



The NOTEBOOK

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Arkansas PAC Contributions Recognized

During 2017, the Arkansas Hospital Association Political Action Committee (AHAPAC) received \$17,780.00 in contributions, primarily from hospital executives and employees throughout the state. These donations, which are shared between the Arkansas Hospital Association and the American Hospital Association, make possible the financial support those organizations are able to provide to political candidates seeking state or federal elective offices.

Contributions of any amount, from all contributors to the AHAPAC, are seriously needed and deeply appreciated. However, special acknowledgement is given to individuals who contribute at certain threshold levels. Those individuals qualify for recognition as members of the American Hospital Association's Ben Franklin Club, Chairman's Circle or its Capitol Club. Ben Franklin Club membership is awarded for individuals who contributed \$1,000 or more to AHAPAC. Chairman's Circle membership is awarded for individuals who contributed \$500 or more to AHAPAC during the year, while the Capitol Club membership is earned with a \$350 donation. Individuals from Arkansas who qualified for membership in each of these clubs in 2017 are:

Ben Franklin Club:

Suzanne Biermann, JD, MPH, Arkansas Hospital Association	Bo Ryall, Arkansas Hospital Association
Connie H. Hill, DNP, MBA, FACHE, St. Bernards Medical Center	Jodiane Tritt, Arkansas Hospital Association

Chairman's Circle:

Tina Creel, Arkansas Hospital Association	Robert Rupp
Paul Cunningham, Arkansas Hospital Association	Matthew Troup, FACHE, Conway Regional Health System
Lyndsey Dumas, Arkansas Hospital Association	Douglas Weeks, FACHE, Baptist Health
Ryan Gehrig, FACHE, Mercy Hospital Fort Smith	Troy Wells, Baptist Health
Debbie Love, Arkansas Hospital Association	Elisa M. White, Arkansas Hospital Association
Raymond W. Montgomery, II, FACHE, Unity Health – White County Medical Center	Debra Wright, MSBA, RN, Howard Memorial Hospital
Ron Peterson, FACHE, Baxter Regional Medical Center	

Capitol Club:

Gary L. Bebow, FACHE, White River Health System	John E Heard, McGehee Hospital
Bill Bradley	Rex Jones, Magnolia Regional Medical Center
Pam Brown, RN, BSN, CPHQ, CPPS, Arkansas Hospital Association	Vincent Leist, North Arkansas Regional Medical Center
Greg Crain, FACHE, Baptist Health Medical Center-Little Rock	Jason Miller, The BridgeWay
Barry Davis, FACHE, Arkansas Methodist Medical Center	Rosi Smith, Arkansas Children's Hospital
David Fox, FACHE, FAHRA, MBA, Baxter Regional Medical Center	Greg Stubblefield, Baptist Health Medical Center-Little Rock
Lee Gentry, FACHE, Baptist Health Extended Care Hospital	Darlene Tuohy, Mercy Hospital Northwest Arkansas
Michael Givens, FACHE, St. Bernards Medical Center	Nikki Wallace, BSN, RN, Arkansas Hospital Association
Russell D. Harrington, Jr., FACHE, Baptist Health	Barbara Williams, PhD, Conway Regional Health System



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Update on State’s New MMIS

Top officials from the Arkansas Department of Human Services (DHS) and DXC Technology, the state’s Medicaid systems contractor, in a meeting last week with members of AHA’s Medicaid committee, provided an update on the new Medicaid Management Information System (MMIS), which became operational November 1. The changeover from the old system affected claims payment, enrollment and recipient eligibility verification operations. While the massive implementation process for the new system has not been glitch-free, reports are that it has proceeded relatively smoothly and has encountered significantly fewer issues compared to similar changes that have occurred recently in other states, especially in regard to the payment of Medicaid claims. DXC has processed more than 5.5 million claims through the new MMIS and has already paid out \$1 billion in Medicaid payments. The primary problem areas identified thus far have involved enrollment and eligibility. However, those matters are more directly related to Curam eligibility system than MMIS, especially with regard to Arkansas Works eligibility issues.

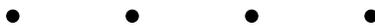
The latest alerts and an exhaustive list of important information regarding implementation of the MMIS is available through DHS’ new MMIS and Healthcare Portal at <https://www.medicaid.state.ar.us/provider/frontline.html>. The portal serves as an information hub that offers many features such as personalization and @neTouch to make your workflow more effective, efficient and accurate.



Test Generators to Avoid Unwanted Surprises

The Office of the Assistant Secretary for Preparedness and Response (ASPR) and the Federal Emergency Management Agency (FEMA) constantly emphasize that planning and preparing can make a big difference in being safe and keeping your healthcare facility fully operational. That includes planning and preparing for winter storms with accompanying frigid temperatures, which are always a possibility at this time of year, as is the threat of power outages that can last for days.

To that end, the Arkansas Department of Health (ADH) and the Arkansas Department of Emergency Management (ADEM) met recently regarding preparedness topics that included the request for generators in times of need. As a result of the meeting, the groups want to notify the state’s hospitals and other facilities that there is not a stockpile of generators available for use, should the need arise. All healthcare facilities are encouraged to take time now to test generators, assess the fuel on hand plus what may be needed for an extended period, and service the equipment to ensure safe operation in the future. Taking those steps can help prevent crisis situations in the future.



2018 CPT, HCPCS Level II & OPPS Updates for Hospitals

Individual clinicians and group practices participating in the Quality Payment Program (QPP) can submit their 2017 performance data through March 31 at <https://qpp.cms.gov/login>, eliminating the need to submit the data on multiple websites, according to information from the Centers for Medicare & Medicaid Services (CMS). In an announcement last week, CMS Administrator Seema Verma said that the new data submission system makes it easier for clinicians to meet MACRA’s reporting requirements and spend more time treating patients instead of filing paperwork. CMS also announced that those groups of 25 or more clinicians using the CMS Web Interface to submit QPP quality data can submit their performance data from January 22 to March 16. Find the information at <https://www.cms.gov/.../Quality-Payment-Program/.../OPP-2017-Data-Submission-Factsheet.pdf>.

Government Funded through January 19

Before leaving town prior to the Christmas recess, the House and Senate voted to approve a continuing resolution funding the federal government through January 19. President Trump signed the bill December 21, narrowly avoiding a government shutdown. The stop-gap measure includes \$2.85 billion for the Children's Health Insurance Program (CHIP) through the end of March and \$2.1 billion in mandatory funding for the Veterans Choice program; extends the Centers for Medicare & Medicaid Services' ability to redistribute funds to help states dealing with CHIP-related funding shortfalls; and waives PAY-GO requirements for the *Tax Cuts and Jobs Act*, averting Medicare cuts of \$25 billion in 2018 and for many years thereafter; among other provisions.

The legislation did not address reductions to Medicaid payments for disproportionate share hospitals that took effect October 1, 2017 or the Medicare-dependent hospital and enhanced low-volume adjustment programs, which expired on September 30. The American Hospital Association continues to work with Congress to address these and other issues important to hospitals and health systems in January.



Hospitals in Arkansas Delta Share in Grant Fund Award

The National Rural Health Resource Center has awarded \$2 million in technical assistance funds to support nine hospitals and other healthcare facilities, including three hospitals located in southeastern Arkansas, through the Delta Region Community Health Systems Development (DRCHSD) Program. The Arkansas hospitals involved are Chicot Memorial Medical Center (Lake Village); Delta Memorial Hospital (Dumas); and Drew Memorial Hospital (Monticello). The other facilities are located in Louisiana, Mississippi and Missouri.

The DRCHSD Program assists leaders and providers in identifying and addressing healthcare needs while strengthening the local healthcare system. The selected hospitals and communities will receive technical assistance to make in-depth health system enhancements over multiple years designed to increase the efficiency of the local healthcare delivery system practices by focusing on care coordination, social services integration, emergency medical services access, and workforce recruitment and retention. To learn more about this collaboration to support rural communities through the DRCHSD Program, go to <http://dra.gov/initiatives/promoting-a-healthy-delta/delta-community-health/>.



The AHA Calendar

January 2018

- 17-19 2018 HFMA MidSouth Institute, Sheraton Downtown, Memphis, TN
- 18 Risk Management Approach to Cybersecurity – Webinar T5006
- 19 2018 CPT, HCPCS Level II and OPPS Updates, AHA Classroom, Little Rock
- 25 On Becoming De-Centered in Health Care – Webinar T5009
- 26 AAHE 2018 Winter Conference, Saline Memorial Hospital, Benton

February 2018

- 1 HIPAA Security Risk Analysis, Policies & Procedures – Webinar T5010
- 6 CMS CoPs for Hospitals: 2018 Update Webinar Series – Session I: CMS Survey Process, Board & CEO Requirements and Medical Records/HIM (T5011)

Information on all AHA educational programs and activities is available at <http://www.arkhospitals.org/events>.

Final Thoughts by Paul Cunningham

Although the recently departed year 2017 might not have been the worst of times, it certainly wasn't the best. But, good or bad, give that bad boy its deserved props, the year was never dull. The highlights and lowlights for things across the board in 2017, from politics and elections to the economy, international relations, law, crime, natural and man-made disasters and the sudden growth of the #MeToo movement, were filled with drama and the unexpected. Even events on the business front were dramatic, as the bull market continued its rampage and the Dow Jones industrial average made history by climbing more than 5,000 points, marking its biggest annual-points gain ever.

The drama surrounding healthcare might have been more noticeable than anywhere, because it was in the news so much. The opioid problem rose to a national crisis level and the use of marijuana for recreational and/or medical use captured headlines in some surprising places, including here in rural, conservative Arkansas. However, the theatrics played out primarily around the fate of the Affordable Care Act (ACA), following an opening overture delivered shortly after the November 2016 Presidential election, when then President-elect Donald Trump expressed his intent to repeal and replace "the disaster known as Obamacare," adding, "It's going to be so easy." It wasn't.

Three months later, the new President was tempering his optimism, telling a group of the nation's governors in February something that people in the field have understood for years, "Nobody knew health care could be so complicated." At the end of March, House Speaker Paul Ryan pulled the proposed *American Health Care Act* (AHCA), the ACA repeal bill, from the floor due to a lack of needed votes, ending hopes of killing the law within the first 100 of the new Congress. Interested parties, whether favoring or opposing the ACA, could almost hear the words which Ernest Lawrence Thayer wrote in his poem *Casey at the Bat*: "Strike one," the umpire said.

Not to be outdone, the Speaker stepped up for another swing at the ACA. The House made a few tweaks to the AHCA, trying to make it more acceptable to the House majority, who eventually squeezed it through that chamber by a narrow margin, sending the bill in early May to the Senate, where deliberations continued well into July. At issue was how to muster 51 Senators to vote for legislation that would decrease the federal budget deficit by \$119 billion (about 1%) over 10 years, but to do it mainly by cutting Medicaid coverage for lower income Americans and increasing the number of uninsured people by 23 million over the same time span.

The Senate eventually renamed its version of the AHCA as the *Better Care Reconciliation Act of 2017* (BCRA) and voted July 25 to advance it to the floor to begin formal consideration of amendments. Then, in the wee hours of the morning on July 28, despite intense pressure, the bill was defeated by a 49-51 vote, with Sen. John McCain providing the most dramatic moment of the year with his unexpected "No" vote. GOP Sens. Susan Collins and Lisa Murkowski had already announced their intention to oppose it. Thayer's words rang louder, "The umpire said Strike two!"

In a final charge against the ACA on September 13, Sens. Lindsey Graham, Bill Cassidy, Dean Heller and Ron Johnson released a draft amendment to the AHCA to repeal the structure and architecture of Obamacare and replaces it with a block grant given annually to states. However, like the original bill, it never came up for a vote due to lack of support.

Thayer ends his poem with the famous line, "There is no joy in Mudville—mighty Casey has struck out." It seemed that the ACA had survived intact! Three strikes and you're out, right? Well, yes and no. There are exceptions to the rule, even in baseball, where the batter who strikes out can become a base-runner in some cases, if the catcher fails to catch the ball on a third strike. Most of the time this makes no difference. But on rare occasions, the rule matters.

Similarly, the ACA drama didn't end with failure of the Graham-Cassidy bill. On October 12, President Trump issued an Executive Order effectively ending the Federal government's payment of a key ACA healthcare subsidy, which the CBO warned would increase health insurance premiums on the ACA exchanges by as much as 20% and add nearly \$200 billion to the budget deficit over a decade. Last month, Congress tamped down on the law a bit more with enactment of the *Tax Cuts and Jobs Act*, which, among its many provisions, repeals the ACA's individual mandate.

I suspect that the President and Congressional Republicans will come to the plate again with renewed efforts to fully repeal and replace the ACA, possibly in 2018. It has become a Holy Grail for those opposed to the law. Knowing that makes it easy for onlookers to relate to Thayer's Mudville crowd, who sensed Casey's determination as "they saw his face grow stern and cold, they saw his muscles strain, and they knew that Casey wouldn't let that ball go by again."

