AHA Diamond Awards: Call for Entries

The 2012 Arkansas Hospital Association (AHA) Diamond Awards Call for Entries has been announced. The open nominations are co-sponsored by the AHA and the Arkansas Society for Healthcare Marketing and Public Relations. Last year, 21 hospitals received awards presented at the AHA’s Annual Awards Dinner held in conjunction with the AHA Annual Meeting and Trade Show. This year’s recipients will receive their awards during the October 4, 2012 Awards Dinner at the Peabody Hotel in Little Rock.

The Diamond Awards recognize excellence and encourage improvement in the quality, effectiveness and impact of healthcare marketing and public relations in the state of Arkansas. Awards for hospitals with 0-99 beds, 100-249 beds and 250 or more beds will be presented in each of several categories, including advertising, annual report, Internet website, publications, special video production and writing. Entries will be judged by a panel of judges not affiliated with any Arkansas hospital. Nominations and entries, accompanied by appropriate documentation, must arrive at AHA headquarters no later than May 4, 2012 (a reduced entry fee is available for entries received no later than Friday, April 6). A brochure providing details of the awards competition was mailed to hospital CEOs and marketing and public relations directors and is available at http://www.arkhospitals.org/events/annual-meeting, selecting “2012 Diamond Awards Brochure.”

Arkansas Medicaid EHR Meaningful Use Payments

The Arkansas Hospital Association (AHA) has fielded calls recently from hospitals asking about the status of their Medicaid EHR incentive (meaningful use) payments. Expectations were that the payments were to be distributed to qualifying hospitals by mid-December, yet few, if any have been paid to date. After a conversation with state Medicaid officials about the situation, the AHA learned the following details about the delay.

Fifty-one Arkansas hospitals have registered with the Medical Assistance Provider Incentive Repository (MAPIR) system at Arkansas Medicaid since November 7, 2011 when the process began. Of those 51 hospitals, the application status for 16 facilities have shown “Not Started” and the status for six others is “Incomplete.” Twenty-nine hospitals completed and submitted the necessary attestations and other information necessary for the Medicaid Meaningful Use incentive payments, but nearly all of those applications are being rejected due to errors in the information. Medicaid officials are in the process of contacting those hospitals about the information which must be corrected. Typically, the contacts are being made with the individual whose name appears on the application. However, that may not be the person who can provide the needed corrections.

Because the errors commonly relate to information that comes from the hospital’s Medicare/Medicaid Cost Report, it most likely will be necessary for someone at the hospital familiar with the cost report to supply the needed information, if that is not the person who originally completed the application. The following link provides relevant guidance from CMS regarding the appropriate data elements to use when completing the application: https://questions.cms.hhs.gov/app/answers/detail/a_id/10771/kw/10771.
AHA Receives Hospital Engagement Network Subcontract

The Arkansas Hospital Association (AHA) learned last week that it has been awarded a Hospital Engagement Network (HEN) subcontract. The HEN – formerly known as a Hospital Engagement Contract or HEC – is part of CMS’s Partnership for Patients, an initiative aimed at offering support to make patient care safer by decreasing preventable hospital-acquired conditions and improving the process for transitioning patients from one care setting to another, thereby reducing the chances of readmissions for additional hospital care. AHA’s subcontract comes under the American Hospital Association’s Health Education and Research Trust (HRET) contract. The AHA is one of 34 hospital associations nationwide to be accepted as a HEN subcontractor under HRET.

In October, nearly 60 Arkansas hospital CEOs indicated that if federal money for Quality/Patient Safety projects became available, they would support the AHA’s effort to become a part of the program and would consider participation in resulting projects and programming. This unprecedented member response is an indicator that addressing quality-related challenges are a priority for the state’s hospitals.

NLRB Final Rule Spurs Lawsuit

The National Labor Relations Board (NLRB) on December 21 issued a final rule amending its existing regulations for filing and processing petitions for union representation. The rule, which was published in the December 22 Federal Register and takes effect on April 30, spurred an immediate legal response from the U.S. Chamber of Commerce, when the group’s National Chamber Litigation Center and the Coalition for a Democratic Workplace (CDW) filed a federal lawsuit claiming that the rule violates the National Labor Relations Act, Administrative Procedure Act, Regulatory Flexibility Act, and free speech and due process constitutional rights. The American Hospital Association, a member of CDW, is reviewing the rule and will have more information for members later this month.

Earlier in December, the NLRB voted to include in the rule provisions giving the hearing officer authority to limit the pre-election hearing to matters relevant to the question of whether an election should be held and to decide whether to permit briefing of pre-election issues; end the practice of delaying the scheduling of elections to permit time for a pre-election appeal; consolidate pre- and post-hearing appeals into a single post-election procedure and eliminate appeals of issues that become moot because of the election result; and give the NLRB discretion to hear and decide any appeals to the election process. Click on http://op.bna.com/dlrcases.nsf/id/due-8prn5z/$File/RULE%20released%2012-12-2011.pdf to read the rule.

Instructions for Medical Resident FICA Refunds

A new MLN Matters article from CMS covers instructions to teaching hospitals and Medicare contractors regarding how refunds of Medicare FICA taxes for medical residents received from the Internal Revenue Service (IRS) should be properly reported on Medicare cost reports. CMS’ instructions cover reporting refunds to the hospital for the employer’s and employee’s share of Medicare and Social Security taxes for tax years ending before April 1, 2005. However, according to CMS, “Although both refunds apply for tax periods ending before April 1, 2005, hospitals are receiving these refunds during cost reporting periods that occur during FYs 2009, 2010, or 2011. It is important that a hospital’s wage-related costs are properly reported in these fiscal years, so as not to impact the calculation of the IPPS wage index for FYs 2013, 2014, or 2015.” The article is
available at http://www.cms.gov/MLNMattersArticles/Downloads/MM7685.pdf. In early 2010, the IRS announced that medical residents would be exempted from Medicare and Social Security taxes for certain tax years preceding implementation of a new IRS rule categorically excluding medical residents from the “student” exemption and began contacting hospitals and medical residents with pending claims about how to obtain refunds. In January 2011, the U.S. Supreme Court in Mayo Foundation for Medical Education and Research v. U.S. unanimously upheld this new IRS rule that says medical residents, solely because they perform at least 40 hours a week of supervised patient care, are not students exempt from federal payroll taxes. CMS indicates that teaching hospitals must work with their Medicare contractor to make any necessary changes by January 30, 2012, to their FY 2009 cost reports to be used in the FY 2013 wage index.

Quality Measures for Medicaid-Eligible Adults

The Department of Health and Human Services (HHS) on January 4 announced a final notice for an initial set of 26 quality measures for Medicaid-eligible adults for voluntary use by state Medicaid agencies. The measures cover areas such as prevention and health promotion, management of acute and chronic conditions, care coordination, family experiences of care and availability. HHS’ Centers for Medicare & Medicaid Services and its Agency for Healthcare Research and Quality collaborated to identify the 26 measures, down from 51 measures originally proposed.

The Patient Protection and Affordable Care Act required that the Department establish the Medicaid Quality Measurement Program by January 1, 2012 to fund development, testing and validation of emerging and evidence-based measures. By September, CMS intends to release technical specifications as a resource for states that seek to voluntarily collect and report the initial core set of quality measures, and by January 1, 2013 the agency will issue guidance for submitting the initial core set in a standardized format. For more detail, see http://www.federalregister.gov/articles/2012/01/04/2011-33756/medicaid-program-initial-core-set-of-health-care-quality-measures-for-medicaid-eligible-adults.

Mercy System Hospital Names to Change

Mercy Health Systems has announced that it will rename all of its Arkansas facilities over the next few months with a consistent use of name and logo: Mercy. St. John’s Hospital in Berryville will be renamed Mercy Hospital Berryville on January 30. In April, St. Edward Mercy Medical Center in Fort Smith and St. Joseph’s Mercy Health Center in Hot Springs will be renamed Mercy Hospital Fort Smith and Mercy Hospital Hot Springs. The former St. Mary’s Hospital in Rogers was renamed Mercy of Northwest Arkansas when it moved into a new facility in 2008. Mercy Health Systems clinics around the state will also be identified with the Mercy name.

All the FAQs About Medicaid RACs

The Centers for Medicare & Medicaid Services (CMS) has published answers to a list of frequently asked questions regarding the Medicaid Recovery Audit Contractor (RAC) program. The Patient Protection and Affordable Care Act requires states to contract with RACs to audit payments to Medicaid providers. Like their Medicare counterparts, Medicaid RACs are tasked with identifying and recovering Medicaid overpayments and identifying underpayments. As an
initial step for establishing their RAC programs, jurisdictions are expected to submit a Medicaid State Plan Amendment (SPA) that addresses some of the essential elements of their RAC program. In its FAQs (http://www.cms.gov/MedicaidIntegrityProgram/downloads/Scanned_document_29-12-2011_13-20-42.pdf), CMS discusses operational guidance to states and general information about the Medicaid RAC program. The agency anticipates sharing certain information about each state’s Medicaid RAC through its Medicaid RACs-At-A-Glance website, http://op.bna.com/dlrcases.nsf/id/ldue-8prn5z/$File/RULE%20released%2012-12-2011.pdf. The website shows that CMS has approved a State Plan Amendment for Arkansas Medicaid, but to date no RAC contract has been awarded.

NewsNotes About Arkansas Folks

Governor Mike Beebe made the following appointments to the Governor’s Trauma Advisory Council: Kathryn Blackman, vice president of patient clinical services, St. Bernards Medical Center, Jonesboro; Keith Moore, assistant vice president/night administrator, Baptist Health Medical Center – Little Rock; and Christi Whatley, vice president, St. Joseph’s Mercy Health Center, Hot Springs. These appointments will expire July 1, 2013. R. T. Fendley, senior associate hospital director, UAMS, was reappointed to the Council.

Mark Enderle, MD has been named medical center director of the Veterans Health Care System of the Ozarks in Fayetteville. He most recently held the position of senior medical officer within the Office of Quality and Performance of the VA in Washington, D.C.

Jeff Curtis, former CEO of HSC Medical Center in Malvern, died December 29 from cancer. A memorial service was held Saturday, January 7 in Benton. Jeff had a long career in healthcare administration, having served a residency and as night administrator at Baptist Health System in Little Rock; president and CEO of the Malvern facility for 13 years; and as associate director of operations for Greenwood (MS) Leflore Hospital before his health declined. He served on the AHA Board of Directors from 1999-2001 and was a Fellow in the American College of Healthcare Executives. Memorials may be made to the Humane Society of Saline County, P.O. Box 305, Benton, AR 72018-0305.

The AHA Calendar

January 2011
11 Navigating Succession Planning, Leadership Development and CEO Transition – Webinar T2730
12 2012 ICD-10 Training Series – A 5-Part Series – Session 1: Project Planning Part 1
17 2012 ICD-10 Training Series – A 5-Part Series – Session 2: Project Planning Part 2
17 Trends in the Transition to Provider-Based Billing – Webinar T2723
17 CMS Hospital CoP Telemedicine Regulations: Ensuring Compliance – Webinar T2722
18 The ICD-10 Impact on Hospitals and Transition Strategies to Meet the Deadline: A 4-Part Series – Session 3: The Value of Strategic Planning for ICD-10 Readiness
18-20 Healthcare Financial Management Association (HFMA) Arkansas Chapter Winter 2012 Quarterly Seminar, Gold Strike Casino Resort, Tunica
19 Keeping Unions Out “Have You Lost The War Before You Even Knew There Was a Battle?” – Webinar T2724

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