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Sent: Friday, June 30, 2017 7:31 AM
To: Credible Documentation
Subject: Credible Behavioral Health Industry News - June 2017

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Behavioral Health Software



Industry News - June 2017

DEAR CREDIBLE,

Based on Partner surveys and user group feedback, Credible is now providing monthly updates on billing and payer, clinical, and industry news to help keep our Partner community up-to-date. Below please find our monthly updates focused on industry oriented news. You can find all previous updates for billing and payer, clinical, and industry news in Credible Help under General Information > Release Notes and Communications.

Legislative and Regulatory News

New bipartisan bill revisits IMD issue

Source: behavioral.net

Summary: The National Council for Behavioral Healthcare, the Joint Commission and others have endorsed a proposal that would alter some of the IMD limits to increase access to care. The Medicaid Coverage for Addiction Recovery Expansion (CARE) Act would allow Medicaid payment to residential addiction treatment facilities with up to 40 beds — an increase over the current 16 bed limit. It would also allow for treatment services for up to 60 consecutive days.

House passes bill to allow AHCA subsidies to pay for COBRA plans

Source: modernhealthcare.com

Summary: House Republicans took another step this week in their quest to repeal and replace Obamacare, passing a bill that would allow American Health Care Act tax credits to go toward COBRA plans. The U.S. House of Representatives bill, called the Broader Choices for Americans Act, is part of what Republicans call Phase 3 in a strategy to repeal and replace Obamacare.

Would States Eliminate Key Benefits if AHCA Waivers are Enacted?

Source: kff.org

Summary: As the debate over amending health insurance market rules continues, proponents of changing the law have proposed reducing the health benefits provided by non-group plans as a potential way to lower premiums in the market. The Affordable Care Act (ACA) prescribes 10 categories of essential health benefits that non-group and small-group policies must cover, and provides in most cases that the scope of these benefits should be similar to those in employer group health plans, which cover most non-elderly Americans.

State Flexibility to Address Health Insurance Challenges under the American Health Care Act, H.R. 1628

Source: kff.org

Summary: The American Health Care Act, as passed by the House, would make significant changes to the insurance market provisions established by the Affordable Care Act (ACA), and would dramatically reduce federal spending on health coverage between 2018 and 2026. The proposal would reduce the federal role in health coverage and transfer authority to states over key market rules and consumer protections affecting access and affordability.

Democrats introduce bill to bring back reinsurance in individual market

Source: modernhealthcare.com

Summary: Four Democratic senators have introduced a bill that would make reinsurance a permanent part of the Affordable Care Act's individual exchanges. The bill, introduced this week led by Senators Tim Kaine of Virginia and Tom Carper of Delaware, would provide federal funding to cover 80% of claims from \$50,000 to \$500,000, starting next year, with the same level of support through 2020. Beginning in 2021, the reinsurance program would kick in at \$100,000.

Market Intelligence

Nearly 2 million dropped Obamacare coverage through mid-March

Source: modernhealthcare.com

Summary: According to a recent CMS report, of the 12.2 million people who enrolled in a health plan during the 2017 open enrollment period, 10.3 million paid their premiums and had an active policy as of March 15. The report also revealed that consumers who dropped off the insurance rolls were less likely to receive financial assistance from the federal government to pay for coverage, so their premiums were higher than most.

Tenet-owned health plan divests Texas membership to BCBS

Source: beckershospitalreview.com

Summary: Allegian Health Plans, a San Antonio-based wholly-owned managed care subsidiary of Dallas-based Tenet Healthcare, divested 20,000 Medicare and commercial group members to Richardson-based Blue Cross and Blue Shield of Texas.

Consumers catch break as healthcare spending and pricing slow

Source: modernhealthcare.com

Summary: According to analysis released by think-tank Altarum Institute, healthcare hiring, pricing and spending are all falling, providing relief to and partially being driven by consumers. Altarum's Center for Sustainable Health Spending stated that healthcare hiring is about two-thirds of what it was a year ago through the first five months of 2017, but is still the biggest contributor to national jobs growth, averaging just under 22,000 jobs per month compared with 32,000 per month in each of 2015 and 2016. Employment for people providing healthcare hit its highest share ever as a percentage of overall U.S. non-farm jobs at 10.75% in May.

States scramble to prevent Obamacare exodus

Source: thehill.com

Summary: Amid uncertainty over Obamacare's future, insurance commissioners are offering insurers new flexibilities to try to keep them from leaving their states. The effort faces an uphill climb given the Trump administration's wobbling over whether it will continue federal payments that compensate insurers for subsidizing out-of-pocket costs for lower-income households

Major Obamacare insurer pulls out of Ohio, leaving big gaps in coverage

Source: washingtonpost.com

Summary: Health insurer Anthem is pulling out of Ohio's Affordable Care Act marketplace, a move that leaves people in a fifth of the state's counties facing the prospect of having zero insurers selling individual marketplace plans in their area next year. Ohio had one of the country's most competitive insurance marketplaces.

If Insurance Market Crashes, Can Lawmakers Put the Pieces Back Together?

Source: khn.org

Summary: President Donald Trump is threatening to upend the individual health insurance market with several key policies. Those actions make it more difficult for insurers to enroll the healthy people needed to offset the costs of the sick who make it a priority to have coverage. President Trump is also refusing to reimburse insurance companies for billions of dollars in payments the law requires them to make to help policyholders afford their deductibles and other out-of-pocket payments.

HCA to offer new debt to fund planned acquisitions

Source: khn.org

Summary: HCA announced it would offer new debt to help fund several hospital acquisitions, including its \$725 million buyout of three Tenet Healthcare Corp. hospitals in Houston. Fitch Ratings assigned a stable "BB+" rating to the proposed offering based on HCA's industry-leading operating margins and consistent cash flow. Moody's rated the offer "BB."

Aetna and Sutter Health to launch joint health plan

Source: modernhealthcare.com

Summary: National insurer Aetna and Sutter Health, a 24-hospital not-for-profit system in Sacramento, Calif., have struck a deal to launch a health plan designed to lower healthcare costs for employers and their workers. Starting mid-2018, Sutter and Aetna plan to sell coverage

to self-insured employers in California's greater Sacramento, Central Valley and Bay Area communities.

Why HHS' sparse, controversial payroll worries the healthcare industry

Source: healthcaredive.com

Summary: The healthcare industry relies on data, science and evidence, and is concerned by the Trump administration's proposed massive cuts to public health agencies. Many are also troubled by the recent hirings at HHS, believing it is being run by people opposing family planning services and rejecting mainstream science. With slow hiring at HHS, hospitals and providers have had to pause investments and planning for value-based payment models as they wait for regulations and rule updates originally expected earlier this year.

Accumedic forges partnership with leading Public Health Information Exchange to meet New York's Data Exchange Incentive Program (DEIP) funding requirements

Source: globenewswire.com

Summary: Accumedic Computer Systems, Inc. announced their strategic partnership with Healthix for improved health information exchange (HIE) integration in the New York area. Healthix, the largest public HIE in the nation, has partnered with Accumedic, a strategic electronic health record (EHR) to develop a hosted exchange platform or hub that allows Healthix to easily connect with multiple behavioral healthcare agencies and organizations utilizing Accumedic.

Interoperability

To Survive, Health Care Data Providers Need to Stop Selling Data

Source: hbr.org

Summary: The business models of data-driven healthcare IT (HCIT) providers are at serious risk of failure in the next three to five years. To survive, HCIT providers will need to evolve quickly to a point where they are not selling data at all. As more data and more data providers flood the market, a competitive position based solely on data becomes impossible to defend. Information that would once have been proprietary and premium-priced is now widely available, for free.

VA picks Cerner to replace legacy EHR system

Source: healthdatamanagement.com

Summary: In an effort to achieve interoperability with the Department of Defense, the Department of Veterans Affairs has decided to replace its decades-old electronic health record system with a commercial EHR from Cerner.

White Paper

Scalable Data: The Facts and Why You Need It Now

Source: beckershospitalreview.com

Summary: There was a time when healthcare data collection meant keeping track of the encounters and costs in your own facility. In this whitepaper you'll learn why you need more data than what is currently in your network for success in the value-based care journey.

Thank you for your continued Partnership,

Jaclyn O'Donnell

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Mission: Improve the quality of care and lives in Behavioral Health
for clients, families, providers and management.

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