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## *Insights*



On the ABC show [Shark Tank](#), hopeful entrepreneurs pitch their products to a panel of venture capitalists with the hope of launching or expanding their business. The panelists aren't angel investors acting out of altruism or a personal relationship. They want prospects with the potential for high return on investment.

I was thinking. What if our Medicaid coalition could pitch Medicaid reform to the sharks? Here's how I think we'd do it.

We would lead with the strongest argument for venture capitalists — ROI. Our partner, the Missouri Chamber of Commerce and Industry, would open with how Medicaid could infuse \$2 billion annually into the state's economy. The Chamber would cite the University of Missouri and MERIC studies as strong evidence of economic opportunity here, and evidence of successes in neighboring states as proof of concept.

We would line up additional partners to explain the untapped potential of Medicaid expansion.

Led by the American Cancer Society, health care advocacy organizations would make the case that the new funding could help save lives and reduce costs through prevention, early detection and treatment. Among the many prevention services that would now be available, the ACS would illustrate that nearly 73,000 uninsured women in Missouri would gain access to mammography screening with investment.

Together, our law enforcement and behavioral health partners would pitch reorienting our flawed system for handling inmates or arrestees needing mental health treatment. The groups would point out that, throughout the past decade, Missouri has shed dedicated psychiatric beds. This has created new costs for law enforcement as they spend administrative time finding beds, as well as officer and vehicle time, to transport individuals to beds far from their jurisdiction.

Next, Missouri's veterans' organizations would pitch the panel. Research indicates that more than 30,000 Missouri veterans are uninsured and nearly 23,000 of their family members have no coverage. Medicaid could extend coverage to about half of these individuals and family members. They would argue that Missourians have a particular duty to help their fellow veterans and that doing so would enhance the Missouri "brand."

Agriculture and rural advocacy groups would follow. They would make the case that health care is the economic and social glue that holds rural communities together and point to the closure of two rural hospitals as evidence of the precariousness of many rural hospitals' finances. Next, they would

underscore the importance of local health care access, cautioning that “medical deserts” could result from a lack of reform — even at a time when rural residents prefer to get their services close to home. Finally, they would discuss the potential for higher costs for rural services as fewer rate payers are left to support public and co-op infrastructure.

Then, we would transition to discussion of opportunity costs.

Hospitals would discuss the burden associated with nearly 900,000 uninsured — including but not limited to \$1.2 billion in annual uncompensated care costs. We would point out that an uninsured Missourian presents in a hospital emergency department on average once a minute, every day, all year long. We would make the case that it’s a burden on the system, and to businesses and individuals who purchase insurance, and drives up costs across the board. Moreover, cuts to hospital payments have made that business model unsustainable, resulting in staff reductions, postponement or cancelation of capital investments and reduction of services. All of these factors make it more difficult to recruit badly needed health care professionals, particularly in rural areas.

Finally, we would talk about our innovative business plan.

As a group, we would tell the sharks that we share their risk aversion and desire to embrace a conservative investment policy — elements that will be critical to protect the state from future losses. And, we would point out that our plan could pay huge dividends for the state.

First, Missouri could see our federal tax dollars return to invest in a program that works for the state — something that any conservative investor would do. Second, the state can seek federal waivers to create a program that toes the line to a conservative investment ethic. Third, we would share that the new financing can help lighten the load on future state obligations. We would argue that the state could take the savings and hold them in a reserve fund. Properly managed, this reserve fund could, for the next decade, relieve the state of its obligation to meet the match of \$1 for every \$9 dollars the federal government invests. Finally, we would point out that by comparison Medicaid reform far exceeds the potential of the tax incentive programs that lawmakers have previously supported.

That would be our pitch. And, on Shark Tank we’d have gotten an offer. The numbers look too good not to put your money and reputation behind it.

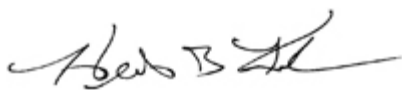
A Shark Tank-like competition has occurred in four of our neighboring states, three of which — Iowa, Illinois and Arkansas — occupy our longest borders. These states are benefiting from the investments already.

However, unlike the Shark Tank panelists, the Missouri’s General Assembly has failed to recognize the value or cut a deal.

With next week’s election, some of the panelists will change. Perhaps they will look at this investment opportunity and — like so many here in Missouri and in our neighboring states — agree that this is a sound investment for our state.

Your vote counts. Make your voice heard next Tuesday.

Send me a [note](#) to let me know what you are thinking.



Herb B. Kuhn  
MHA President and CEO

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## ***Ebola Update***

MHA has assembled Ebola-related resources [online](#) to help hospital staff access and understand guidance from state and federal public health organizations. For more information, contact [Chris Smith](#).

### **CDC Releases Considerations For Discharging Persons Under Investigation**

The Centers for Disease Control and Prevention has released Considerations for Discharging Persons Under Investigation for Ebola [guidance](#). The decision to discharge a patient being evaluated as a person under investigation for [Ebola](#), who has not had a [negative RT-PCR test](#), should be based on clinical and laboratory criteria and the ability to monitor the PUI after discharge. In addition, the decision to discharge should be made by the medical providers caring for the PUI, along with the local and state health departments.

### **FDA Approves Rapid Ebola Test For Hospital Laboratories**

This week, the Food and Drug Administration [authorized](#) emergency use of a rapid test for Ebola by hospital laboratories certified to perform moderate or high complexity tests. The emergency-use authorization allows such hospitals to conduct the test in-house, without having to send the sample to an outside lab.

### **Videos Show Proper Use Of PPE**

The Centers for Disease Control and Prevention and Medscape have produced a 13-minute [video overview](#) of new [guidelines](#) on the types of personal protective equipment to be used, and processes for putting on and removing PPE. The North Carolina Division of Public Health and its partners also have released a [video](#) demonstrating donning and doffing of PPE in hospital isolation units.

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## ***Regulatory News*** the latest actions of agencies monitoring health care

### **CMS Releases Home Health CY 2015 Final Payment And Policy Updates**

MHA Staff Contact: [Andrew Wheeler](#)

The Centers for Medicare & Medicaid Services [released](#) the final calendar year 2015 payment and policy updates for the home health prospective payment system. This year's updates include a reduction of 0.3 percent, or \$60 million reduction in payments, for CY 2015. This estimate is up slightly from the proposed regulation reductions of \$58 million. In addition, the rule also includes simplifying the following changes:

- face-to-face encounter regulatory requirements
- home health PPS case-mix weights
- home health quality reporting system requirements
- therapy reassessment timeframes
- revisions to the speech-language pathology personnel qualifications
- minor technical regulation text changes

MHA has prepared an [issue brief](#) with additional details.

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## **Election Could Move Six States To Expand Medicaid Eligibility**

MHA Staff Contact: [Andrew Wheeler](#)

Avalere Health [released](#) a report which indicates that at least six states could expand Medicaid eligibility based on the outcome of next week's governors' races. According to Avalere, Democratic gubernatorial candidates in Florida, Georgia, Kansas, Maine and Wisconsin, along with an Independent candidate in Alaska, could pursue expansion if elected. The report also suggests that some new Republican governors could support expansion once in office. The report continues to state that Missouri would cover an additional 361,000 residents currently uninsured under Medicaid if expanded in 2015.

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## **HAI Exemption Form Deadline Nears**

MHA Staff Contact: [Wanda Marvel](#)

Inpatient Quality Reporting hospitals exempt from submitting healthcare-associated infection data must submit HAI exemption forms by Nov. 15. This deadline applies to newly exempt hospitals and those that have not renewed their HAI exemption status within the past year. Available exceptions follow.

- Catheter-Associated Urinary Tract Infection
  - hospital has no adult or pediatric intensive care unit locations
- Central Line-Associated Bloodstream Infection
  - hospital has no adult, pediatric or neonatal intensive care unit locations
- Surgical Site Infection
  - hospital performed a combined total of nine or fewer colon surgeries and abdominal hysterectomies in the calendar year prior to the reporting year

If your facility does not meet the criteria necessary for having to report these data, please complete an [exception form](#) and submit it through the [QualityNet Secure Portal](#), Secure File Transfer "WAIVER EXCEPTION WITHHOLDING" group. If unable to submit by Secure File Transfer, please submit by [email](#) or secure fax to 877/789-4443.

Hospitals with an active IQR Notice of Participation are required to complete HAI data submissions through the National Healthcare Safety Network [application](#) process. The Centers for Medicare & Medicaid Services highly recommends that facilities develop a process to enter HAI surveillance in the NHSN, resolve alerts, and utilize the NHSN analysis tools to check for accuracy and completion on a monthly basis. Doing so will allow adequate time to correct any critical errors or other technical issues prior to the deadline. Questions regarding the IQR program may be submitted through the inpatient questions and answers [tool](#) or by calling the education support contractor at 844/472-4477 or 866/800-8765, Monday through Friday, from 7 a.m. to 7 p.m.

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## **IQR Releases PC-01 Data Entry Instructions**

MHA Staff Contact: [Wanda Marvel](#)

The Inpatient Quality Reporting Program announced a Nov. 15 submission deadline for clinical data and the Perinatal Care Web-Based Measure. Eligible IQR hospitals with an active IQR Notice of Participation are required to upload clinical data and complete the PC-01 submission using the web-based measures data entry tool through the [QualityNet Secure Portal](#). Hospitals that do not deliver babies must enter a zero for PC-01 for each discharge quarter or lose their inpatient annual payment update. To verify the status of clinical data submission, hospitals may run the Provider Participation Report, Case Status Summary Report, and other applicable reports. To verify the status of a PC-01

submission, hospitals may run a Provider Participation Report or check the Inpatient Web-Based Measures summary screen. Questions regarding the hospital IQR program may be submitted through the inpatient questions and answers [tool](#) or by calling the education support contractor at 844/472-4477 or 866/800-8765, Monday through Friday, from 7 a.m. to 7 p.m.

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### **TJC Provides Flexibility In Meeting 2015 ORYX Reporting Requirements**

MHA Staff Contact: [Wanda Marvel](#)

Effective with Jan. 1, 2015 discharges, The Joint Commission accredited hospitals have the flexibility of meeting their ORYX measure reporting requirements through one of three options. Detailed information regarding each of the available reporting options can be found in the “2015 Flexible ORYX Performance Measure Reporting Options” document posted under the “Measurement” section of The Joint Commission’s [website](#). Hospitals must submit a completed form during the month of November to TJC. TJC is unable to accept any changes after Nov. 30 for the ORYX program requirements. To obtain the necessary form, click [here](#).

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**HIDI Tech Connect**

### **HIDI Releases Third Quarter FFY 2014 Inpatient, Outpatient Databases To Subscribers**

MHA Staff Contact: [Shane VanOverschelde](#)

The third quarter of federal fiscal year 2014 inpatient and outpatient databases are now available for download for subscribers of the [HIDI Premier Data Package](#). These databases consist of a patient-level limited dataset including all discharges and visits to HIDI hospitals. Files are delivered as both text files and ready-to-query Microsoft Access database files. The files are located on [HIDI Analytic Advantage](#)<sup>®</sup> in the “Strategic Planning/Premier Data” folder.

- Inpatient Missouri Access database, Q3 FFY 2014: MO0000\_INPT\_Q3\_2014.zip
- Inpatient Missouri text files, Q3 FFY 2014: MO0000\_IPDATA\_Q3\_2014.zip
- Outpatient Classified Missouri Access database, Q3 FFY 2014 (no CPT conversion): MO0000\_OUTPT\_C\_Q3\_2014.zip
- Outpatient Classified HCPCS Missouri Access database, Q3 FFY 2014 (no CPT conversion): MO0000\_OUTPT\_C\_HCPCS\_Q3\_2014.zip
- Outpatient Classified Missouri Access text files, Q3 FFY 2014 (no CPT conversion): MO0000\_OPDATA\_C\_Q3\_2014.zip
- Outpatient Classified Missouri Access database, Q3 FFY 2014 (CPT conversion): MO0000\_OUTPT\_C\_CPT\_CONV\_Q3\_2014.zip
- Outpatient Classified HCPCS Missouri Access database, Q3 FFY 2014 (CPT conversion): MO0000\_OUTPT\_C\_CPT\_CONV\_HCPCS\_Q3\_2014.zip
- Outpatient Classified Missouri Access text files, Q3 FFY 2014 (CPT conversion): MO0000\_OPDATA\_C\_CPT\_CONV\_Q3\_2014.zip
- Outpatient Unclassified Missouri Access database, Q3 FFY 2014 (no CPT conversion): MO0000\_OUTPT\_U\_Q3\_2014.zip
- Outpatient Unclassified Missouri Access text files, Q3 FFY 2014 (no CPT conversion): MO0000\_OPDATA\_U\_Q3\_2014.zip
- Outpatient Unclassified Missouri Access database, Q3 FFY 2014 (CPT conversion): MO0000\_OUTPT\_U\_CPT\_CONV\_Q3\_2014.zip
- Outpatient Unclassified Missouri Access text files, Q3 FFY 2014 (CPT conversion): MO0000\_OPDATA\_U\_CPT\_CONV\_Q3\_2014.zip

Hospitals interested in subscribing to the 2014 HIDI Premier Data Package should review the [package information](#). Current subscribers with questions about downloading files should contact [HIDI](#). Additional information on 2014 releases is available [online](#).

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## Noteworthy

### MHA And Mitigation Dynamics Inc. To Host Civil Unrest Webinar

MHA Staff Contact: [Jackie Gatz](#)

MHA, in partnership with Mitigation Dynamics Inc., will provide two (repeated) educational webinars that will provide considerations and solutions for health care organizations who may be directly confronted with circumstances related to civil unrest, including pre-event planning and operational protocols for response. There will be an opportunity for participant questions at the conclusion of the webinars. Additionally, MDI has developed a hospital-specific checklist for planning considerations. Access to the webinar recordings and checklist will be made available next week. Webinar dates and times follow; curriculum will be identical for each webinar. To register, click on the appropriate date.

- [Monday, Nov. 3, from 2 to 4 p.m.](#)
- [Tuesday, Nov. 4, from 9 to 11 a.m.](#)

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## CEO Announcements

### St. Joseph's Hospital In Illinois Names New CEO

MHA Staff Contact: [Carol Boessen](#)

Paulette Evans has been [named](#) president and CEO of St. Joseph's Hospital in Breese, Ill., effective Oct. 21. She also serves as chief nursing officer and has been in that role since 1999. Evans has more than 40 years of experience in hospital operations and succeeds Mark Klosterman, who resigned in June to be CEO of Faith Regional Health Services in Norfolk, Neb. A list of CEO changes is available [online](#).

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### Smith Moves Up Retirement Date From SoutheastHEALTH

MHA Staff Contact: [Carol Boessen](#)

Wayne Smith, president and CEO of SoutheastHEALTH in Cape Girardeau since June 2011, has [moved](#) up his retirement date to Nov. 1, versus the end of the year. John Skeans, chief financial officer, has been named acting CEO until a permanent replacement is named. A list of CEO changes is available [online](#).

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## Did You Miss An Issue Of MHA Today?

The following articles were published in this week's issues of *MHA Today* and are available online.

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Ebola Update

CMS Releases Checklist For OQR Second Quarter Data Submission

CMS Posts Resources For IQR Prior To Submission Deadline

TJC Suspends ORYX SUB-4 And TOB-4 Measures

MLN Connects Provider eNews Available

[October 29, 2014](#)

Ebola Update

*Trajectories* — Aim Toward Outcomes

MO HEN Solicits Survey Responses

The Leapfrog Group Releases Fall 2014 Hospital Safety Scores

MHA Contacts Congress On VA Law Implementation

CMS Updates RAC Settlement FAQ Document

Health Insurance Marketplace SHOP Early Access Now Available

Health Care Spending Increased By 3.9 Percent In 2013

MHA And Mitigation Dynamics Inc. To Host Civil Unrest Webinar

[October 28, 2014](#)

Ebola Update

[October 27, 2014](#)

*HIDI HealthStats* — Hospital Quality Spotlight On Readmissions

Ebola Update

Subscriptions Available For HIDI 2015 Premier Package

Wilkinson Announces Retirement From Menorah Medical Center



*Consider This ...*

*Today, many people celebrate Halloween. Americans purchase nearly 600 million pounds of candy each year for Halloween. That's equivalent to the weight of six Titanic ships.*

Source: [Visual.ly](#)

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