy. **UnityPoint Health is committed to the integration of behavioral health and primary care, but Iowa's current code creates unnecessary barriers to this integration. We continue to support the privacy of a patient's health care records, while making necessary changes to allow providers to share information about a patient's mental health diagnosis for the purposes of health care treatment only.**

## Nursing Compact

Twenty-five states, including Iowa and Wisconsin, participate in the current Nurse Licensure Compact. The National Council of State Boards of Nursing is proposing changes to the national compact to bring standardization to the requirements for background checks across all states. In order to participate in the nurse licensure compact all participating states will need pass changes to the current enacting statute. **UnityPoint Health supports Iowa updating the nurse licensure compact so our nurses can continue to serve patients across Iowa, Illinois and Wisconsin without administratively burdensome licensure requirements.**



## Cost to Charge Ratio

In the state's Medicaid program any changes to a hospital's published charges can have a negative impact on the hospital's Medicaid reimbursement. **UnityPoint Health ask policy makers to allow the Department of Human Services and the Iowa Medicaid Enterprise the ability to work with hospitals who would like to make changes to their charge master, bringing greater accuracy and transparency to the process, while maintaining reimbursement rates.**



## Appropriations

### ■ IOWA POISON CONTROL CENTER

**UnityPoint Health appreciates the Iowa General Assembly's continued support of the Iowa Poison Control Center.** With the state's continued appropriation of \$600,000, the Poison Control Center is able to draw down a federal match of \$683,000 to provide a stable funding source of \$1.3 million for this important public health service.

### ■ CHILD PROTECTION CENTER GRANT PROGRAM

Iowa policy makers have supported the good work of the state's Child Protection Centers by funding the grant program at \$1.6 million. **UnityPoint Health appreciates the commitment to these services and supports the continued funding and distribution formula for this program.**

### ■ MEDICAL RESIDENCY TRAINING PROGRAM

**UnityPoint Health responded to the state's commitment to increase the physician workforce and was pleased to be awarded a Medical Residency Training Grant to expand the pediatric residency program in Des Moines. We support the continued funding of this program.**



In 2016, UnityPoint Health – Des Moines will be partnering with Broadlawns Medical Center to begin a new psychiatric residency program, responding to the urgent need to increase the mental health workforce in the state.





## Nursing Compact

Twenty-five states, including Iowa and Wisconsin, participate in the current Nurse Licensure Compact. While the language has been introduced in Illinois, the state has not joined the compact. The National Council of State Boards of Nursing is proposing changes to the national compact to bring standardization to the requirements across all states.

**UnityPoint Health supports Illinois joining the nurse licensure compact so our nurses can continue to serve patients across Iowa, Illinois and Wisconsin without administratively burdensome licensure requirements.**

## Interstate Placement

States in the upper Midwest – Iowa, South Dakota, Wisconsin and Minnesota – have adopted laws which allow bordering states to utilize contractual arrangements to transfer involuntarily committed patients to a bordering state for inpatient treatment. The contractual arrangements are voluntary and between providers and bordering state governmental entities (counties, cities, etc.). These arrangements allow for better delivery of mental health care to some of Illinois' most vulnerable citizens. Due to limited inpatient bed availability, involuntarily committed patients are transferred to the first bed that becomes available – which often results in patients being treated far from home and/or requiring lengthy transports. This places stress on the following: local hospitals who expend countless hours procuring inpatient beds, local law enforcement and ambulance services professionals who are required to transport patients as well as providers. **Allowing for interstate placement could alleviate some of the stress on the current system by permitting care to occur closer to the patient's home along with decreased transportation time, thus reducing costs and creating a more efficient delivery system, particularly in border communities.**

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## Appropriations

We are aware of the budget challenges facing the state of Illinois and the struggle for policy makers to come to an agreement on the best approach to close the gap. **UnityPoint Health will work to secure and preserve funding for the state's Medicaid program in order to continue to be a community partner in providing care to the most vulnerable citizens of the state.**

Bill Leaver, Chief Executive Officer and Kevin Vermeer  
President & Chief Strategy Officer, UnityPoint Health

## Mental Health Care

UnityPoint Health is a leader in innovative, whole person care for patients affected by mental illness. We support the following mental health initiatives:

- ✓ Funding for care coordination pilot projects that will provide integrated care for Medicaid recipients with mental illness and a co-occurring health care diagnosis.
- ✓ The creation of new Medicaid payment models for adult Medicaid enrollees that would extend the services of existing psychiatrists by paying for consultation services provided by psychiatrists to primary care and certain specialty care providers. The implementation will immediately help those psychiatrists and specialty care providers manage and treat adults with mild to moderate mental illness. Such consult services are not currently reimbursable by Medicaid despite the value provided to enrollees and the Medicaid program.
- ✓ Implementation of an online mental health bed tracking system. There are a limited number of staffed psychiatric inpatient beds in Wisconsin, and hospitals with such beds frequently run at or near capacity. As a result, patients can sometimes experience significant difficulty accessing appropriate levels of care. As a means to improve access to psychiatric acute care and speed transitions of care from an ER setting to a psychiatric inpatient bed or to a community care setting, Wisconsin should follow the lead of various states throughout the country; these states have developed statewide systems that allow ER staff to view on a near-real time basis which hospitals and facilities have open psychiatric beds and which community-based services are available.

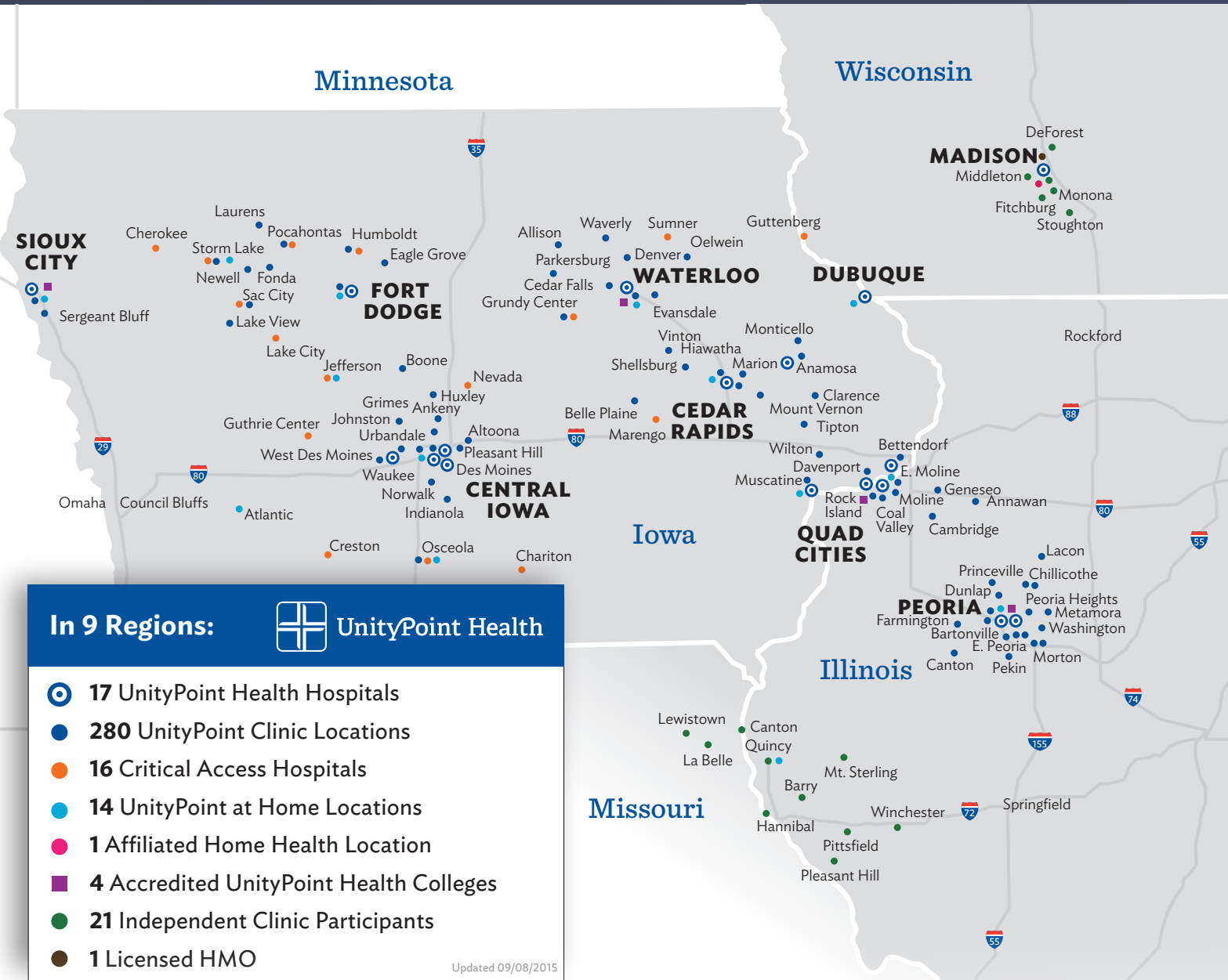


## Oversight of Self-Funding the State Employee Benefit Plan

UnityPoint Health supports the legislature’s intention to provide oversight of the decision regarding the self-funding of the state employee benefit plan.

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**For more information, contact:**



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