CAN AFFORDABLE CARE ACT BE REPEALED? AMS INTERVIEWS DUKAKIS

The issues swirling around national and local health care reform today are nothing new to Michael Dukakis. The initiative was on his agenda during both of his terms as Massachusetts governor, as well as a topic in his presidential bid as the Democratic nominee for the nation’s top post in 1988.

That year, in fact, Dukakis signed into law a Massachusetts universal health care bill, which would have forced businesses that didn’t offer health insurance to their employees to contribute to a fund for hospitals treating patients who cannot pay for services. The law would have been phased into full effect by 1992. However, the initiative languished under his successor, former Republican Gov. William Weld, after Dukakis’ presidential bid had been ended by George H. W. Bush.

AMS interviewed Dukakis at his home in Brookline, Mass. on October 11, 2013. At that time the former governor said that the essence of the Massachusetts universal health care bill was drawn from Hawaii’s example in place since 1975, which is a “carbon copy” of Richard Nixon’s health plan proposed in 1971.

In addition to all employers and employees contributing to health care in the workplace, Nixon called for the expansion of Medicare to cover the unemployed. The current Massachusetts legislation, which requires those who don’t receive health insurance through their employment to purchase it, was signed into law by former Gov. Mitt Romney in April 2006.

Since leaving public office, Dukakis has lectured and authored a long list of articles on national health care policy reform, and the lessons that national policy makers can learn from state reform efforts. Yet, he said Republicans seem intent on defunding, if not repealing, Obamacare, just as Dukakis’ own attempt to provide health care for all of Massachusetts’ residents was stymied by his Republican successor so many years ago.

However, the Republicans have some historical reason to be encouraged - the passage and repeal of Medicare Catastrophic Health Care coverage. According to a New York Times article, published: October 09, 1989, “rarely has a Government program that promised so much to so many fallen apart so fast. The passage of the bill, in June 1988, was celebrated on both sides as a bipartisan success story in which the White House and the Congress teamed up to provide new medical benefits
for the elderly: a ceiling on hospital and doctor bills, expanded payments for nursing home care and prescription drugs, and much more.

Once the program arrived on Capitol Hill, the Democrats seized on it as the vehicle for sweeping health benefits for the elderly and for some disabled and needy people. And at Mr. Reagan's insistence, the entire cost was to be borne by the elderly, in the form of an extra monthly Medicare premium and a surtax for people over 65 with incomes above $35,000. The Congressional Budget Office estimated that the average Medicare beneficiary would pay the Government $145 this year for benefits available on the market for $62”.

Congress, reacting to angry constituent feedback, repealed the measure. Given how Massachusetts has historically served as an early enactor of national trends, one could argue that surely, the state has many lessons to share for the shaping of the Affordable Care Act. At the same time, however, the past could be a sign that the search for affordable, high quality health care for all continues.

**Predictions for ICD-10 Go Live**

Will the CMS website crash on October 1, 2014 as ICD-10 goes live? That was a point of discussion last week when AMS staff Jan Sayer, vice president, Alan Goldberg, partner, and Joe Barnes, CFO, Grant Memorial Hospital, Petersburg, WV, spoke on ICD-10 with a year to go at a rural health conference in West Virginia.

The answer to the question was discussed by the speakers. There certainly could be issues on the site as all the new codes are implemented and payment schedules change. As with the problems we all see today with the Affordable Care Act website, nobody would be surprised if it crashed. However, there has to be more CMS testing of the website this next time around, and the public won’t be accessing the site.

The session was moderated by Dianna Iobst, executive director, West Virginia Critical Access Hospital Network. This and many other topics were discussed. For a copy of the telepresentation, please contact Jan Sayer at jsayer@aboutams.com.

**Last Call: November 5 ACHE Half-Day Conference**

The Value Imperative: Delivering Better, More Efficient, and More Affordable Care in Today's Healthcare Environment will be held at the DoubleTree Hilton, Westborough, MA. 275 people have registered to date and the featured speakers include Donald Berwick, MD, former administrator of CMS and former president & CEO of the Institute for Healthcare Improvement; Ken Kaufman, CEO, Kaufman, Hall & Associates, Inc.; and panelist John Polanowicz, secretary, Executive Office of Health and Human Services, Commonwealth of Massachusetts.

Donna Watson Dillon, partner, Sharon Brommer, senior vice president, and Jim Higgins, vice president, will attend. To register, please call ACHE of Massachusetts at 978-692-3548 or visit http://massache.org/event_2013_11_05.asp.
# Speed Tracking ICD-10: What To Do, Where You Should Be

<table>
<thead>
<tr>
<th>Step</th>
<th>Activities</th>
<th>Achievements</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Organizational Awareness</td>
<td>Implementation process and timeline, Transitional effects, Documentation process and workflow, Organization-wide</td>
<td>It’s almost here!</td>
</tr>
<tr>
<td>II. Discovery and Assessment</td>
<td>Data standard changes, Data availability and use, Affected staff, Document process and workflow, Changes to systems</td>
<td>Effective business processes identified</td>
</tr>
<tr>
<td>III. Inform, Educate and Test</td>
<td>ICD-10 code sets, structure, features, organization, Regulatory process, Benefits and value, Identify all educational needs</td>
<td>IT systems / ICD-10 understood</td>
</tr>
<tr>
<td>IV. Evaluate and Check</td>
<td>Data flow, Work flow, Operational processes, Policies and procedures</td>
<td>Check on progress and get feedback</td>
</tr>
<tr>
<td>V. Budget and Control</td>
<td>Implementation costs, Hardware and software upgrades, Education, Productivity impact</td>
<td>Manage/monitor budget, metrics, and operations</td>
</tr>
</tbody>
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**ICD-10 with a Year to Go**
If your hospital has not begun its implementation for ICD-10, contact us.

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