

THE POLITICAL, POLICY & PAYMENT ISSUES IN PA

ALL YOU NEED (AND CARE) TO KNOW...



Central PA HFMA – January 18th

Michael Lane – Wojdak Government Relations



WHO WE ARE...



Wojdak Government Relations is one of Pennsylvania's leading lobbying firms, having achieved an unprecedented record of success for 40 years. We provide experienced lobbying services in the state Capitol and Philadelphia City Hall, as well as strategic communications services in conjunction with our affiliated public relations firm, Bellevue Communications.

See WGR's clients [here](#)
See WGR's team [here](#)

HEALTH CARE A CLIENT SAMPLE...



Geisinger



Redeemer Health



UHS



A CLIENT SAMPLE...



Anheuser-Busch



Microsoft



MOTION PICTURE ASSOCIATION OF AMERICA



WOJDAK
GOVERNMENT RELATIONS

AGENDA

01. Politics

**Election, Session
and Leadership**

02. Policy

**PHE, Enrollment,
Workforce, Hospital
Assessment,
Revalidation etc.**

03. Payment

**Managed Care, The
budget, FFS and
DSH Payments, DSH
reviews**

04. What's next

**Looking into the
future of health
care.**

05. Closing

Q&A

STARTING POINT

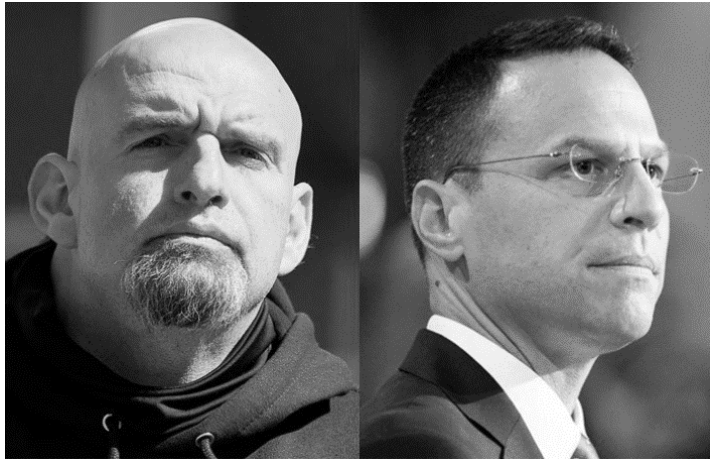
The pandemic, while presenting its own unique clinical challenges has underscored the fractured nature of the health care delivery system within the Commonwealth.

Pressures related to a persistent PHE, the increased enrollment and drastic underfunding within the Medicaid and Medicare payment systems, as well as an aging and sometimes non-existent workforce has put significant pressure on the health care delivery system.



POLITICS

ELECTION 2022- WINNERS OF KEY RACES IN PA



Fetterman
U.S. Senate

Shapiro
Now Governor

Fetterman sworn in January 3rd
Shapiro sworn in January 17th

TRANSITION ACTIVITIES

www.shapirodavis.org

CABINET POSITIONS

Secretary of the Department of Aging – Jason Kavulich, served as the Lackawanna County Director of Agency on Aging. He previously served as a county caseworker, supervisor, and administrator for the Lackawanna County Office of Youth and Family Services.

Secretary of the Department of Drug and Alcohol Programs – Dr. Latika Davis-Jones, served as the Senior Director of Behavioral Health at Highmark Wholecare. She previously served as the Administrator for the Bureau of Drug and Alcohol Services at the Allegheny County Department of Human Services.

Secretary of the Department of Health – Dr. Debra L. Bogen, served as the Director of the Allegheny County Health Department. She previously served as Professor of Pediatrics at the University of Pittsburgh and as Vice Chair of Education for the Department of Pediatrics at UPMC Children's Hospital of Pittsburgh.

Secretary of the Department of Human Services – Dr. Val Arkoosh, served as a Montgomery County Commissioner. She previously served as president of the National Physicians Alliance and as a professor at the University of Pennsylvania's Perelman School of Medicine.

Commissioner of the Insurance Department – Mike Humphreys, served as the Acting Insurance Commissioner in Governor Tom Wolf's Administration. He previously served in senior positions in the Insurance Department.

ELECTION 2022– KEY RACES IN PA



ELECTION 2022– KEY RACES IN PA



IS THERE A SPEAKER IN THE HOUSE?

The Speaker of the House

- Article I, section 2, of the U.S. Constitution creates the office of Speaker
- The Speaker is the House's presiding officer and is elected on the 1st day of a new Congress
- A nominee for the Speakership needs a simple majority of Representatives present and voting
- Though not a constitutional requirement, the Speaker has almost always been a member of the House's majority party and serves as its leader
- House Rule I lists formal powers and responsibilities of the Speaker, but there are many others (like serving as a majority party spokesperson)



Frederick Muhlenberg
First & Third House Speaker
1789-1791, 1793-1795



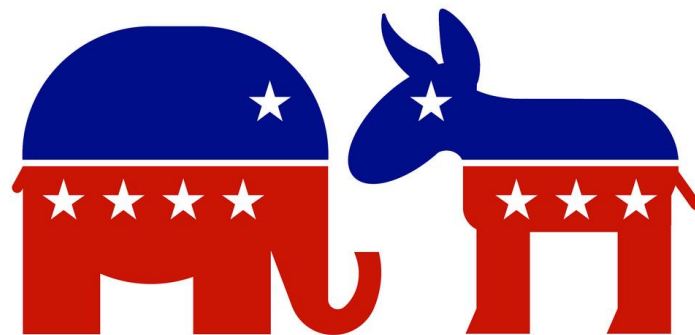
PA HOUSE AND SENATE – MOVING AHEAD

After consulting with leadership and rank-and-file members of both caucuses, the following esteemed members of the House have been selected for the Speaker's Workgroup to Move Pennsylvania Forward:

- Rep. Paul Schemel, R-Franklin
- Rep. Morgan Cephas, D-Phila.
- Rep. Jason Ortitay, R-Allegheny/Washington
- Rep. Peter Schweyer, D-Lehigh
- Rep. Valorie Gaydos, R-Allegheny
- Rep. Tim Briggs, D-Montgomery

The workgroup will organize on Tuesday, January 17th, and will meet regularly until a path forward is reached.

**OUTCOME –
WHAT DOES IT
MEAN?**



DIVIDED GOVERNMENT

PA SENATE LEADERS

- **Interim President Pro Tempore:** Senator Kim Ward (Westmoreland)
- **Majority Leader:** Senator Joe Pittman (Indiana)
- **Majority Whip:** Senator Ryan Aument (Lancaster)
- **Majority Caucus Chair:** Senator Kristin Phillips-Hill (York)
- **Majority Secretary:** Senator Camera Bartolotta (Washington)
- **Majority Appropriations Chair:** Senator Scott Martin (Lancaster)

- **Minority Leader:** Senator Jay Costa (Allegheny)
- **Minority Whip:** Senator Christine Tartaglione (Philadelphia)
- **Minority Caucus Chair:** Senator Wayne Fontana (Allegheny)
- **Minority Secretary:** Senator Maria Collett (Montgomery)
- **Minority Appropriations Chair:** Senator Vincent Hughes (Philadelphia)
- **Minority Appropriations Vice Chair:** Senator Tim Kearney (Delaware)
- **Minority Administrator:** Senator Judy Schwank (Berks)

PA HOUSE LEADERS

- **Republican Leader:** Bryan Cutler (Lancaster)
 - **Republican Whip:** Tim O'Neal (Washington)
 - **Republican Appropriations Chair:** Seth Grove (York)
 - **Republican Caucus Chair:** George Dunbar (Westmoreland)
 - **Republican Caucus Secretary:** Martina White (Philadelphia)
 - **Republican Caucus Administrator:** Sheryl Delozier (Cumberland)
 - **Republican Policy Chair:** Josh Kail (Beaver)
-
- **Democratic Leader:** Representative Joanna McClinton (Philadelphia)
 - **Democratic Whip:** Representative Jordan Harris (Philadelphia)
 - **Democratic Caucus Chair:** Representative Dan Miller (Allegheny)
 - **Democratic Secretary:** Representative Tina Davis (Bucks)
 - **Democratic Appropriations Chair:** Representative Matt Bradford (Montgomery)
 - **Democratic Administrator:** Representative Mike Schlossberg (Lehigh)
 - **Democratic Policy Chair:** Representative Ryan Bizzarro (Erie)

WHAT'S NEXT?



2021-2022 LEGISLATIVE SESSION WRAP UP

...all bills and resolutions that were pending before the General Assembly in effect die /cease to exist and must be reintroduced for consideration in the next session. Bills for the 2023-2024 session began being introduced December 1...

Bill Type	2021	+/-	2019	2017	2015	2013	2011
House Bills	2818	-50	2868	2690	2385	2518	2707
Senate Bills	1279	-51	1330	1254	1374	1479	1580
Totals	4097	-101	4198	3944	3759	3997	4287

LEGISLATIVE & BUDGET TIMELINE

November 30, 2022

2021-2022

Legislative Session

Ends

December 1, 2022

A new two-year
legislative session
begins.

January 2023

Swearing in of new
members, and
January 17
Gubernatorial
inauguration

March 7, 2023

Governor Shapiro
introduces FY 23-24
state budget
proposal

OTHER KEY DATES

February 7, 2023

Special Election
for 3 open House
seats

March 7, 2023

Governor Shapiro
introduces FY 23-24
state budget proposal

March/April 2023

House and Senate
Appropriations
hearings with
Cabinet Officials

June 30, 2023

FY 23-24 due to be
passed/enacted for
July 1, 2023

POLICY

COVID BY THE NUMBERS

(JAN 10 SNAPSHOT)

Worldwide

- Cases – 664,469,636
- Deaths – 6,6708,636
- Vaccines Doses – 13.1 billion
- Fully Vaccinated – 5 billion
- % of Pop Fully Vax – 65.1%

Nationwide

- Cases – 101,056,721
- Deaths – 1,103,732
- Vaccines Doses – 665,076,272
- Fully Vaccinated – 229,254,623
- % of Pop Fully Vax – 69.3%

Pennsylvania

- Cases – 3,433,278
- Deaths – 49,119
- Vaccines Doses – 26,986,055
- Fully Vaccinated – 9,347,130
- % of Pop Fully Vax – 72.1%

PHE EFFECTS

Broader Effects

- First PHE was declared Jan 2020
- Has been extended 12 times
- Extended at least one more time through April 2023
- Has led to numerous COVID waiver and flexibilities through:
 - DHS; DOH; Dept. of State
- Many state related COVID waivers were not extended past October 31 (SB 1019 expiration)

“Practical” Effects

- Healthcare turned on its head
- Healthcare delivery turned on its head
- An exacerbation of a mental health crisis
- Business turned on its head
- Education turned on its head
- Workforce turned on its head

WHAT HAPPENS WHEN THE PHE IS OVER?... LET'S UNWIND!

As mentioned, COVID-19 PHE began on January 27, 2020 & Congress passed two main laws in rapid succession

- Families First Coronavirus Response Act (FFCRA)
- Coronavirus Aid, Relief and Economic Security Act (CARES Act)

The Acts allow for continuous coverage for Medicaid - existing and newly eligible – and as the PHE ends, the state will review/redetermine Medicaid cases as it “unwinds” this key provision and resume normal operations.

WHAT HAPPENS WHEN THE PHE IS OVER?... LET'S UNWIND! *CONT'D*

900K

Multiple DHS Offices and other Commonwealth Agencies are working together on 12-month unwinding process.

dhs.pa.gov/PHE

Right now: As the PHE unwinding nears, DHS and other Commonwealth agencies will increase communications to recipients, business partners, and stakeholders to ensure the information is available when it is needed.

PHE UNWINDING -TEN THINGS TO KNOW!

- 1. Medicaid enrollment has increased since the start of the pandemic, primarily due to the continuous enrollment requirement.**
- 2. KFF estimates that between 5 million and 14 million people will lose Medicaid coverage once the PHE ends.**
- 3. The Medicaid continuous enrollment requirement has stopped “churn” among Medicaid enrollees.**
- 4. States are required to develop plans for how they will resume routine operations once the PHE ends (in process in PA).**
- 5. States are required to develop plans for how they will resume routine operations once the PHE ends.**

PHE UNWINDING -TEN THINGS TO KNOW!

-
- 6. States can obtain temporary waivers to pursue strategies to support their unwinding plans.**
 - 7. People who have moved since the start of the pandemic, those with limited English proficiency (LEP) and people with disabilities, may be at greater risk for losing Medicaid coverage when the PHE ends.**
 - 8. States can partner with MCOs, community health centers, and other trusted partners to conduct outreach.**
 - 9. Timely data on dis-enrollments and other metrics will be useful for monitoring how the unwinding is proceeding.**
 - 10. The number of people without health insurance could increase if people who lose Medicaid coverage are unable to transition to other coverage.**

THE RECENT OMNIBUS



**The President signed the \$1.7T Omnibus
Appropriations Bill**

**WHAT IMPORTANT HEALTH CARE PROVISIONS
ARE INCLUDED?**

THE RECENT OMNIBUS

KEY HIGHLIGHTS

The omnibus appropriations bill would:

- Prevent the Statutory Pay-As-You-Go (PAYGO) Medicare 4% sequester for two years;
- Extend for two years critical rural Medicare programs, telehealth flexibilities and the Acute Hospital Care at Home program;
- Allow states to begin processing Medicaid redeterminations April 1, 2023, while phasing down the COVID-19 public health emergency (PHE)-related enhanced Federal Medical Assistance Percentage (FMAP);
- Require state Medicaid programs to provide 12 months of continuous coverage for children and permanently allow states to offer 12 months of coverage for postpartum women;
- Reduce the physician fee schedule cut from 4.5% to 2% for 2023 and around 3% for 2024;
- Provide 200 additional Graduate Medical Education (GME) slots, at least half of which would be dedicated to psychiatry and psychiatry subspecialty residencies, among other workforce provisions;
- Take several steps to improve access to behavioral health services;
- Make improvements to the government's ability to prepare for future emergencies; and
- Delay by one year reductions in payment for clinical laboratory tests and data reporting requirements under the Clinical Laboratory Fee Schedule.

PAYMENT

2022/23 Budget Highlight

The 2022/23 July budget package includes:

- General Appropriations (Act 1A/SB 1100)
- "Housekeeping" Appropriations
 - (Acts 4A-12A/HBs 2653-2659; 2661, 2662)
- Non-Preferred Appropriations
 - (Acts 2A and 3A/SBs 1105 and 1284)
- Fiscal Code
 - (Act 54/HB 1421)
- Tax Code
 - (Act 53/HB 1342)
- School Code
 - (Act 55/HB 1642)

**2022/23
Budget
Highlight**

\$42.766
BILLION

2022/23 Budget Highlight

**\$100
BILLION**

2022/23 Budget Highlight

Did you know???

Human Services and Medicaid
is now the highest percentage
of the state budget...

2022/23 Budget Highlight

Act 54 of 2022 established the Behavioral Health Commission for Adult Mental Health. The 24-member Commission was charged with providing recommendations to the General Assembly on the allocation of **one-time \$100 million funding to address adult behavioral health needs.**

2022/23 Budget Highlight

\$37 Million - Workforce

\$23.5 Million – Criminal Justice

\$39 Million – Service Delivery

CURRENT HOSPITAL FINANCING



**Tax Exempt Status – Always on
regulator's minds....**

CURRENT HOSPITAL FINANCING

State Budget

Grant Process

Alternative Arrangement

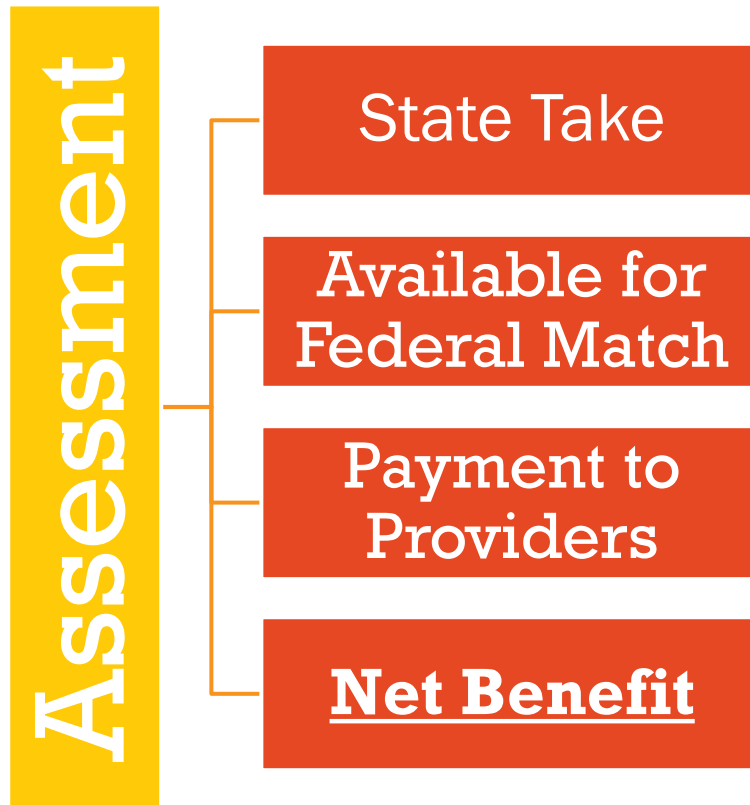
CURRENT HOSPITAL FINANCING

Alternative Arrangement

CURRENT HOSPITAL FINANCING CASE EXAMPLE... THE QCA

- **Hospitals Agree to tax themselves**
- The state takes a portion off the top for itself
- **The remaining amount is federally matched**
- It is paid back to hospitals in the form of a variety of Medicaid payments

CURRENT HOSPITAL FINANCING CASE EXAMPLE... THE QCA



CURRENT HOSPITAL FINANCING CASE EXAMPLE... QCA

WHY IS IT DONE?

- **Improves Medicaid reimbursement**
- A mechanism to generate federal dollars
- **Sometimes used to stave off Medicaid cuts**
- But...CMS has many tests/rules that must be met for approval

CURRENT HOSPITAL FINANCING CASE EXAMPLE... QCA

State Reliance on Provider Assessments

- Providers and states have become reliant on assessments
- 49 states have some type of assessment
- 42 states have a hospital assessment
- The federal government allows it, but is always looking to close perceived loopholes

CURRENT HOSPITAL FINANCING CASE EXAMPLE... QCA

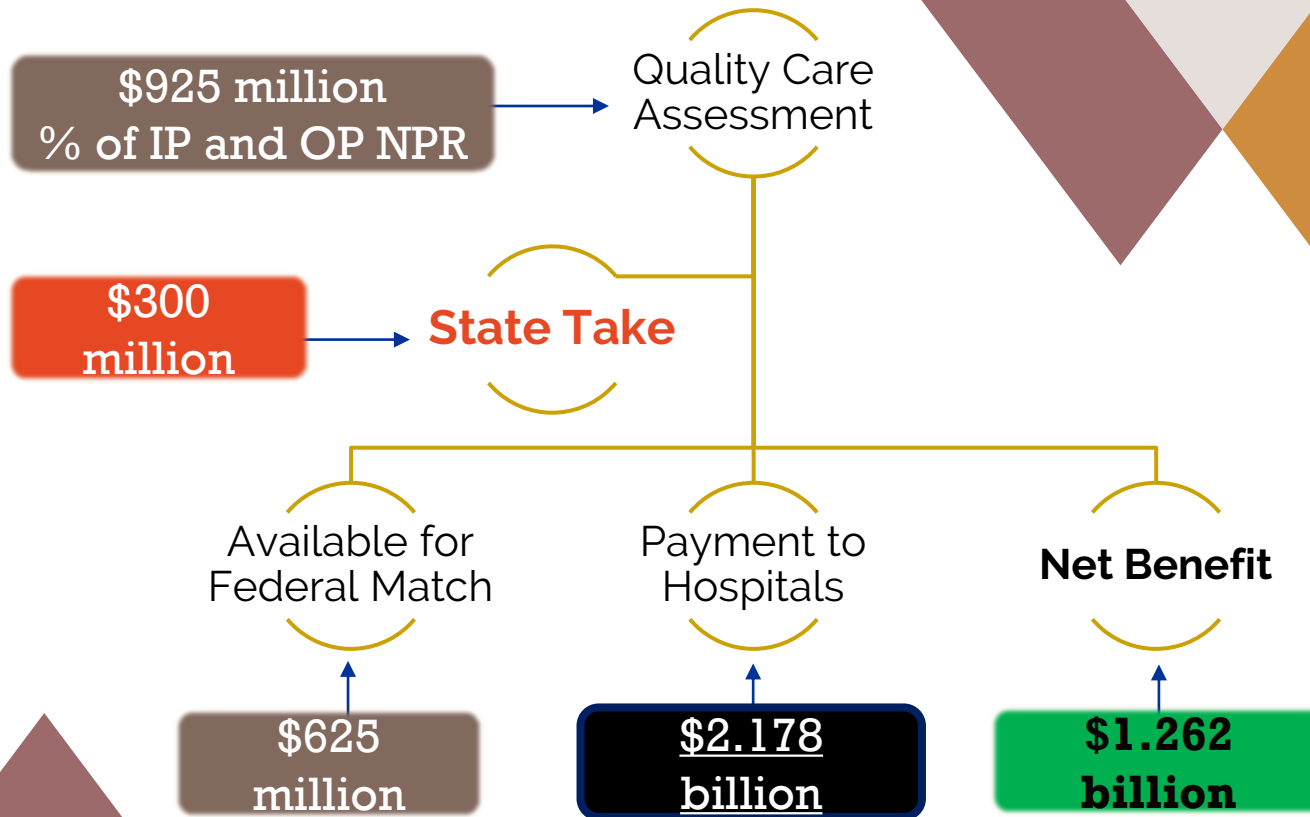
State Reliance on Provider Assessments



In Pennsylvania there are five main assessments that generate significant money to the state.

- Statewide hospital assessment (QCA)
- Nursing homes
- ICF/DD
- Regional hospital assessment – Philadelphia
- Managed Care Organization

CURRENT HOSPITAL FINANCING CASE EXAMPLE... QCA FY23



CURRENT HOSPITAL FINANCING CASE EXAMPLE... QCA

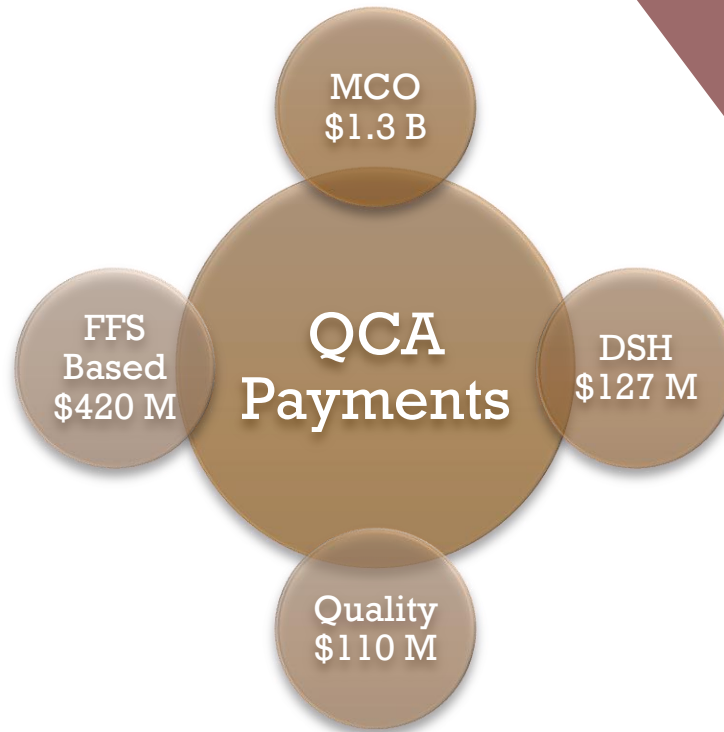
What is the benefit of it all?



Fiscal Year	Total Payments to Hospitals	Total Assessment	Net Benefit to Hospital Community	Contribution to State
2011	\$1,049	\$542	\$507	\$121
2012	\$1,050	\$593	\$457	\$109
2013	\$1,059	\$593	\$466	\$109
2014	\$1,113	\$666	\$447	\$150
2015	\$1,075	\$667	\$408	\$150
2016	\$1,339	\$764	\$575	\$220
2017	\$1,425	\$757	\$668	\$220
2018	\$1,419	\$757	\$662	\$220
2019	\$1,656	\$915	\$741	\$295
2020	\$1,871	\$1,009	\$862	\$295
2021	\$2,187	\$925	\$1,262	\$295
2022	\$2,187	\$925	\$1,262	\$300
2023	\$2,187	\$925	\$1,262	\$300
<i>in millions</i>				

CURRENT HOSPITAL FINANCING CASE EXAMPLE... QCA

How are the payments broken down?



CURRENT HOSPITAL FINANCING CASE EXAMPLE... QCA



The QCA is up for reauthorization – July 1, 2023... but the work has begun

This single issue captures the Politics, Policy and Payment concerns of hospitals and it is vital that a successful reauthorization is achieved...

THANK YOU! QUESTIONS?

We look forward to working
with your organization!

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