SB 2012

House Appropriations Human Resources Division





Items to review

- Hospital Challenges
 - Workforce
 - Financial concerns

State Medicaid reimbursement comparisons

Why NDHA supports engrossed SB 2012



- Workforce
 - #1 challenge for hospitals
 - Concern before COVID-19
 - In both urban and rural areas
 - 25% increase in wages since Covid
 - Urban hospitals wages have increased \$382 million, 2019 vs. 2022
 - Rural hospitals contract labor \$14 million 2019 and \$39 million in 2022



Workforce Survey

- NDHA conducted Nursing Survey summer 2022
 - How many full-time nurse positions do you have open?
 - 1,326
 - 42 hospitals
 - How many contract nurses do you have?
 - 717
 - During COVID-19 hospitals paying \$200 \$225 per hour, before \$85
 - Hospitals getting creative to retain and recruit
 - bonus and loan forgiveness programs
 - recruit from other countries
 - Thank you, legislators for supporting different workforce programs



Financial Concerns

- Urban Hospitals
 - Operating margins cut by 50% since COVID-19
 - includes federal COVID funding received
 - Inflation (increases)
 - Pharmacy 48%
 - Wages 25%
 - Supplies 11%



Financial Concerns

Rural

- 36 rural hospitals (Critical Access Hospitals)
 - 17 have positive operating margins in 2022
 - half of 17 would have negative margins without federal COVID funding
- Mean operating margin = -.5%
- Median operating margin = -2.1%



Thank you for supporting Medicaid Expansion

- Affordable Care Act- ND expanded Medicaid to adults with incomes up to 138% of federal poverty level
- 90% federally funded
- Implemented in January 2014
- 34,200 covered lives are getting healthcare on a regular basis
 - 24,800 February 2021, due to PHE
- Uncompensated care for hospitals reduced 50% two years after implementation
- Bottom line, the state's 10% investment has provided access to care

- A lot of discussion on how ND Medicaid Rates compare to other states.
 - Traditional and Expansion reimbursement
- Are we comparing apples to apples?
- Won't disagree ND Medicaid base rates may be at top tier
 - traditional Medicaid still reimburses below cost of care.
 - Medicaid Expansion helps subsidize.

- Medicaid Base and Supplemental Payments to Hospitals
 - How states pay hospitals:
 - 1. **Base Payment** (fee for service/managed care) North Dakota
 - 2. Supplemental Payments
 - Disproportionate share serve volume of high Medicaid and low income
 - Upper Payment Limit gap between Medicaid and Medicare
 - Uncompensated care pool payments
 - Delivery system in reform incentive payments

Medicaid Base and Supplemental Payments to Hospitals

- MACPAC
 - Medicaid and CHIP Payment and Access Commission
 - Non-partisan legislative branch agency that provides policy and data analysis to Congress and U.S. Department of HHS
 - 2021 Issue Brief
 - Pages 12-13

- Medicaid Base and Supplemental Payments to Hospitals
 - It's difficult to compare Medicaid Expansion/Traditional payment rates between states.
 - North Dakota \$13,966 vs. Arkansas \$1,647
 - Arkansas \$137 per month
 - Arkansas hospitals receive \$475 million more in supplemental payments
 - Arkansas hospitals can afford to take less in Expansion rates
 - North Dakota hospitals cannot afford less in reimbursement
 - ND receives \$3.2 million in supplemental payments, lowest in the nation
 - How does ND rank in total Medicaid reimbursement to providers when you factor in what other states receive in supplemental payments.



SB 2012

- Hospitals support engrossed SB 2012
 - Support Inflationary Increases 4% each year
 - impacts hospital reimbursement (fee schedules)
 - support increase based on hospital cost increases
 - Support preserving current Medicaid Expansion rates to providers
 - Hospitals contract with BCBSND
 - Support fair Medicaid Value-Based Purchasing programs
 - Urban hospitals support designing quality program for traditional Medicaid
 - Monthly discussions have taken place for over a year
 - Both sides continue to work together
 - Hospitals appreciate DHHS allowing provider input



Questions

- Tim Blasl
- President
- North Dakota Hospital Association

SB 2012

House Appropriations Human Resources Division





Items to review

- Hospital Challenges
 - Workforce
 - Financial concerns

State Medicaid reimbursement comparisons

Why NDHA supports engrossed SB 2012



- Workforce
 - #1 challenge for hospitals
 - Concern before COVID-19
 - In both urban and rural areas
 - 25% increase in wages since Covid
 - Urban hospitals wages have increased \$382 million, 2019 vs. 2022
 - Rural hospitals contract labor \$14 million 2019 and \$39 million in 2022



Workforce Survey

- NDHA conducted Nursing Survey summer 2022
 - How many full-time nurse positions do you have open?
 - 1,326
 - 42 hospitals
 - How many contract nurses do you have?
 - 717
 - During COVID-19 hospitals paying \$200 \$225 per hour, before \$85
 - Hospitals getting creative to retain and recruit
 - bonus and loan forgiveness programs
 - recruit from other countries
 - Thank you, legislators for supporting different workforce programs



Financial Concerns

- Urban Hospitals
 - Operating margins cut by 50% since COVID-19
 - includes federal COVID funding received
 - Inflation (increases)
 - Pharmacy 48%
 - Wages 25%
 - Supplies 11%



Financial Concerns

Rural

- 36 rural hospitals (Critical Access Hospitals)
 - 17 have positive operating margins in 2022
 - half of 17 would have negative margins without federal COVID funding
- Mean operating margin = -.5%
- Median operating margin = -2.1%



Thank you for supporting Medicaid Expansion

- Affordable Care Act- ND expanded Medicaid to adults with incomes up to 138% of federal poverty level
- 90% federally funded
- Implemented in January 2014
- 34,200 covered lives are getting healthcare on a regular basis
 - 24,800 February 2021, due to PHE
- Uncompensated care for hospitals reduced 50% two years after implementation
- Bottom line, the state's 10% investment has provided access to care

- A lot of discussion on how ND Medicaid Rates compare to other states.
 - Traditional and Expansion reimbursement
- Are we comparing apples to apples?
- Won't disagree ND Medicaid base rates may be at top tier
 - traditional Medicaid still reimburses below cost of care.
 - Medicaid Expansion helps subsidize.

- Medicaid Base and Supplemental Payments to Hospitals
 - How states pay hospitals:
 - 1. **Base Payment** (fee for service/managed care) North Dakota
 - 2. Supplemental Payments
 - Disproportionate share serve volume of high Medicaid and low income
 - Upper Payment Limit gap between Medicaid and Medicare
 - Uncompensated care pool payments
 - Delivery system in reform incentive payments

Medicaid Base and Supplemental Payments to Hospitals

- MACPAC
 - Medicaid and CHIP Payment and Access Commission
 - Non-partisan legislative branch agency that provides policy and data analysis to Congress and U.S. Department of HHS
 - 2021 Issue Brief
 - Pages 12-13

- Medicaid Base and Supplemental Payments to Hospitals
 - It's difficult to compare Medicaid Expansion/Traditional payment rates between states.
 - North Dakota \$13,966 vs. Arkansas \$1,647
 - Arkansas \$137 per month
 - Arkansas hospitals receive \$475 million more in supplemental payments
 - Arkansas hospitals can afford to take less in Expansion rates
 - North Dakota hospitals cannot afford less in reimbursement
 - ND receives \$3.2 million in supplemental payments, lowest in the nation
 - How does ND rank in total Medicaid reimbursement to providers when you factor in what other states receive in supplemental payments.



SB 2012

- Hospitals support engrossed SB 2012
 - Support Inflationary Increases 4% each year
 - impacts hospital reimbursement (fee schedules)
 - support increase based on hospital cost increases
 - Support preserving current Medicaid Expansion rates to providers
 - Hospitals contract with BCBSND
 - Support fair Medicaid Value-Based Purchasing programs
 - Urban hospitals support designing quality program for traditional Medicaid
 - Monthly discussions have taken place for over a year
 - Both sides continue to work together
 - Hospitals appreciate DHHS allowing provider input



Questions

- Tim Blasl
- President
- North Dakota Hospital Association

SB 2012

House Appropriations Human Resources Division





Items to review

- Hospital Challenges
 - Workforce
 - Financial concerns

State Medicaid reimbursement comparisons

Why NDHA supports engrossed SB 2012



- Workforce
 - #1 challenge for hospitals
 - Concern before COVID-19
 - In both urban and rural areas
 - 25% increase in wages since Covid
 - Urban hospitals wages have increased \$382 million, 2019 vs. 2022
 - Rural hospitals contract labor \$14 million 2019 and \$39 million in 2022



Workforce Survey

- NDHA conducted Nursing Survey summer 2022
 - How many full-time nurse positions do you have open?
 - 1,326
 - 42 hospitals
 - How many contract nurses do you have?
 - 717
 - During COVID-19 hospitals paying \$200 \$225 per hour, before \$85
 - Hospitals getting creative to retain and recruit
 - bonus and loan forgiveness programs
 - recruit from other countries
 - Thank you, legislators for supporting different workforce programs



Financial Concerns

- Urban Hospitals
 - Operating margins cut by 50% since COVID-19
 - includes federal COVID funding received
 - Inflation (increases)
 - Pharmacy 48%
 - Wages 25%
 - Supplies 11%



Financial Concerns

Rural

- 36 rural hospitals (Critical Access Hospitals)
 - 17 have positive operating margins in 2022
 - half of 17 would have negative margins without federal COVID funding
- Mean operating margin = -.5%
- Median operating margin = -2.1%



Thank you for supporting Medicaid Expansion

- Affordable Care Act- ND expanded Medicaid to adults with incomes up to 138% of federal poverty level
- 90% federally funded
- Implemented in January 2014
- 34,200 covered lives are getting healthcare on a regular basis
 - 24,800 February 2021, due to PHE
- Uncompensated care for hospitals reduced 50% two years after implementation
- Bottom line, the state's 10% investment has provided access to care

- A lot of discussion on how ND Medicaid Rates compare to other states.
 - Traditional and Expansion reimbursement
- Are we comparing apples to apples?
- Won't disagree ND Medicaid base rates may be at top tier
 - traditional Medicaid still reimburses below cost of care.
 - Medicaid Expansion helps subsidize.

- Medicaid Base and Supplemental Payments to Hospitals
 - How states pay hospitals:
 - 1. **Base Payment** (fee for service/managed care) North Dakota
 - 2. Supplemental Payments
 - Disproportionate share serve volume of high Medicaid and low income
 - Upper Payment Limit gap between Medicaid and Medicare
 - Uncompensated care pool payments
 - Delivery system in reform incentive payments

Medicaid Base and Supplemental Payments to Hospitals

- MACPAC
 - Medicaid and CHIP Payment and Access Commission
 - Non-partisan legislative branch agency that provides policy and data analysis to Congress and U.S. Department of HHS
 - 2021 Issue Brief
 - Pages 12-13

- Medicaid Base and Supplemental Payments to Hospitals
 - It's difficult to compare Medicaid Expansion/Traditional payment rates between states.
 - North Dakota \$13,966 vs. Arkansas \$1,647
 - Arkansas \$137 per month
 - Arkansas hospitals receive \$475 million more in supplemental payments
 - Arkansas hospitals can afford to take less in Expansion rates
 - North Dakota hospitals cannot afford less in reimbursement
 - ND receives \$3.2 million in supplemental payments, lowest in the nation
 - How does ND rank in total Medicaid reimbursement to providers when you factor in what other states receive in supplemental payments.



SB 2012

- Hospitals support engrossed SB 2012
 - Support Inflationary Increases 4% each year
 - impacts hospital reimbursement (fee schedules)
 - support increase based on hospital cost increases
 - Support preserving current Medicaid Expansion rates to providers
 - Hospitals contract with BCBSND
 - Support fair Medicaid Value-Based Purchasing programs
 - Urban hospitals support designing quality program for traditional Medicaid
 - Monthly discussions have taken place for over a year
 - Both sides continue to work together
 - Hospitals appreciate DHHS allowing provider input



Questions

- Tim Blasl
- President
- North Dakota Hospital Association

SB 2012

House Appropriations Human Resources Division





Items to review

- Hospital Challenges
 - Workforce
 - Financial concerns

State Medicaid reimbursement comparisons

Why NDHA supports engrossed SB 2012



- Workforce
 - #1 challenge for hospitals
 - Concern before COVID-19
 - In both urban and rural areas
 - 25% increase in wages since Covid
 - Urban hospitals wages have increased \$382 million, 2019 vs. 2022
 - Rural hospitals contract labor \$14 million 2019 and \$39 million in 2022



Workforce Survey

- NDHA conducted Nursing Survey summer 2022
 - How many full-time nurse positions do you have open?
 - 1,326
 - 42 hospitals
 - How many contract nurses do you have?
 - 717
 - During COVID-19 hospitals paying \$200 \$225 per hour, before \$85
 - Hospitals getting creative to retain and recruit
 - bonus and loan forgiveness programs
 - recruit from other countries
 - Thank you, legislators for supporting different workforce programs



Financial Concerns

- Urban Hospitals
 - Operating margins cut by 50% since COVID-19
 - includes federal COVID funding received
 - Inflation (increases)
 - Pharmacy 48%
 - Wages 25%
 - Supplies 11%



Financial Concerns

Rural

- 36 rural hospitals (Critical Access Hospitals)
 - 17 have positive operating margins in 2022
 - half of 17 would have negative margins without federal COVID funding
- Mean operating margin = -.5%
- Median operating margin = -2.1%



Thank you for supporting Medicaid Expansion

- Affordable Care Act- ND expanded Medicaid to adults with incomes up to 138% of federal poverty level
- 90% federally funded
- Implemented in January 2014
- 34,200 covered lives are getting healthcare on a regular basis
 - 24,800 February 2021, due to PHE
- Uncompensated care for hospitals reduced 50% two years after implementation
- Bottom line, the state's 10% investment has provided access to care

- A lot of discussion on how ND Medicaid Rates compare to other states.
 - Traditional and Expansion reimbursement
- Are we comparing apples to apples?
- Won't disagree ND Medicaid base rates may be at top tier
 - traditional Medicaid still reimburses below cost of care.
 - Medicaid Expansion helps subsidize.

- Medicaid Base and Supplemental Payments to Hospitals
 - How states pay hospitals:
 - 1. **Base Payment** (fee for service/managed care) North Dakota
 - 2. Supplemental Payments
 - Disproportionate share serve volume of high Medicaid and low income
 - Upper Payment Limit gap between Medicaid and Medicare
 - Uncompensated care pool payments
 - Delivery system in reform incentive payments

Medicaid Base and Supplemental Payments to Hospitals

- MACPAC
 - Medicaid and CHIP Payment and Access Commission
 - Non-partisan legislative branch agency that provides policy and data analysis to Congress and U.S. Department of HHS
 - 2021 Issue Brief
 - Pages 12-13

- Medicaid Base and Supplemental Payments to Hospitals
 - It's difficult to compare Medicaid Expansion/Traditional payment rates between states.
 - North Dakota \$13,966 vs. Arkansas \$1,647
 - Arkansas \$137 per month
 - Arkansas hospitals receive \$475 million more in supplemental payments
 - Arkansas hospitals can afford to take less in Expansion rates
 - North Dakota hospitals cannot afford less in reimbursement
 - ND receives \$3.2 million in supplemental payments, lowest in the nation
 - How does ND rank in total Medicaid reimbursement to providers when you factor in what other states receive in supplemental payments.



SB 2012

- Hospitals support engrossed SB 2012
 - Support Inflationary Increases 4% each year
 - impacts hospital reimbursement (fee schedules)
 - support increase based on hospital cost increases
 - Support preserving current Medicaid Expansion rates to providers
 - Hospitals contract with BCBSND
 - Support fair Medicaid Value-Based Purchasing programs
 - Urban hospitals support designing quality program for traditional Medicaid
 - Monthly discussions have taken place for over a year
 - Both sides continue to work together
 - Hospitals appreciate DHHS allowing provider input



Questions

- Tim Blasl
- President
- North Dakota Hospital Association

SB 2012

House Appropriations Human Resources Division





Items to review

- Hospital Challenges
 - Workforce
 - Financial concerns

State Medicaid reimbursement comparisons

Why NDHA supports engrossed SB 2012



- Workforce
 - #1 challenge for hospitals
 - Concern before COVID-19
 - In both urban and rural areas
 - 25% increase in wages since Covid
 - Urban hospitals wages have increased \$382 million, 2019 vs. 2022
 - Rural hospitals contract labor \$14 million 2019 and \$39 million in 2022



Workforce Survey

- NDHA conducted Nursing Survey summer 2022
 - How many full-time nurse positions do you have open?
 - 1,326
 - 42 hospitals
 - How many contract nurses do you have?
 - 717
 - During COVID-19 hospitals paying \$200 \$225 per hour, before \$85
 - Hospitals getting creative to retain and recruit
 - bonus and loan forgiveness programs
 - recruit from other countries
 - Thank you, legislators for supporting different workforce programs



Financial Concerns

- Urban Hospitals
 - Operating margins cut by 50% since COVID-19
 - includes federal COVID funding received
 - Inflation (increases)
 - Pharmacy 48%
 - Wages 25%
 - Supplies 11%



Financial Concerns

Rural

- 36 rural hospitals (Critical Access Hospitals)
 - 17 have positive operating margins in 2022
 - half of 17 would have negative margins without federal COVID funding
- Mean operating margin = -.5%
- Median operating margin = -2.1%



Thank you for supporting Medicaid Expansion

- Affordable Care Act- ND expanded Medicaid to adults with incomes up to 138% of federal poverty level
- 90% federally funded
- Implemented in January 2014
- 34,200 covered lives are getting healthcare on a regular basis
 - 24,800 February 2021, due to PHE
- Uncompensated care for hospitals reduced 50% two years after implementation
- Bottom line, the state's 10% investment has provided access to care

- A lot of discussion on how ND Medicaid Rates compare to other states.
 - Traditional and Expansion reimbursement
- Are we comparing apples to apples?
- Won't disagree ND Medicaid base rates may be at top tier
 - traditional Medicaid still reimburses below cost of care.
 - Medicaid Expansion helps subsidize.

- Medicaid Base and Supplemental Payments to Hospitals
 - How states pay hospitals:
 - 1. **Base Payment** (fee for service/managed care) North Dakota
 - 2. Supplemental Payments
 - Disproportionate share serve volume of high Medicaid and low income
 - Upper Payment Limit gap between Medicaid and Medicare
 - Uncompensated care pool payments
 - Delivery system in reform incentive payments

Medicaid Base and Supplemental Payments to Hospitals

- MACPAC
 - Medicaid and CHIP Payment and Access Commission
 - Non-partisan legislative branch agency that provides policy and data analysis to Congress and U.S. Department of HHS
 - 2021 Issue Brief
 - Pages 12-13

- Medicaid Base and Supplemental Payments to Hospitals
 - It's difficult to compare Medicaid Expansion/Traditional payment rates between states.
 - North Dakota \$13,966 vs. Arkansas \$1,647
 - Arkansas \$137 per month
 - Arkansas hospitals receive \$475 million more in supplemental payments
 - Arkansas hospitals can afford to take less in Expansion rates
 - North Dakota hospitals cannot afford less in reimbursement
 - ND receives \$3.2 million in supplemental payments, lowest in the nation
 - How does ND rank in total Medicaid reimbursement to providers when you factor in what other states receive in supplemental payments.



SB 2012

- Hospitals support engrossed SB 2012
 - Support Inflationary Increases 4% each year
 - impacts hospital reimbursement (fee schedules)
 - support increase based on hospital cost increases
 - Support preserving current Medicaid Expansion rates to providers
 - Hospitals contract with BCBSND
 - Support fair Medicaid Value-Based Purchasing programs
 - Urban hospitals support designing quality program for traditional Medicaid
 - Monthly discussions have taken place for over a year
 - Both sides continue to work together
 - Hospitals appreciate DHHS allowing provider input



Questions

- Tim Blasl
- President
- North Dakota Hospital Association

SB 2012

House Appropriations Human Resources Division





Items to review

- Hospital Challenges
 - Workforce
 - Financial concerns

State Medicaid reimbursement comparisons

Why NDHA supports engrossed SB 2012



- Workforce
 - #1 challenge for hospitals
 - Concern before COVID-19
 - In both urban and rural areas
 - 25% increase in wages since Covid
 - Urban hospitals wages have increased \$382 million, 2019 vs. 2022
 - Rural hospitals contract labor \$14 million 2019 and \$39 million in 2022



Workforce Survey

- NDHA conducted Nursing Survey summer 2022
 - How many full-time nurse positions do you have open?
 - 1,326
 - 42 hospitals
 - How many contract nurses do you have?
 - 717
 - During COVID-19 hospitals paying \$200 \$225 per hour, before \$85
 - Hospitals getting creative to retain and recruit
 - bonus and loan forgiveness programs
 - recruit from other countries
 - Thank you, legislators for supporting different workforce programs



Financial Concerns

- Urban Hospitals
 - Operating margins cut by 50% since COVID-19
 - includes federal COVID funding received
 - Inflation (increases)
 - Pharmacy 48%
 - Wages 25%
 - Supplies 11%



Financial Concerns

Rural

- 36 rural hospitals (Critical Access Hospitals)
 - 17 have positive operating margins in 2022
 - half of 17 would have negative margins without federal COVID funding
- Mean operating margin = -.5%
- Median operating margin = -2.1%



Thank you for supporting Medicaid Expansion

- Affordable Care Act- ND expanded Medicaid to adults with incomes up to 138% of federal poverty level
- 90% federally funded
- Implemented in January 2014
- 34,200 covered lives are getting healthcare on a regular basis
 - 24,800 February 2021, due to PHE
- Uncompensated care for hospitals reduced 50% two years after implementation
- Bottom line, the state's 10% investment has provided access to care

- A lot of discussion on how ND Medicaid Rates compare to other states.
 - Traditional and Expansion reimbursement
- Are we comparing apples to apples?
- Won't disagree ND Medicaid base rates may be at top tier
 - traditional Medicaid still reimburses below cost of care.
 - Medicaid Expansion helps subsidize.

- Medicaid Base and Supplemental Payments to Hospitals
 - How states pay hospitals:
 - 1. **Base Payment** (fee for service/managed care) North Dakota
 - 2. Supplemental Payments
 - Disproportionate share serve volume of high Medicaid and low income
 - Upper Payment Limit gap between Medicaid and Medicare
 - Uncompensated care pool payments
 - Delivery system in reform incentive payments

Medicaid Base and Supplemental Payments to Hospitals

- MACPAC
 - Medicaid and CHIP Payment and Access Commission
 - Non-partisan legislative branch agency that provides policy and data analysis to Congress and U.S. Department of HHS
 - 2021 Issue Brief
 - Pages 12-13

- Medicaid Base and Supplemental Payments to Hospitals
 - It's difficult to compare Medicaid Expansion/Traditional payment rates between states.
 - North Dakota \$13,966 vs. Arkansas \$1,647
 - Arkansas \$137 per month
 - Arkansas hospitals receive \$475 million more in supplemental payments
 - Arkansas hospitals can afford to take less in Expansion rates
 - North Dakota hospitals cannot afford less in reimbursement
 - ND receives \$3.2 million in supplemental payments, lowest in the nation
 - How does ND rank in total Medicaid reimbursement to providers when you factor in what other states receive in supplemental payments.



SB 2012

- Hospitals support engrossed SB 2012
 - Support Inflationary Increases 4% each year
 - impacts hospital reimbursement (fee schedules)
 - support increase based on hospital cost increases
 - Support preserving current Medicaid Expansion rates to providers
 - Hospitals contract with BCBSND
 - Support fair Medicaid Value-Based Purchasing programs
 - Urban hospitals support designing quality program for traditional Medicaid
 - Monthly discussions have taken place for over a year
 - Both sides continue to work together
 - Hospitals appreciate DHHS allowing provider input



Questions

- Tim Blasl
- President
- North Dakota Hospital Association

SB 2012

House Appropriations Human Resources Division





Items to review

- Hospital Challenges
 - Workforce
 - Financial concerns

State Medicaid reimbursement comparisons

Why NDHA supports engrossed SB 2012



Hospital Challenges

- Workforce
 - #1 challenge for hospitals
 - Concern before COVID-19
 - In both urban and rural areas
 - 25% increase in wages since Covid
 - Urban hospitals wages have increased \$382 million, 2019 vs. 2022
 - Rural hospitals contract labor \$14 million 2019 and \$39 million in 2022



Workforce Survey

- NDHA conducted Nursing Survey summer 2022
 - How many full-time nurse positions do you have open?
 - 1,326
 - 42 hospitals
 - How many contract nurses do you have?
 - 717
 - During COVID-19 hospitals paying \$200 \$225 per hour, before \$85
 - Hospitals getting creative to retain and recruit
 - bonus and loan forgiveness programs
 - recruit from other countries
 - Thank you, legislators for supporting different workforce programs



Hospital Challenges

Financial Concerns

- Urban Hospitals
 - Operating margins cut by 50% since COVID-19
 - includes federal COVID funding received
 - Inflation (increases)
 - Pharmacy 48%
 - Wages 25%
 - Supplies 11%



Hospital Challenges

Financial Concerns

Rural

- 36 rural hospitals (Critical Access Hospitals)
 - 17 have positive operating margins in 2022
 - half of 17 would have negative margins without federal COVID funding
- Mean operating margin = -.5%
- Median operating margin = -2.1%



Thank you for supporting Medicaid Expansion

- Affordable Care Act- ND expanded Medicaid to adults with incomes up to 138% of federal poverty level
- 90% federally funded
- Implemented in January 2014
- 34,200 covered lives are getting healthcare on a regular basis
 - 24,800 February 2021, due to PHE
- Uncompensated care for hospitals reduced 50% two years after implementation
- Bottom line, the state's 10% investment has provided access to care

- A lot of discussion on how ND Medicaid Rates compare to other states.
 - Traditional and Expansion reimbursement
- Are we comparing apples to apples?
- Won't disagree ND Medicaid base rates may be at top tier
 - traditional Medicaid still reimburses below cost of care.
 - Medicaid Expansion helps subsidize.

- Medicaid Base and Supplemental Payments to Hospitals
 - How states pay hospitals:
 - 1. **Base Payment** (fee for service/managed care) North Dakota
 - 2. Supplemental Payments
 - Disproportionate share serve volume of high Medicaid and low income
 - Upper Payment Limit gap between Medicaid and Medicare
 - Uncompensated care pool payments
 - Delivery system in reform incentive payments

Medicaid Base and Supplemental Payments to Hospitals

- MACPAC
 - Medicaid and CHIP Payment and Access Commission
 - Non-partisan legislative branch agency that provides policy and data analysis to Congress and U.S. Department of HHS
 - 2021 Issue Brief
 - Pages 12-13

- Medicaid Base and Supplemental Payments to Hospitals
 - It's difficult to compare Medicaid Expansion/Traditional payment rates between states.
 - North Dakota \$13,966 vs. Arkansas \$1,647
 - Arkansas \$137 per month
 - Arkansas hospitals receive \$475 million more in supplemental payments
 - Arkansas hospitals can afford to take less in Expansion rates
 - North Dakota hospitals cannot afford less in reimbursement
 - ND receives \$3.2 million in supplemental payments, lowest in the nation
 - How does ND rank in total Medicaid reimbursement to providers when you factor in what other states receive in supplemental payments.



SB 2012

- Hospitals support engrossed SB 2012
 - Support Inflationary Increases 4% each year
 - impacts hospital reimbursement (fee schedules)
 - support increase based on hospital cost increases
 - Support preserving current Medicaid Expansion rates to providers
 - Hospitals contract with BCBSND
 - Support fair Medicaid Value-Based Purchasing programs
 - Urban hospitals support designing quality program for traditional Medicaid
 - Monthly discussions have taken place for over a year
 - Both sides continue to work together
 - Hospitals appreciate DHHS allowing provider input



Questions

- Tim Blasl
- President
- North Dakota Hospital Association

SB 2012

House Appropriations Human Resources Division





Items to review

- Hospital Challenges
 - Workforce
 - Financial concerns

State Medicaid reimbursement comparisons

Why NDHA supports engrossed SB 2012



Hospital Challenges

- Workforce
 - #1 challenge for hospitals
 - Concern before COVID-19
 - In both urban and rural areas
 - 25% increase in wages since Covid
 - Urban hospitals wages have increased \$382 million, 2019 vs. 2022
 - Rural hospitals contract labor \$14 million 2019 and \$39 million in 2022



Workforce Survey

- NDHA conducted Nursing Survey summer 2022
 - How many full-time nurse positions do you have open?
 - 1,326
 - 42 hospitals
 - How many contract nurses do you have?
 - 717
 - During COVID-19 hospitals paying \$200 \$225 per hour, before \$85
 - Hospitals getting creative to retain and recruit
 - bonus and loan forgiveness programs
 - recruit from other countries
 - Thank you, legislators for supporting different workforce programs



Hospital Challenges

Financial Concerns

- Urban Hospitals
 - Operating margins cut by 50% since COVID-19
 - includes federal COVID funding received
 - Inflation (increases)
 - Pharmacy 48%
 - Wages 25%
 - Supplies 11%



Hospital Challenges

Financial Concerns

Rural

- 36 rural hospitals (Critical Access Hospitals)
 - 17 have positive operating margins in 2022
 - half of 17 would have negative margins without federal COVID funding
- Mean operating margin = -.5%
- Median operating margin = -2.1%



Thank you for supporting Medicaid Expansion

- Affordable Care Act- ND expanded Medicaid to adults with incomes up to 138% of federal poverty level
- 90% federally funded
- Implemented in January 2014
- 34,200 covered lives are getting healthcare on a regular basis
 - 24,800 February 2021, due to PHE
- Uncompensated care for hospitals reduced 50% two years after implementation
- Bottom line, the state's 10% investment has provided access to care

- A lot of discussion on how ND Medicaid Rates compare to other states.
 - Traditional and Expansion reimbursement
- Are we comparing apples to apples?
- Won't disagree ND Medicaid base rates may be at top tier
 - traditional Medicaid still reimburses below cost of care.
 - Medicaid Expansion helps subsidize.

- Medicaid Base and Supplemental Payments to Hospitals
 - How states pay hospitals:
 - 1. **Base Payment** (fee for service/managed care) North Dakota
 - 2. Supplemental Payments
 - Disproportionate share serve volume of high Medicaid and low income
 - Upper Payment Limit gap between Medicaid and Medicare
 - Uncompensated care pool payments
 - Delivery system in reform incentive payments

Medicaid Base and Supplemental Payments to Hospitals

- MACPAC
 - Medicaid and CHIP Payment and Access Commission
 - Non-partisan legislative branch agency that provides policy and data analysis to Congress and U.S. Department of HHS
 - 2021 Issue Brief
 - Pages 12-13

- Medicaid Base and Supplemental Payments to Hospitals
 - It's difficult to compare Medicaid Expansion/Traditional payment rates between states.
 - North Dakota \$13,966 vs. Arkansas \$1,647
 - Arkansas \$137 per month
 - Arkansas hospitals receive \$475 million more in supplemental payments
 - Arkansas hospitals can afford to take less in Expansion rates
 - North Dakota hospitals cannot afford less in reimbursement
 - ND receives \$3.2 million in supplemental payments, lowest in the nation
 - How does ND rank in total Medicaid reimbursement to providers when you factor in what other states receive in supplemental payments.



SB 2012

- Hospitals support engrossed SB 2012
 - Support Inflationary Increases 4% each year
 - impacts hospital reimbursement (fee schedules)
 - support increase based on hospital cost increases
 - Support preserving current Medicaid Expansion rates to providers
 - Hospitals contract with BCBSND
 - Support fair Medicaid Value-Based Purchasing programs
 - Urban hospitals support designing quality program for traditional Medicaid
 - Monthly discussions have taken place for over a year
 - Both sides continue to work together
 - Hospitals appreciate DHHS allowing provider input



Questions

- Tim Blasl
- President
- North Dakota Hospital Association

SB 2012

House Appropriations Human Resources Division





Items to review

- Hospital Challenges
 - Workforce
 - Financial concerns

State Medicaid reimbursement comparisons

Why NDHA supports engrossed SB 2012



Hospital Challenges

- Workforce
 - #1 challenge for hospitals
 - Concern before COVID-19
 - In both urban and rural areas
 - 25% increase in wages since Covid
 - Urban hospitals wages have increased \$382 million, 2019 vs. 2022
 - Rural hospitals contract labor \$14 million 2019 and \$39 million in 2022



Workforce Survey

- NDHA conducted Nursing Survey summer 2022
 - How many full-time nurse positions do you have open?
 - 1,326
 - 42 hospitals
 - How many contract nurses do you have?
 - 717
 - During COVID-19 hospitals paying \$200 \$225 per hour, before \$85
 - Hospitals getting creative to retain and recruit
 - bonus and loan forgiveness programs
 - recruit from other countries
 - Thank you, legislators for supporting different workforce programs



Financial Concerns

- Urban Hospitals
 - Operating margins cut by 50% since COVID-19
 - includes federal COVID funding received
 - Inflation (increases)
 - Pharmacy 48%
 - Wages 25%
 - Supplies 11%



Financial Concerns

Rural

- 36 rural hospitals (Critical Access Hospitals)
 - 17 have positive operating margins in 2022
 - half of 17 would have negative margins without federal COVID funding
- Mean operating margin = -.5%
- Median operating margin = -2.1%



Thank you for supporting Medicaid Expansion

- Affordable Care Act- ND expanded Medicaid to adults with incomes up to 138% of federal poverty level
- 90% federally funded
- Implemented in January 2014
- 34,200 covered lives are getting healthcare on a regular basis
 - 24,800 February 2021, due to PHE
- Uncompensated care for hospitals reduced 50% two years after implementation
- Bottom line, the state's 10% investment has provided access to care

- A lot of discussion on how ND Medicaid Rates compare to other states.
 - Traditional and Expansion reimbursement
- Are we comparing apples to apples?
- Won't disagree ND Medicaid base rates may be at top tier
 - traditional Medicaid still reimburses below cost of care.
 - Medicaid Expansion helps subsidize.

- Medicaid Base and Supplemental Payments to Hospitals
 - How states pay hospitals:
 - 1. **Base Payment** (fee for service/managed care) North Dakota
 - 2. Supplemental Payments
 - Disproportionate share serve volume of high Medicaid and low income
 - Upper Payment Limit gap between Medicaid and Medicare
 - Uncompensated care pool payments
 - Delivery system in reform incentive payments

Medicaid Base and Supplemental Payments to Hospitals

- MACPAC
 - Medicaid and CHIP Payment and Access Commission
 - Non-partisan legislative branch agency that provides policy and data analysis to Congress and U.S. Department of HHS
 - 2021 Issue Brief
 - Pages 12-13

- Medicaid Base and Supplemental Payments to Hospitals
 - It's difficult to compare Medicaid Expansion/Traditional payment rates between states.
 - North Dakota \$13,966 vs. Arkansas \$1,647
 - Arkansas \$137 per month
 - Arkansas hospitals receive \$475 million more in supplemental payments
 - Arkansas hospitals can afford to take less in Expansion rates
 - North Dakota hospitals cannot afford less in reimbursement
 - ND receives \$3.2 million in supplemental payments, lowest in the nation
 - How does ND rank in total Medicaid reimbursement to providers when you factor in what other states receive in supplemental payments.



SB 2012

- Hospitals support engrossed SB 2012
 - Support Inflationary Increases 4% each year
 - impacts hospital reimbursement (fee schedules)
 - support increase based on hospital cost increases
 - Support preserving current Medicaid Expansion rates to providers
 - Hospitals contract with BCBSND
 - Support fair Medicaid Value-Based Purchasing programs
 - Urban hospitals support designing quality program for traditional Medicaid
 - Monthly discussions have taken place for over a year
 - Both sides continue to work together
 - Hospitals appreciate DHHS allowing provider input



Questions

- Tim Blasl
- President
- North Dakota Hospital Association

SB 2012

House Appropriations Human Resources Division





Items to review

- Hospital Challenges
 - Workforce
 - Financial concerns

State Medicaid reimbursement comparisons

Why NDHA supports engrossed SB 2012



- Workforce
 - #1 challenge for hospitals
 - Concern before COVID-19
 - In both urban and rural areas
 - 25% increase in wages since Covid
 - Urban hospitals wages have increased \$382 million, 2019 vs. 2022
 - Rural hospitals contract labor \$14 million 2019 and \$39 million in 2022



Workforce Survey

- NDHA conducted Nursing Survey summer 2022
 - How many full-time nurse positions do you have open?
 - 1,326
 - 42 hospitals
 - How many contract nurses do you have?
 - 717
 - During COVID-19 hospitals paying \$200 \$225 per hour, before \$85
 - Hospitals getting creative to retain and recruit
 - bonus and loan forgiveness programs
 - recruit from other countries
 - Thank you, legislators for supporting different workforce programs



Financial Concerns

- Urban Hospitals
 - Operating margins cut by 50% since COVID-19
 - includes federal COVID funding received
 - Inflation (increases)
 - Pharmacy 48%
 - Wages 25%
 - Supplies 11%



Financial Concerns

Rural

- 36 rural hospitals (Critical Access Hospitals)
 - 17 have positive operating margins in 2022
 - half of 17 would have negative margins without federal COVID funding
- Mean operating margin = -.5%
- Median operating margin = -2.1%



Thank you for supporting Medicaid Expansion

- Affordable Care Act- ND expanded Medicaid to adults with incomes up to 138% of federal poverty level
- 90% federally funded
- Implemented in January 2014
- 34,200 covered lives are getting healthcare on a regular basis
 - 24,800 February 2021, due to PHE
- Uncompensated care for hospitals reduced 50% two years after implementation
- Bottom line, the state's 10% investment has provided access to care

- A lot of discussion on how ND Medicaid Rates compare to other states.
 - Traditional and Expansion reimbursement
- Are we comparing apples to apples?
- Won't disagree ND Medicaid base rates may be at top tier
 - traditional Medicaid still reimburses below cost of care.
 - Medicaid Expansion helps subsidize.

- Medicaid Base and Supplemental Payments to Hospitals
 - How states pay hospitals:
 - 1. **Base Payment** (fee for service/managed care) North Dakota
 - 2. Supplemental Payments
 - Disproportionate share serve volume of high Medicaid and low income
 - Upper Payment Limit gap between Medicaid and Medicare
 - Uncompensated care pool payments
 - Delivery system in reform incentive payments

Medicaid Base and Supplemental Payments to Hospitals

- MACPAC
 - Medicaid and CHIP Payment and Access Commission
 - Non-partisan legislative branch agency that provides policy and data analysis to Congress and U.S. Department of HHS
 - 2021 Issue Brief
 - Pages 12-13

- Medicaid Base and Supplemental Payments to Hospitals
 - It's difficult to compare Medicaid Expansion/Traditional payment rates between states.
 - North Dakota \$13,966 vs. Arkansas \$1,647
 - Arkansas \$137 per month
 - Arkansas hospitals receive \$475 million more in supplemental payments
 - Arkansas hospitals can afford to take less in Expansion rates
 - North Dakota hospitals cannot afford less in reimbursement
 - ND receives \$3.2 million in supplemental payments, lowest in the nation
 - How does ND rank in total Medicaid reimbursement to providers when you factor in what other states receive in supplemental payments.



SB 2012

- Hospitals support engrossed SB 2012
 - Support Inflationary Increases 4% each year
 - impacts hospital reimbursement (fee schedules)
 - support increase based on hospital cost increases
 - Support preserving current Medicaid Expansion rates to providers
 - Hospitals contract with BCBSND
 - Support fair Medicaid Value-Based Purchasing programs
 - Urban hospitals support designing quality program for traditional Medicaid
 - Monthly discussions have taken place for over a year
 - Both sides continue to work together
 - Hospitals appreciate DHHS allowing provider input



Questions

- Tim Blasl
- President
- North Dakota Hospital Association

SB 2012

House Appropriations Human Resources Division





Items to review

- Hospital Challenges
 - Workforce
 - Financial concerns

State Medicaid reimbursement comparisons

Why NDHA supports engrossed SB 2012



- Workforce
 - #1 challenge for hospitals
 - Concern before COVID-19
 - In both urban and rural areas
 - 25% increase in wages since Covid
 - Urban hospitals wages have increased \$382 million, 2019 vs. 2022
 - Rural hospitals contract labor \$14 million 2019 and \$39 million in 2022



Workforce Survey

- NDHA conducted Nursing Survey summer 2022
 - How many full-time nurse positions do you have open?
 - 1,326
 - 42 hospitals
 - How many contract nurses do you have?
 - 717
 - During COVID-19 hospitals paying \$200 \$225 per hour, before \$85
 - Hospitals getting creative to retain and recruit
 - bonus and loan forgiveness programs
 - recruit from other countries
 - Thank you, legislators for supporting different workforce programs



Financial Concerns

- Urban Hospitals
 - Operating margins cut by 50% since COVID-19
 - includes federal COVID funding received
 - Inflation (increases)
 - Pharmacy 48%
 - Wages 25%
 - Supplies 11%



Financial Concerns

Rural

- 36 rural hospitals (Critical Access Hospitals)
 - 17 have positive operating margins in 2022
 - half of 17 would have negative margins without federal COVID funding
- Mean operating margin = -.5%
- Median operating margin = -2.1%



Thank you for supporting Medicaid Expansion

- Affordable Care Act- ND expanded Medicaid to adults with incomes up to 138% of federal poverty level
- 90% federally funded
- Implemented in January 2014
- 34,200 covered lives are getting healthcare on a regular basis
 - 24,800 February 2021, due to PHE
- Uncompensated care for hospitals reduced 50% two years after implementation
- Bottom line, the state's 10% investment has provided access to care

- A lot of discussion on how ND Medicaid Rates compare to other states.
 - Traditional and Expansion reimbursement
- Are we comparing apples to apples?
- Won't disagree ND Medicaid base rates may be at top tier
 - traditional Medicaid still reimburses below cost of care.
 - Medicaid Expansion helps subsidize.

- Medicaid Base and Supplemental Payments to Hospitals
 - How states pay hospitals:
 - 1. **Base Payment** (fee for service/managed care) North Dakota
 - 2. Supplemental Payments
 - Disproportionate share serve volume of high Medicaid and low income
 - Upper Payment Limit gap between Medicaid and Medicare
 - Uncompensated care pool payments
 - Delivery system in reform incentive payments

Medicaid Base and Supplemental Payments to Hospitals

- MACPAC
 - Medicaid and CHIP Payment and Access Commission
 - Non-partisan legislative branch agency that provides policy and data analysis to Congress and U.S. Department of HHS
 - 2021 Issue Brief
 - Pages 12-13

- Medicaid Base and Supplemental Payments to Hospitals
 - It's difficult to compare Medicaid Expansion/Traditional payment rates between states.
 - North Dakota \$13,966 vs. Arkansas \$1,647
 - Arkansas \$137 per month
 - Arkansas hospitals receive \$475 million more in supplemental payments
 - Arkansas hospitals can afford to take less in Expansion rates
 - North Dakota hospitals cannot afford less in reimbursement
 - ND receives \$3.2 million in supplemental payments, lowest in the nation
 - How does ND rank in total Medicaid reimbursement to providers when you factor in what other states receive in supplemental payments.



SB 2012

- Hospitals support engrossed SB 2012
 - Support Inflationary Increases 4% each year
 - impacts hospital reimbursement (fee schedules)
 - support increase based on hospital cost increases
 - Support preserving current Medicaid Expansion rates to providers
 - Hospitals contract with BCBSND
 - Support fair Medicaid Value-Based Purchasing programs
 - Urban hospitals support designing quality program for traditional Medicaid
 - Monthly discussions have taken place for over a year
 - Both sides continue to work together
 - Hospitals appreciate DHHS allowing provider input



Questions

- Tim Blasl
- President
- North Dakota Hospital Association