



GOPHER TRACKS

PRESIDENT'S UPDATE

KRISTINA GURSKY CRCR, CRCP
VICE PRESIDENT OF HEALTHCARE
CLIENT SUCCESS AT IC SYSTEM

Happy Spring, Everyone!



In all fairness – I'm told it's actually spring. There were two days earlier in April that's felt like summer. As I write this towards the end of April, I'm watching flurries again. While it certainly doesn't feel like it, I'm holding hope we really will have sunshine and warm temperatures again before you know it. We've certainly earned it after this winter season!

For all of you in attendance at our March meeting I want to again personally thank you! It was wonderful seeing so many of you in person. Each AAHAM event I get the pleasure of leading or attending I always walk away with such a sense of awe and pride. I don't know of another industry that changes as quickly as the healthcare revenue cycle does. This year seems to be no exception to that with the Public Health Emergency officially ending in May – we all know more changes are ahead simply as a result of that. But I also know the revenue cycle leaders and staff I know will dig deep to implement changes necessary, and for that, I am so proud of the work all of you do!

As my first year as your president, I first need to thank our most recent past president, Heather Rickgarn, for her years of service with AAHAM. As Heather made a difficult decision to resign this year, it created opportunities for us to add some wonderful new faces to our chapter's leadership team. In working with the team, I can tell you this is the most excited I've been to be a part of AAHAM in quite some time! There's a lot of great things on the horizon this year for our chapter. Please be sure to stay in touch with us on LinkedIn and Facebook for more details.

With some new voices leading the chapter, I want to encourage all of you to share your thoughts and opinions with any of your chapter leaders and volunteers. AAHAM really is your organization to benefit from via the educational opportunities provided, the networking moments you can have, the certifications offered at all levels, and general sense of community knowing you're interacting with individuals who understand the challenges you're facing. Please reach out to myself or any of the officers and board members with any feedback you have – we truly do welcome it.

Finally, I want to thank you for the opportunity to lead the chapter. AAHAM has always held such a special place in my heart and career growth, and I'm honored to be such a key part of the organization. I can't wait to see what we accomplish here in 2023 and beyond!

Respectfully,
Kristina

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PAST DUE MEDICAL DEBT IMPACTS OVER 1 IN 7 ADULTS **JACQUELINE LAPOINTE**

More than one in seven nonelderly adults live in families with past-due medical debt, according to the Urban Institute in a new report.

The report also finds that medical debt particularly impacts low-income families. Nearly two-thirds of adults affected by past-due medical debt have incomes below 250 percent of the federal poverty line, the Urban Institute gleaned from June 2022 data from its Health Reform Monitoring Survey (HRMS).

More of the past-due medical debt is owed to hospitals, with nearly three-quarters of affected adults owing at least some debt to hospitals. More specifically, 28 percent of affected adults owed to hospitals only and 45 percent owed to hospitals and some other providers.

Adults with past-due medical debt to hospitals tended to owe more compared to those with non-hospital medical debt, the report also shows. Additionally, about 61 percent of adults with past-due medical bills to hospitals reported that a collection agency contacted them about the debt.

Under federal law, non-profit hospitals must establish financial assistance policies and provide charity care to eligible patients before attempting to collect patient financial responsibility. However, non-profit hospitals set their own charity care eligibility requirements and many patients who likely qualify per hospital policies do not receive charity care, the Urban Institute points out.

PAST DUE MEDICAL DEBT (CONTINUED...)

Furthermore, for-profit and public hospitals are not subject to federal laws about medical financial assistance. These hospitals can implement their own strategies for collecting patient financial responsibility, including using a collection agency, filing lawsuits against patients, and even garnishing their wages.

State lawmakers have recently gone after aggressive medical debt collection tactics. New York, for example, modified civil practice law last year to prohibit healthcare providers from placing liens on an individual's primary residence or garnishing wages to collect medical debt.

The Biden Administration has also acknowledged the problem of medical debt and promised to protect consumers through several reforms, including requesting data from more than 2,000 providers to evaluate medical bill collection practices and financial assistance offerings.

The report from the Urban Institute finds that few adults experience the more aggressive medical debt collection tactics hospitals can use to get their money. Only about 5 percent of adults with hospital debt said a hospital filed a lawsuit against them, while 4 percent said hospitals had garnished their wages and 2 percent said hospitals had seized funds from a bank account.

More adults with past-due hospital debt (36 percent) said they worked out a payment plan. Meanwhile, about one-fifth of adults with past-due hospital bills received discounted care.

Adults with incomes below 250 percent of the federal poverty line were just as likely as those with higher incomes to experience hospital debt collection actions and to have gotten discounted care, the Urban Institute reports.

Many healthcare organizations are trying to make it easier for patients to pay their portion of the bill. Some organizations offer financial assistance programs and payment plans to ease the burden of patient financial responsibility, while others have implemented technology to make bill payment more intuitive and convenient for patients.

However, lack of insurance and low income are among the factors hindering the effectiveness of some collection strategies. Research also shows that adults with past-due medical bills are at elevated risk of skipping medical care in the future.

"The concentration of past-due medical debt among families with low incomes and the large share who owe a portion of that debt to hospitals suggests that expanded access to hospital charity care and stronger consumer protections could complement coverage expansions and other efforts to mitigate the impact of unaffordable medical bills," the Urban Institute writes in the report.

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ARE 340B DRUG DISCOUNT PROGRAMS AT RISK OF BEING CUT?

RON SOUTHWICK

Hospitals and other advocates for health systems are joining forces to maintain a federal program that offers discounts on certain outpatient drugs. They also say they are fighting what they describe as a deceptive effort led by the pharmaceutical industry to covertly gut the program.

The American Hospital Association, America's Essential Hospitals, the Association of American Medical Colleges and others are trying to stave off efforts to slash the 340B program. The program provides discounts on certain outpatient drugs for hospitals that care for a high percentage of patients from underrepresented communities, including minority groups and those with lower incomes in urban and rural areas.

Health systems fear that the changes would lead to fewer hospitals being eligible for the program, and they say it would hurt efforts to treat patients in vulnerable communities. They contend drug companies are working to protect their profits.

"Hospitals are critical components of the health care safety net, and they work with community health care providers to deliver a wide range of care to patients in need," the hospital groups said in a joint statement. "Without access to 340B discounts, it will be more difficult for patients to receive the same level of care from their community health providers."

Other advocates joining the effort include 340B Health, the Children's Hospital Association, the Catholic Health Association of the United States, and the American Society of Health-System Pharmacists.

Hospitals and the pharmaceutical industry have clashed for years over the size and scope of the 340B program for some time. Some critics contend the program has grown beyond its intended purpose and say some of the discounts on drugs aren't getting to patients.

Earlier this month, the Pharmaceutical Research and Manufacturers of America (PhRMA) and the National Association of Community Health Centers and others said they were coming together in an effort to modernize the 340B program.

The Alliance to Save America's 340B Program, dubbed ASAP 340B, says the group of unusual partners is coming together to offer practical solutions and more transparency to the program.

In a statement earlier this month, National Association of Community Health Centers Interim President and CEO Rachel Gonzales-Hanson said, "We believe it's time for an honest conversation about the good that 340B can deliver and the reforms needed to ensure we can continue to serve the safety net for generations to come."

Stephen J. Ubl, president and CEO of PhRMA, said in a statement, "This partnership marks a historic, united step toward improving the 340B program, and we encourage policymakers and other stakeholders to join us."

The American Hospital Association and its partners are pushing back, saying it is "deceptively branded as an effort to save 340B," even though they seek to remove many hospitals from the program.

340B DRUG DISCOUNT (CONTINUED...)

Hospitals won a much-anticipated case in the U.S. Supreme Court last year over federal reductions to the 340B program. In a 9-0 ruling, the high court found the government didn't follow statutory requirements in making cuts to the program, which amount to about \$1.6 billion annually. In the opinion, Justice Brett Kavanaugh wrote, "340B hospitals perform valuable services for low-income and rural communities but have to rely on limited federal funding for support."

Health systems say they've been disappointed over the delays from the U.S. Department of Health & Human Services in devising a remedy in light of the court ruling.

Now, hospitals are bracing for the potential of changes to the 340B program, which they say would hurt health systems and patients.

"Because 340B cuts would leave fewer hospital resources to help pay for uncompensated and unreimbursed care, this proposal would be especially harmful to patients who are uninsured, underinsured, and dependent on public health programs, such as Medicaid," the American Hospital Association and other health groups said.

More than 20 drug companies have scaled back their discounts in the 340B program, the hospitals and health groups said in their letter. Some hospitals say they are losing millions of dollars due to the diminished discounts.

With Republicans regaining control of the U.S. House of Representatives in January, some analysts expect lawmakers may want to take a look at the scope of the program.

Lisa Kidder Hrobsky, the American Hospital Association's senior vice president of advocacy and political affairs, told Chief Healthcare Executive® in a January interview that hospitals are ready to make their case to lawmakers about the value of the 340B program.

"The program is an important safety net for hospitals," she said, adding, "We're happy to talk about the program and what it means for hospitals and health systems."

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POSITION PAPERS

H.R. 3173- Prior Authorization-Standardizing Medicare Advantage Rules

H.R. 1773- The Consumer Protection for Medical Debt Collections Act

H.R. 635-Expanding Access to Mental Health Services

H.R. 197- Rural Telehealth Expansion Act

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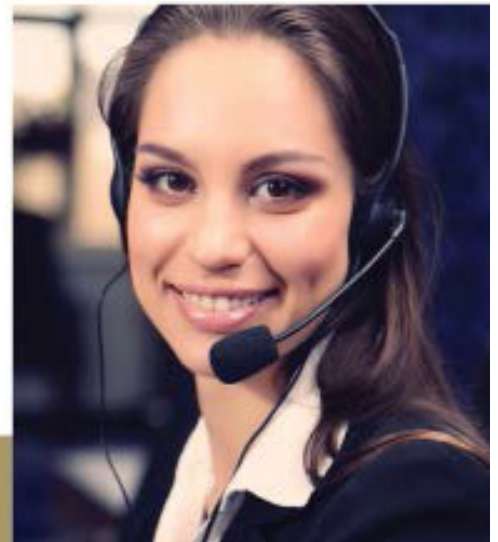


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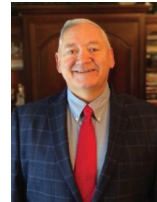
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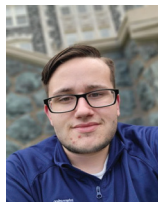


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We want to hear your suggestions!

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THANK YOU JOHN!

Your years of service creating Gopher Tracks are appreciated!

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