The Patient Protection and Affordable Care Act (ACA) amended by the Health Care and Education Reconciliation Act (Reconciliation Act), collectively referred to as healthcare reform, will implement many significant changes affecting hospital providers. Several of these changes will be discussed below.

In response to increased criticism that tax-exempt hospitals are not fulfilling their charitable missions, the ACA aims to increase transparency concerning the special benefits and incentives tax-exempt hospitals receive by imposing additional requirements when qualifying for 501(c)(3) status. In addition, the ACA requires tax-exempt hospitals to conduct a Community Health Needs Assessment (CHNA) every three years to better demonstrate that they are meeting the particular needs of the patient community they serve. Tax-exempt hospitals will also be required under the ACA to establish a written financial assistance policy which would include, among other things: (1) the criteria for eligibility for financial assistance; (2) the basis for calculating amounts charged to patients; and, (3) the steps to be taken in the event of nonpayment. Other provisions in the ACA will require tax-exempt hospitals to increase their accountability for the quality of care provided to patients. Failure to comply with any requirement of the CHNA can result in a penalty of up to $50,000.

To promote the goals of lowering healthcare costs and increasing the quality of patient care, two payment systems are being established with the goal to directly tie reimbursement to performance: value-based purchasing and bundled payments. Effective October 1, 2012, the ACA mandates a value based purchasing model (first initiated by The Centers for Medicare and Medicaid (CMS) in 2007) for all hospitals. Value – Based Purchasing (VBP) is a model whereby incentive payments are given to hospitals that meet or exceed certain performance benchmarks set by CMS. In the past, hospitals were rewarded for simply reporting their performance in certain areas. Under the ACA, and the VBP reimbursement model, such reporting is mandatory, with a percentage of Medicare reimbursement tied directly to achieving certain quality benchmarks. The benchmarks will take various aspects of care into consideration, including certain efficiency and patient satisfaction metrics. Beginning in FY 2013, the clinical measures for these incentive payments will include achieving certain quality metrics related to such clinical conditions as heart failure, pneumonia and hospital-related infection, with more conditions to be considered after that time.

In addition to the VBP reimbursement model, various pilot programs were created by the ACA to promote efficiency and accountability by healthcare providers. Perhaps most notably is the bundled payment pilot program, whereby a single bundled reimbursement is provided for an episode of care, beginning three days before admission to the hospital and ending thirty days after the patient is discharged. The Secretary of CMS has been charged with establishing a national pilot program for bundled payments by January 1, 2013, with one of the goals being to correct the inefficiency of the current “fee-for-service” model, as well as to lower hospital readmission rates. The ACA’s bundled payment system, if fully implemented, will greatly impact hospitals, as both hospitals and physicians would share a single payment. For more information on bundled payments see Health Capital Topics October 2010 issue, “Emerging Healthcare Organization Series, Bundled Payments.”

With already overwhelmed waiting areas, hospitals with emergency departments have started implementing new approaches to handle overcrowding in anticipation of the nearly 34 million uninsured that will enter the market in 2014 under the ACA insurance mandate. There organizational changes range from differing intake procedures based on severity of care needed; more efficient use of bed space; and, lowering re-admission rates. In addition, new healthcare delivery structures and arrangements promoted by the ACA, such as Accountable Care Organizations (ACOs), will affect the current organizational structure of many hospital enterprises. Under the various existing enterprises recognized as primary candidates for ACOs, the hospital controlled model is one of the most popular. However, certain state limitations on the corporate practice of medicine may pose barriers to the implementation of this model.

This article highlights a few of the myriad changes that hospitals will experience as a result of the ACA. Common themes in all of these reforms are accountability, efficiency, and quality – three of the cornerstones that are driving healthcare reform efforts. The next article in this series will explore the impact of healthcare reform on physician providers.

(Continued on next page)


© HEALTH CAPITAL CONSULTANTS

(Continued from previous page)

(Continued on next page)
Robert James Cimasi, MHA, ASA, FRICS, MCBA, AVA, CM&AA, serves as President of HEALTH CAPITAL CONSULTANTS (HCC), a nationally recognized healthcare financial and economic consulting firm headquartered in St. Louis, MO, serving clients in 49 states since 1993. Mr. Cimasi has over thirty years of experience in serving clients, with a professional focus on the financial and economic aspects of healthcare service sector entities including: valuation consulting and capital formation services; healthcare industry transactions including joint ventures, mergers, acquisitions, and divestitures; litigation support & expert testimony; and, certificate-of-need and other regulatory and policy planning consulting.

Mr. Cimasi holds a Masters in Health Administration from the University of Maryland, as well as several professional designations: Accredited Senior Appraiser (ASA – American Society of Appraisers); Fellow Royal Intuition of Chartered Surveyors (FRICS – Royal Institute of Chartered Surveyors); Master Certified Business Appraiser (MCBA – Institute of Business Appraisers); Accredited Valuation Analyst (AVA – National Association of Certified Valuators and Analysts); and, Certified Merger & Acquisition Advisor (CM&AA – Alliance of Merger & Acquisition Advisors). He has served as an expert witness on cases in numerous courts, and has provided testimony before federal and state legislative committees. He is a nationally known speaker on healthcare industry topics, the author of several books, the latest of which include: “The U.S. Healthcare Certificate of Need Sourcebook” [2005 – Beard Books], “An Exciting Insight into the Healthcare Industry and Medical Practice Valuation” [2002 – AICPA], and “A Guide to Consulting Services for Emerging Healthcare Organizations” [1999 John Wiley and Sons].

Mr. Cimasi is the author of numerous additional chapters in anthologies; books, and legal treatises; published articles in peer reviewed and industry trade journals; research papers and case studies; and, is often quoted by healthcare industry press. In 2006, Mr. Cimasi was honored with the prestigious “Shannon Pratt Award in Business Valuation” conferred by the Institute of Business Appraisers. Mr. Cimasi serves on the Editorial Board of the Business Appraisals Practice of the Institute of Business Appraisers, of which he is a member of the College of Fellows.

Todd A. Zigrang, MBA, MHA, ASA, FACHE, is the Senior Vice President of HEALTH CAPITAL CONSULTANTS (HCC), where he focuses on the areas valuation and financial analysis for hospitals and other healthcare enterprises. Mr. Zigrang has significant physician integration and financial analysis experience, and has participated in the development of a physician-owned multi-specialty MSO and networks involving a wide range of specialities; physician-owned hospitals, as well as several limited liability companies for the purpose of acquiring acute care and specialty hospitals, ASCs and other ancillary facilities; participated in the evaluation and negotiation of managed care contracts, performed and assisted in the valuation of various healthcare entities and related litigation support engagements; created pro-forma financials; written business plans; conducted a range of industry research; completed due diligence practice analysis; overseen the selection process for vendors, contractors, and architects; and, worked on the arrangement of financing.

Mr. Zigrang holds a Master of Science in Health Administration and a Masters in Business Administration from the University of Missouri at Columbia, and is a Fellow of the American College of Healthcare Executives. He has co-authored “Research and Financial Benchmarking in the Healthcare Industry” (STP Financial Management) and “Healthcare Industry Research and its Application in Financial Consulting” (Aspen Publishers). He has additionally taught before the Institute of Business Appraisers and CPA Leadership Institute, and has presented healthcare industry valuation related research papers before the Healthcare Financial Management Association; the National CPA Health Care Adviser’s Association; Association for Corporate Growth; Infocast Executive Education Series; the St. Louis Business Valuation Roundtable; and, Physician Hospitals of America.

Anne P. Sharamitaro, Esq., is the Vice President of HEALTH CAPITAL CONSULTANTS (HCC), where she focuses on the areas of Certificate of Need (CON); regulatory compliance, managed care, and antitrust consulting. Ms. Sharamitaro is a member of the Missouri Bar and holds a J.D. and Health Law Certificate from Saint Louis University School of Law, where she served as an editor for the Journal of Health Law, published by the American Health Lawyers Association. She has presented healthcare industry related research papers before Physician Hospitals of America and the National Association of Certified Valuation Analysts and co-authored chapters in “Healthcare Organizations: Financial Management Strategies,” published in 2008.