IMPACT OF MANAGED CARE MEDICAID ON HENRY COUNTY HEALTH CENTER



Henry County Health Center (HCHC) is a 25 bed Critical Access Hospital in Mount Pleasant. have provided high quality care for 96 years.

We provide a wide range of health care services for constituents of Henry County. Ambulance Service 49 bed Long Term Care Facililty Inpatient and Outpatient services

Healthcare Enviroment in Iowa

Iowa initiated the Iowa Health and Wellness plan in 2014. This expansion of Medicaid coverage for Iow income Iowans covered approximately 150,000 individuals

In Henry County in 2014, there were initially 876 individuals who were enrolled in the Iowa Health and Wellness plan and the market place choice plan

By 2016, that number had increased to 982 individuals.

In October of 2017, there were a total of 4,225 Henry County residents that were eligible for Medicaid.

In January of 2014, there were a total of 3,813 Henry County residents that were eligible for Medicaid.

This represents a 11% increase in 3 years and is now slightly over 21% of population of Henry County

Healthcare Enviroment in Henry County

Change in percent of revenue related to care HCHC provided to patients who are on Medicaid

	2017	2016	2015	2014	2013
% of Medicaid Revenue	18.5%	17.0%	15.4%	13.3%	10.5%

Change in Acute and Newborn discharges related to care HCHC provided to patients who are on Medicaid

	2017	2016	2015	2014	2013
XIX/MCO New Born Discharges	53.1%	53.6%	50.0%	59.7%	52.7%
XIX/MCO Acute Discharges	16.7%	17.8%	13.6%	14.3%	12.8%

Change in Ambulance and ER revenue related to care HCHC provided to patients who are on Medicaid

	2017	2016	2015	2014	2013
XIX/MCO Ambulance	19.10%	17.00%	17.20%	15.30%	11.80%
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XIX/MCO ER	33.00%	29.50%	29.00%	26.10%	22.90%

Exhibit A

Henry County Health Center Medicaid MCO Payment Analysis

Medicaid/MCO Reimbursement Comparison:	2017
HCHC Charges for Medicaid/MCO services	\$7,360,286
HCHC costs related to Medicaid MCO services	\$4,030,564
Reimbursement under Medicaid MCO contracts	\$3,038,284
2017 Shortfall from historical Medicaid reimb.	\$992,280

		Expected	
	Cost	Emergency Room	
Shortfall by Medicaid MCO:	Reimbursement	Recoupments	Total
United	\$86,702	\$133,451	\$220,153
AmeriGroup	\$137,489	\$198,168	\$335,657
AmeriHealth	\$312,866	\$123,604	\$436,470
	\$537,057	\$455,223	\$992,280
Summary of Reduction in Reimbursement:			
Ambulanco	¢060 667		

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Ambulance Emergency Room Other	\$263,667 \$455,223 \$273,390	
Cut in reimbursement rate	\$992,280	-24.62%

Exhibit **B**

Henry County Health Center Ambulance Medicaid Reimbursement History

	2017	2016	2015	2014	2013
	MCO	(9 Months)			
Ambulance Medicaid Reimbursement					
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HCHC Charges for Medicaid EMS Services	\$374,294	\$260,619	\$321,839	\$226,785	\$166,203
HCHC Costs related for Medicaid EMS Services	\$305,738	\$208,881	\$240,651	\$192,510	\$129,992
Medicaid Interim Paid	\$42,071	\$30,232	\$35,016	\$23,608	\$16,072
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Medicaid Cost Settlement	\$263,667	\$178,649	\$205,635	\$168,902	\$113,920
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A Settlement paid to critical access hospitals under traditional Medicaid reimbursement.

B Settlement (Shortfall) not paid under current Medicaid MCO reimbursement contracts with critical access hospitals.

Exhibit C

Henry County Health Center Examples of Emergent Ambulance Charges

		HCHC	Write		
	Charge	Cost	Off	Cash	
AMB1184	\$1,421.90	\$1,161.45	\$1,232.63	\$189.27	EMERGENT
AMB1573	\$1,539.50	\$1,257.51	\$1,334.57	\$204.93	EMERGENT
AMB1643	\$1,060.70	\$866.41	\$915.80	\$144.90	EMERGENT
AMB1655	\$1,724.30	\$1,408.46	\$1,498.49	\$225.81	EMERGENT
AMB1719	\$1,709.60	\$1,396.45	\$1,395.05	\$314.55	EMERGENT
United	\$7,456.00	\$6,090.28	\$6,376.54	\$1,079.46	
AMB1310	\$2,308.10	\$1,885.33	\$2,019.27	\$288.83	EMERGENT
AMB1579	\$1,098.50	\$897.29	\$958.44	\$140.06	EMERGENT
AMB1606	\$3,600.00	\$2,940.59	\$3,143.28	\$456.72	EMERGENT
AMB1630	\$2,843.30	\$2,322.49	\$2,478.97	\$364.33	EMERGENT
AMB1686	\$1,081.70	\$883.57	\$944.25	\$137.45	EMERGENT
Amerigroup	\$10,931.60	\$8,929.26	\$9,544.21	\$1,387.39	
AMB1589	\$2,047.70	\$1,672.62	\$1,769.42	\$278.28	EMERGENT
AMB1591	\$1,046.00	\$854.40	\$899.44	\$146.56	EMERGENT
AMB1620	\$1,543.70	\$1,260.94	\$1,327.25	\$216.45	EMERGENT
AMB1678	\$2,079.40	\$1,698.52	\$1,786.28	\$293.12	EMERGENT
AMB1718	\$2,557.70	\$2,089.21	\$2,175.88	\$381.82	EMERGENT
AmeriHealth	\$9,274.50	\$7,575.69	\$7,958.27	\$1,316.23	
Total	\$27,662.10	\$22,595.23	\$23,879.02	\$3,783.08	

Exhibit D

Henry County Health Center Summary of Emergency Room Recoupments

	expected Recoupment Amount	Visits Adjusted	Visits Appealed
AmeriHealth	\$123,604	558	188
United	\$133,451	189	na
Amerigroup	\$198,168	1,169	na
Total	\$455,223	1,916	

AmeriHealth denied all 188 appeals. All 188 were truly emergent.

United would not let us appeal any of the adjusted claims. Informed us that those were paid in error and there is nothing to appeal.

Did not pursue Amerigroup due to the actions of the other two.

Exhibit E

Henry County Health Center Explanation of Emergency Room Recoupments

Prior to October 2015, all providers used the ICD9 coding set. Beginning on October 1, 2015, ICD10 codes were required to be used for all Medicare and Medicaid claims. Iowa Medicaid would have updated the emergent list with ICD10 codes based on the previous ICD9 list. What happened with this list is that many diagnosis codes didn't crosswalk very well from ICD9 to the much more specific ICD10 code set. When that list was cross walked from ICD9 to ICD10, only unspecified codes remained in the ICD10 list and the codes with more specific diagnosis were left off the new list.

An example is R10.10 upper abdominal pain, unspecified. That is considered emergent. However, R10.11 Right Upper Quadrant pain is considered non-emergent, a more specific code and that code is not on the list. All hospitals and clinics spent many months educating physicians prior to the ICD10 go live of October 2015, to have their documentation as specific as possible, to paint the picture of how sick the patient was. This list that the MCOs were using since we signed contracts, penalized us for the correct coding that the physicians were providing to the coding departments.

Through Iowa Hospital Association (IHA), hospitals have been identifying codes that were left off the Emergent list that the MCOs used to determine Emergent versus Non-Emergent. Many codes were updated with a July 2017 date of service, but the MCOs have recouped Non-Emergent claims going back to April 2016 when our contracts began. They did inform IHA that they would not pay any claims that were prior to the updated list.

Exhibit F

Henry County Health Center Examples of Pre-Authorization Issues

	Claims	Charges	Denied
OB Services	6	\$51,567	3 of these denied because of faxing information on the weekend. MCO claimed they did not have the Prior Authorization in a timely fashion
Infusion Therapy	1	\$17,725	University of Iowa received Prior Authorization for Patient. Patient too sick to travel. HCHC provided the service. Denied due to HCHC not getting the Prior authorization.
Outpatient Obs	2	\$17,493	Stay exceeded 48 hours. Denied due to not updating authorization
Physical Therapy	1	\$4,508	Patient switched MCO's. Did not notify HCHC
CT Scan	1	\$1,822	Patient signed up presumptive. MCO's inconsistent with retro authorizations.
Secondary Claims	42	\$15,025	MCO changed timely filing on secondary claims. Denied even though within their guidelines.

Exhibit G

Henry County Health Center Examples of Outstanding Payment Issues

	Claims	Charges	Date	not paid due to being in a project
denied,not payable	177	\$62,400	Prior to July 2017	Switching NPI numbers-error in payment amount MCO has Identified the issue, don't know why their system is paying wrong. No date when these are to be corrected.
ambulance charges	20	\$21,422	April 2017	Sent, but never paid by Logisticare MCO said that they would reprocess.
providers not updated	161	\$30,460	Prior to March 2017	MCO did not have correct providers in system MCO said that they would reprocess.
physical therapy	9	\$6,228	Since January 2017	Denied but no reason MCO said that they would reprocess.
wrong payment	356	\$55,737	Since July 2016	Paid APC rate instead of Cost to Charge Ratio No date when these are to be corrected.

IF THESE SHORTFALLS CONTINUE, HOW WILL THEY IMPACT HENRY COUNTY HEALTH CENTER AND OTHER SIMILAR CRITICAL ACCESS HOSPITALS IN THE STATE OF IOWA?

118 hospitals in state of Iowa. 82 of those are Critical Access Hospitals

US News report on Healthcare Overall Healthcare - Iowa ranked #5 Number 1 in Affordability

HCHC isn't alone. Similar experiences are being felt by other Critical Access Hospitals in state lowa who provide similar services and seeing an increase in Medicaid payer mix

Impact of access and provision of services in our rural communities

Strategic review of essential services at HCHC for the communities we serve

Review of service lines at HCHC for sustainability in this environment

Change is necessary.

THANK YOU