

















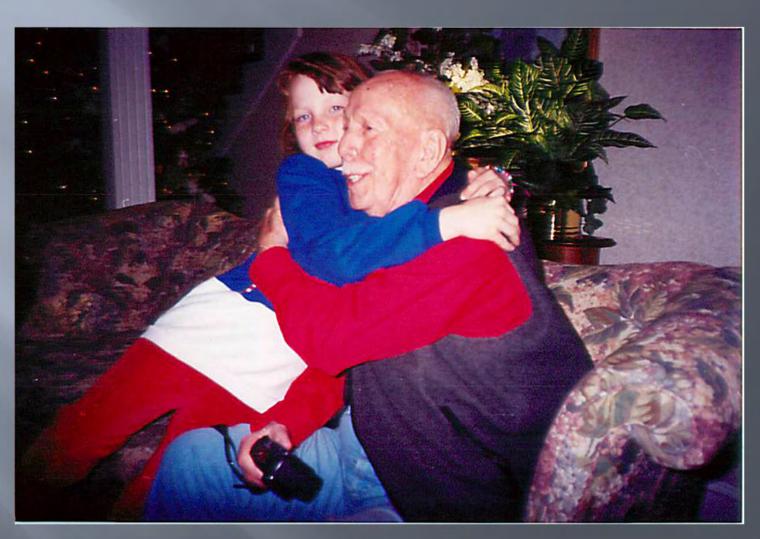






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National Center for Assisted Living











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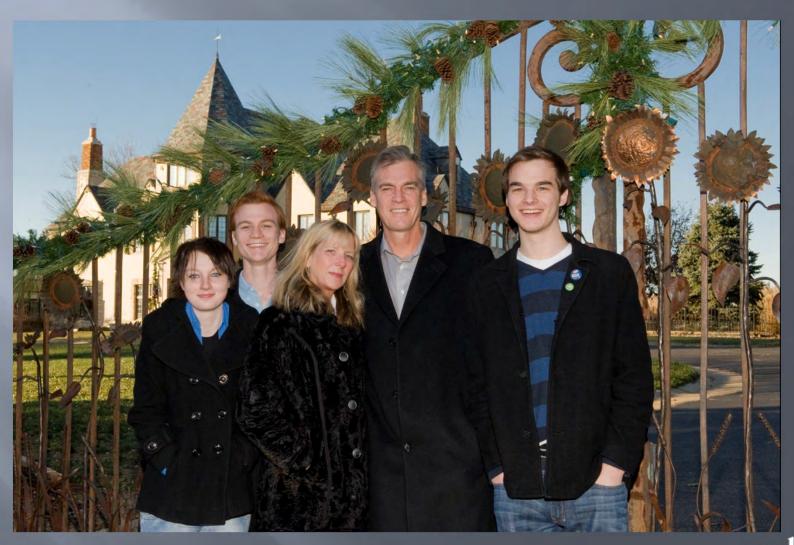






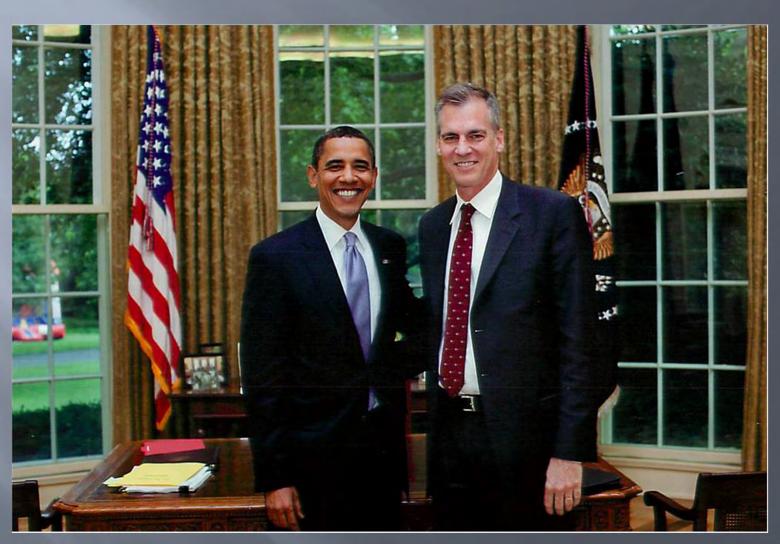












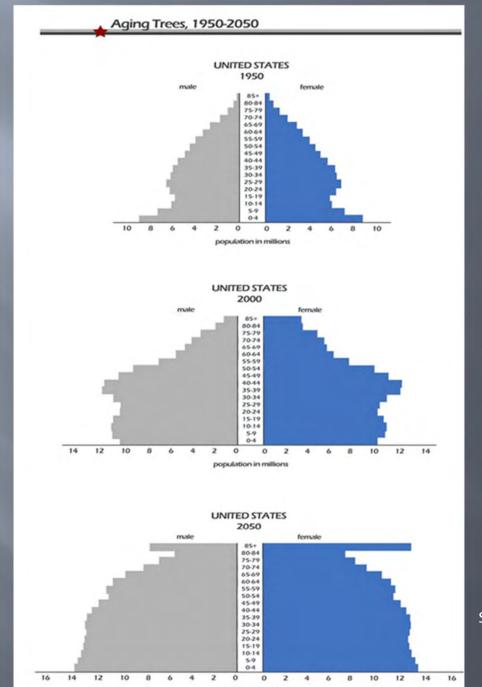




# THE OPPORTUNITIES AND THE CHALLENGES WE FACE







population in millions

12 14 16

Source: U.S. Census Bureau





# The federal debt is growing exponentially

Debt Held by the Public as a Percent of GDP 1940-2040





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#### AHCA's 90/'12 Plan

- The next <u>60</u> days are critical to our survival
- 20<u>12</u> will move us forward





## The Next 60 Days

- Set the stage to move forward in 2012
- Incredibly important time for our advocacy efforts

Supercommittee Key Dates		
November 23	introduce plan to save \$1.5 trillion over the next 10 years	
December 23	plan voted on by Congress	





#### The Potential Costs

#### SUPER COMMITTEE

- Claw back of FY 2011
  - \$4.47 billion
- Additional cuts to Medicare providers (market basket freeze)
  - up to -\$600 million/year
- Medicare beneficiary cuts to copays and bad debt phasedown
  - up to -\$1.6 billion/year
- Reductions to provider tax
  - up to -\$2.15 billion/year
- Blended Medicaid rates

up to -\$500 million for each 1% reduction

#### FALL-BACK PROVISION

2% across-the-board to Medicare providers

> ≈ -\$670 million January 2013

No Medicaid cuts





#### The Potential Costs

#### Estimated Change In Medicare Rates Current System and Sequestration

	FY								
	2012	2013	2014	2015	2016	2017	2018	2019	2020
Market Basket Update		2.8%	2.9%	3.0%	3.3%	3.2%	3.2%	3.1%	3.0%
Market Basket Update Less 1.0% Productivity Adjustment		1.8%	1.9%	2.0%	2.3%	2.2%	2.2%	2.1%	2.0%
Average Medicare Rate Per Day	457.59	465.83	474.68	484.17	495.31	506.21	517.35	528.21	538.77
Average Medicare Rate Per Day Less 2% Reduction For Sequestration		456.51	465.19	474.49	485.40	496.09	507.00	517.65	527.99
Net Change In Medicare Rate By Year (Average Medicare Rate Including Sequestration)		-0.2%	1.9%	2.0%	2.3%	2.2%	2.2%	2.1%	2.0%



AHCA, Research Department, September 13, 2011

#### Our Goals

- Mitigate impact of final rule
- No claw back of FY 2011 funds
- Work with the Supercommittee to avoid cuts but position ourselves for sequestration.
- We get credit for therapy either through recalibration or FY 2013 rule
- Clear path to better long term relationships with CMS, key Hill staff and Members of Congress





#### **Our Tactics**

- In District Meetings
- Facility Visits
- Letter writing campaigns
- Events for Supercommittee members
- 3 Fly-Ins scheduled through December
- Aggressive Media Campaign





## An Aggressive Media Campaign "Care Not Cuts"

#### Our Message:

- 1. Health Care Continuum: Long term and post-acute care providers are a critical part of the health care continuum.
- 2. Economic Driver: Long term and post-acute care providers are a critical force in our economic recovery.
- 3. Growing Demand: Long term and post-acute care have a responsibility to serve our nation's growing senior population.
- 4. Access: A vast majority of nursing home residents rely on Medicaid or Medicare for their nursing home care.





## CareNotCuts.org







#### "Care Not Cuts"

"Nurses" aired in

- 10 states
- 30 Congressional Districts
- DC Beltway

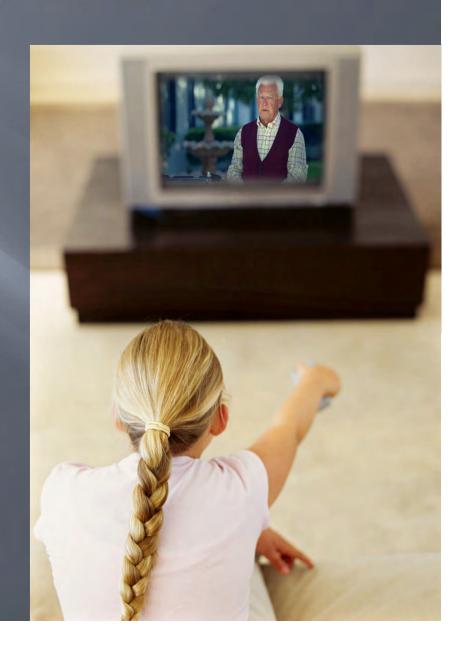
"Post-Acute" aired in

DC Beltway

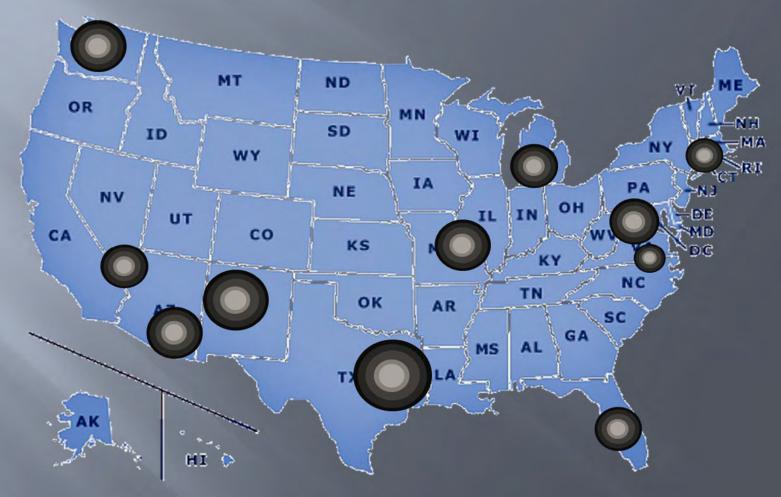
More ads are on the way

- 90 days sustained
- Increasingly targeted as budget vote is closer





#### "Care Not Cuts"



Seattle, WA| Las Vegas, NV| Phoenix, AZ| Albuquerque, NM | Austin, TX | Detroit, MI | Washington, DC | Richmond, VA | Orlando, FL | Boston, MA | St. Louis, MO





## HOW WE WIN

1) We must be the *cost* and *quality* solution.





### The Lower Cost Solution

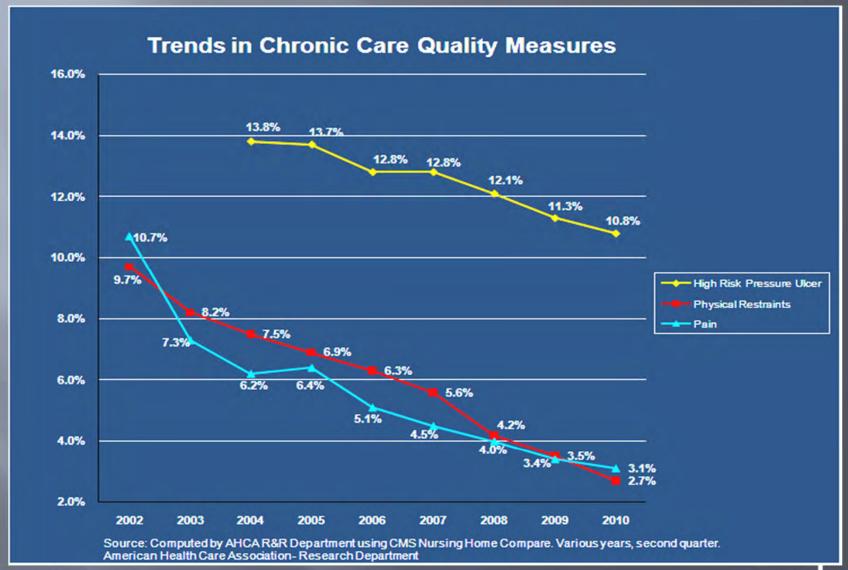
#### **CMS Medicare Payments by Care Setting**

Hospital Diagnosis	LTACH	IRF	SNF
Stroke	\$32,724	\$18,253	\$10,445
Hip fracture	\$27,497	\$14,117	\$11,265
Total hip replacement	\$26,315	\$11,918	\$8,399
Total knee	\$22,703	\$9,722	\$5,244
replacement			





## The Quality Solution







#### Implications For the Future

- Learn everything you can about new payment models
- Quality will become a reimbursement issue
- We must adapt





## 19.6%

## of hospitalized Medicare patients are readmitted within 30 days.

Number of days after discharge	Rate of potentially preventable readmissions	Spending on potentially preventable readmissions
Within 7 days	5.2%	\$5 Billion
Within 15 days	8.8%	\$8 Billion
Within 30 days	13.3%	\$12 Billion

Source: New England Journal of Medicine, 2009.





#### Hospitals Facing a Paycut

Beginning in fiscal year 2012, CMS will rank hospitals based on 30-day readmission rate for the top three diagnoses causing the majority of readmissions:

- 1. heart attack
- 2. heart failure
- 3. pneumonia.

Hospitals in bottom quartile (nationally) from the prior year will have a % of total Medicare payments withheld:

2013: up to 1%

2014: up to 2%

2015: up to 3%



Source: Sections 1151 and 3025 of the Patient Protection and Affordable Care Act





#### HOW WE WIN

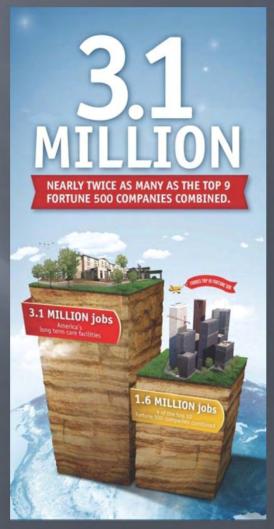
- 2) We must be a political and lobbying powerhouse
- Focus on Audience
- Focus on Message
- ✓ Change Messengers
- ✓ Utilize our broad-based membership





#### Jobs & Economic Development

- 3.1 million American jobs
- \$529 billion in economic activity
- \$60 billion in federal and state tax revenues







#### Jobs & Economic Development

Long Term Care in New Jersey:

- 87,950 jobs
- 11<sup>th</sup> largest employer
- \$5.8 billion ineconomic activity







## Use Our Broad-Based Membership

- Fundraising events all over the country
- Members lobbying on Capitol Hill continuously
- Hundreds of thousands in touch with their Members through CapWiz

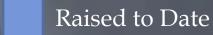




## AHCA/NCAL PAC









#### What We Need From You

Come to DC to lobby your
 Member of Congress

To come to DC or hold a facility tour, contact:

Matt Smyth,

msmyth@ahca.org

- 2. If you can't come to DC, hold a facility tour or meet with your Member of Congress in the district
- 3. Sign up for our grassroots efforts
  - a) Register in CapWiz: <a href="www.ahcancal.org/advocacy">www.ahcancal.org/advocacy</a>
  - b) Participate in our letter writing campaign





# IT IS TIME FOR US TO WRITE OUR OWN HISTORY





