

HOSPITAL ISSUES AND TOPICS FOR CONGRESS IN 2017

While it appears there will be few, if any, opportunities to enact significant health legislation before 2017, MHA would like to discuss Missouri hospitals' recent successes in the areas of transparency and quality performance. Sustaining those improvements and others are important to health of all Missourians. To maintain that momentum, MHA also would like to discuss Missouri hospitals' financial and performance trends as well as broader concerns about the federal government's role in the hospital market. MHA trusts this will be useful in providing context for 2017 congressional policy debates.

The attached briefing papers and graphics address the following topics.

- A [profile](#) of MHA's membership, along with aggregate Missouri hospital financial and utilization data from 2015.
- [Concerns](#) about CMS' collection of hospital data for its Hospital Compare website when the data is not used because the number of procedures does not meet CMS' minimum data reporting thresholds. MHA is developing a proposal to curb the [pointless collection of data](#) while recognizing both predictable and unpredictable fluctuations in services provided over time. The FLEX program is focused on improving performance in critical access hospitals and achieving successes.
- Delivering or securing [behavioral health services](#) continues to challenge Missouri's hospitals. The [distribution](#) of behavioral health providers shows many shortage areas.
- Changes in the number of health plans serving Missouri's federally subsidized [health insurance "marketplace"](#) regions, and a discussion of the implications of those changes.
- While a recent decision temporarily curbs its effect, the [manipulation of the Medicare wage index](#) to benefit some states at others' expense needs congressional action to be stopped.
- Concerns about the Centers for Medicare & Medicaid Services' approach to implementing and regulating the evolving health care market. CMS is designing new Medicare financing and delivery models as national "experiments" with multilayered "control" and "experimental" groups to enable a scientifically valid evaluation. Laudable as the concept may be, it treats the nation's [hospitals as "lab rats"](#) in the experimentation, with hospitals randomly assigned to implement components of a growing number of complex CMS initiatives. The assignments and their unforeseen outcomes can significantly affect a hospital's ability to survive or thrive.
- MHA urges Congress to protect access to the [340B](#) drug discount program.
- Legislation to establish new standards of accountability and comparison of [health information technology vendors](#) warrants attention in 2017.
- [Financial metrics](#) for Missouri hospitals for 2015, with separate analyses for critical access hospitals, rural Medicare prospective payment system hospitals and attached Missouri congressional districts. The analyses also include data on the net financial effect of the performance-based Medicaid value-based purchasing program.

