AHA/AAHT to Offer “Best on Board” Trustee Training

Thanks to a generous grant from Arkansas Blue Cross and Blue Shield (ABCBS), the Arkansas Hospital Association (AHA) and the Arkansas Association of Hospital Trustees (AAHT) are joining forces with the national Best on Board organization to offer a unique program designed specifically for the education, testing and governance certification of healthcare trustees and executive leaders. Best on Board specializes in helping hospital trustees and other healthcare leaders gain the confidence and competence needed to make better, more informed decisions and to govern more effectively on behalf of the patients and communities they serve.

In November 2009, Arkansas hospital governance leaders participated in a pilot test of Best on Board’s “Essentials of Healthcare Governance.” Following that meeting, more than 40 Arkansas trustees and hospital executives successfully passed the essentials course, while offering comments and recommendations about the program. Revisions were made based on the Arkansas responses to finalize the course now being offered. Over the next few months, the course will be available to Arkansas hospitals through both face-to-face workshops and online.

The ABCBS grant will allow the program to be offered at a greatly reduced fee for Arkansas participants, making it more financially manageable for AHA members. In addition to the “essentials” course, plans call for the second level of the Best on Board training, “The Board’s Quality Imperative,” to be available soon.

Arkansas Trauma Call Center Now Operational

The Arkansas Department of Health (ADH) implemented its Arkansas Trauma Call Center (ATCC) on January 3, 2011. The ATCC is a major component of the state’s new trauma care system and is operated under contract with Little Rock-based Metropolitan Emergency Medical Services (MEMS). The call center is manned with operators whose responsibility is to advise ambulance services regarding the transport of major and moderate trauma patients to hospitals with the appropriate medical capabilities, and the appropriate hospital-to-hospital transfers of trauma patients. Initially, the ATCC will facilitate hospital-to-hospital transfers only, but it will begin routing all major and moderate trauma transports after all ambulance services receive AWIN radios. The ADH expects this to occur in March 2011.

ADH will hold a video conference each Tuesday morning in January and February from 10:00 a.m.-12:00 p.m. to discuss trauma system implementation. The initial call on January 3rd was dedicated to an update on the online dashboard now being used for trauma care purposes. Each participating hospital received the dashboard’s Web site address as well as access information. The new trauma dashboard replaces the one which hospitals have been updating by calling into MEMS. For the system to operate correctly, participating hospitals now must continually update the status of their capabilities on the new online trauma dashboard. The video conferences will be offered via the network of Tandberg units which currently connects hospitals throughout Arkansas and the ADH. The call number for the video conference is 71275. Hospital preparedness coordinators will know where each hospital’s Tandberg unit is located and how to connect to the
conference using the 71275 call number. The ADH will also have a phone conference call available during these times. The conference call phone number is (800) 390-5809. At the prompt, dial (501) 661-2744# to connect to the call. In addition, training videos on use of the ATCC and the dashboard will be placed on the ADH Web site.

CMS: Should EMTALA Cover Inpatients?

CMS recently released an Advance Notice of Proposed Rulemaking (ANPRM) seeking comments on whether there is a need to revisit its Emergency Medical Treatment and Labor Act (EMTALA) policies regarding hospital inpatients and the responsibilities of hospitals with specialized capabilities. Under current regulations, a hospital’s EMTALA responsibilities are complete when a hospital, in good faith, admits an individual with an unstable emergency medical condition as an inpatient. These policies were discussed in a September 9, 2003 stand-alone final rule on EMTALA and in the August 19, 2008 Inpatient Prospective Payment System rule.

Under the new ANPRM, CMS is asking for comments specifically on individuals who are admitted as inpatients through the emergency department with a known emergency medical condition that has not been stabilized and subsequently need to be transferred to another hospital with specialized capabilities for stabilizing treatment. Comments on the ANPRM are due to CMS no later than 5:00 p.m. on Tuesday February 22, 2011. A copy of the regulation is available at http://edocket.access.gpo.gov/2010/pdf/2010-32267.pdf.

New Medicaid ER Trend Report

Arkansas Medicaid is in the process of redesigning its quarterly profile reports to the state’s hospitals. In the past, these documents have focused primarily on emergency service utilization and billing data. The new format will increasingly highlight clinical metrics and gradually expand to include inpatient service provision in addition to data on emergent care.

Enforcement of Clinical Lab Requisitions Delayed

In the November 29, 2010 Medicare Physician Fee Schedule final rule, CMS finalized a proposed policy that will require a physician’s or qualified non-physician practitioner’s (NPP) signature on requisitions for clinical diagnostic laboratory tests paid under the clinical laboratory fee schedule. A requisition is the actual paperwork that identifies the test or tests to be performed for a patient and is provided to the clinical diagnostic laboratory.

The rule became effective on January 1, 2011. CMS is now concerned that some physicians, NPPs, and clinical diagnostic laboratories are not aware of, or do not understand, the new policy. Therefore, the agency will delay enforcement until April 1 while it focuses on developing educational and outreach materials to educate those affected by this policy during the first three months of this year. According to CMS, information will be posted on its Web site and disseminated via other channels to communicate with providers about the policy.
Rural Floor Budget Neutrality Update Call

The Arkansas Hospital Association (AHA) will host a Medicare Wage Index Issues and Updates teleconference Wednesday, January 12 at 11:00 a.m. The AHA has coordinated similar calls in each of the past few years to update hospitals on the status of ongoing appeals related to the matters of Rural Floor Budget Neutrality, which reduces payment to all hospitals by just under four-tenths of a percentage point, as well as the recognition of pension expense as a wage related cost on the historical basis of Generally Accepted Accounting Principles (GAAP) versus CMS’s new requirements to require these to be recognized only when funded using a “template” methodology. In addition to updates on the appeals, other relevant issues will be covered. The call should last no longer than one hour.

Because these issues have potential across-the-board impact, all AHA member hospitals are invited and encouraged to participate, whether or not they are participating in the BHC/HR appeals, as this technical update should be of interest to virtually every IPPS hospital. To register for this call, please e-mail Paul Cunningham at pcunningham@arkhospitals.org. Upon receipt of your registration, you will be provided with the teleconference call-in number, PIN and PowerPoint presentation. There is no charge to participate in this call.

Registration Begins for Medicare EHR Incentives

CMS and the Office of the National Coordinator for Health Information Technology (ONC) announced on January 3 the beginning of registration for the Medicare and selected states’ Medicaid electronic health record (EHR) incentive programs. CMS and ONC are encouraging broad participation and outlined online and in-person resources that are in place to assist eligible professionals and eligible hospitals who wish to participate.

As of January 3, registrations were ready to be accepted from eligible healthcare professionals that wish to participate in the Medicare EHR incentive program. Registration in the Medicaid EHR Incentive Program also began in Alaska, Iowa, Kentucky, Louisiana, Oklahoma, Michigan, Mississippi, North Carolina, South Carolina, Tennessee, and Texas. In February, registration will open in California, Missouri, and North Dakota. Other states likely will launch their Medicaid EHR Incentive Programs during the spring and summer of 2011.

Future key dates to remember related to EHR implementation are:

- April 2011 – Attestation for the Medicare EHR incentive program begins.
- May 2011 – Issuing of Medicare EHR incentive payments expected to begin.
- July 3, 2011 – Last day for eligible hospitals to begin their 90-day reporting period to demonstrate meaningful use for the Medicare EHR incentive program for federal FY 2011.
- September 30, 2011 – Federal FY 2011 payment year ends at midnight for eligible hospitals and critical access hospitals (CAHs).
- October 3, 2011 – Last day for eligible professionals to begin their 90-day reporting period for calendar year 2011 to demonstrate meaningful use for the Medicare EHR incentive program.
- November 30, 2011 – Last day for eligible hospitals and CAHs to register and attest to receive an incentive payment for federal fiscal year 2011.
- December 31, 2011 – Calendar 2011 payment year ends for eligible professionals.
**Rule for Medicare VBP Proposed**

A proposed rule issued on January 7, 2011 sets forth the policies which CMS is proposing for its hospital value-based purchasing (VBP) program. This is the initial step in a movement required by the Patient Protection and Affordable Care Act, for Medicare to pay hospitals based on their actual performance on quality measures, rather than just the reporting of the measures beginning in fiscal year 2013.

The VBP program will apply to all acute-care prospective payment system hospitals. Certain hospitals are excluded, such as those that do not have a sufficient number of patients within the related conditions for which care is being measured. For more details, see [http://www.cms.gov/apps/media/press/factsheet.asp?Counter=3894&intNumPerPage=10&checkDate=&checkKey=&srchType=I&numDays=3500&srchOpt=0&srchData=&keywordType=All&chkNewsType=6&intPage=&showAll=&pYear=&year=&desc=&cboOrder=datesetting](http://www.cms.gov/apps/media/press/factsheet.asp?Counter=3894&intNumPerPage=10&checkDate=&checkKey=&srchType=I&numDays=3500&srchOpt=0&srchData=&keywordType=All&chkNewsType=6&intPage=&showAll=&pYear=&year=&desc=&cboOrder=datesetting). The rule is expected to be posted to [http://www.ofr.gov/inspection.aspx#special](http://www.ofr.gov/inspection.aspx#special) soon and should be published in the January 13 Federal Register. Comments are due to CMS by March 8.

**“Preparing for ICD-10 in 2011” Teleconference**

CMS will host a national provider teleconference, “Preparing for ICD-10 Implementation in 2011” on Wednesday January 12 from 12:00-1:00 p.m. CST. The purpose of the call is to review basic information on the transition to ICD-10 and discuss implementation planning and preparation strategies for this year. A question-and-answer session will follow the presentations. Participants may register for the call until 12:00 p.m. CST on Tuesday January 11 or until available space has been filled; no exceptions will be made, so please register early. Healthcare providers and payers must convert to the ICD-10 code set by October 1, 2013 or risk loss of Medicare payments. For more information and to register for this informative session, visit [http://www.cms.gov/ICD10/Tel10/itemdetail.asp?filterType=none&filterByDID=0&sortByDID=1&sortOrder=descending&itemID=CMS1242831&intNumPerPage=10](http://www.cms.gov/ICD10/Tel10/itemdetail.asp?filterType=none&filterByDID=0&sortByDID=1&sortOrder=descending&itemID=CMS1242831&intNumPerPage=10).

**Newsnotes About Arkansas Folks**

**Jonathan Bates**, M.D., president/CEO of Arkansas Children’s Hospital in Little Rock, and **Gary Bebow**, FACHE, administrator/CEO of White River Health System in Batesville, have been named to the Arkansas Department of Human Services’ Medicaid Advisory Committee (MAC). Members will provide comments and opinions to the agency in connection with healthcare reform and related health and medical care services issues. Each member will serve a two-year term.

**January 2011**

18 Federal Laws & Regulations that Every Hospital Leader Must Know: Ensuring Compliance – Webinar T2636

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

* Due to inclement weather, this publication of The Notebook is off schedule. We apologize for the inconvenience.