



# The NOTEBOOK

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A WEEKLY PUBLICATION OF THE ARKANSAS HOSPITAL ASSOCIATION

January 23, 2012

Volume 19, Number 3

## AHA Mid-Management Series Graduates

The Arkansas Hospital Association (AHA) completed its sixth annual Mid-Management Leadership Series in October of 2011. The six-month program featured a series of individual workshops and webinars targeted specifically for individuals new to hospital supervisory or mid-level management positions. Other individuals attended the programs as a refresher course.

The series was designed to educate employees for middle-management positions or toward advancement along their career paths. Course topics included great leadership, success secrets from world class managers, leading an engaged team, managing multiple projects and priorities, making the business case for quality improvement, achieving top gun success for hospitals, legal issues for healthcare leaders, internal customer service and coaching for world-class performance.

The AHA congratulates the following Arkansas hospital representatives on their achievement of earning the 2011 Mid-Management Leadership Certificate by completing at least five of the six “live” programs and at least one webinar:

- Robert Beasley, Lab Director, Bradley County Medical Center, Warren
- Valerie French, Assistant Director of Nursing, Community Medical Center of Izard County, Calico Rock
- Marnita Green, Nurse Manager, Bradley County Medical Center, Warren
- Lisa Hanson Moore, Bradley County Medical Center, Warren
- Gloria Holden, Nurse Manager, Jefferson Regional Medical Center, Pine Bluff
- Loleta Lawson, Patient Care Coordinator, Jefferson Regional Medical Center, Pine Bluff
- Shawn Little, Lab Manager, Johnson Regional Medical Center, Clarksville
- Tammara Murray, Patient Care Coordinator, Jefferson Regional Medical Center, Pine Bluff
- Brenda Riley, Night Nurse Manager, Bradley County Medical Center, Warren
- Paige Stell, ER Nurse Manager, Bradley County Medical Center, Warren
- Tim Tanner, Asst. Director, ER, Saint Mary’s Regional Medical Center, Russellville
- Kim Vinacco, Clinic Coordinator, Conway Regional Medical Center
- Bobbie Webb, Nurse Manager, Bradley County Medical Center, Warren
- Clayton Winters, Materials Manager, Bradley County Medical Center, Warren

The 2012 Mid-Management Leadership Series will be announced in late February. For information, contact Lyndsey Dumas at [ldumas@arkhospitals.org](mailto:ldumas@arkhospitals.org).



## Arkansas HEN Enrollment at 25 and Counting

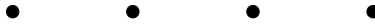
Twenty-five Arkansas hospitals were formally enrolled to be a part of the Arkansas Health Engagement Network (HEN) as of last Friday, January 20. The Arkansas HEN is a program designed to help hospitals assess and address their quality and patient safety challenges with the support of local, state and national experts. It is part of a broader national collaborative supported by the American Hospital Association’s Health Research & Educational Trust and Hospitals in Pursuit

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of Excellence, and is funded by the Centers for Medicare and Medicaid Services in support of the federal Partnership for Patients campaign. Participating hospitals will receive assistance, training and other support in conducting quality and patient safety initiatives which they have chosen to work on – all at no charge. As an added bonus, they should benefit financially by reducing the chance of future penalties related to acquired infections and preventable readmissions. Hospitals still wanting to enroll in the Arkansas HEN need to act quickly, as educational events are set to begin in the second quarter of 2012. To date, the enrolled hospitals include:

- |                                      |                                      |
|--------------------------------------|--------------------------------------|
| 1. Bradley County Medical Center     | 14. North Metro Medical Center       |
| 2. Chicot Memorial Hospital          | 15. Ouachita County Medical Center   |
| 3. Crittenden Regional Hospital      | 16. Ozark Health Medical Center      |
| 4. CrossRidge Community Hospital     | 17. Piggott Community Hospital       |
| 5. Five Rivers Medical Center        | 18. Pinnacle Pointe Hospital         |
| 6. Great River Medical Center        | 19. Saline Memorial Hospital         |
| 7. Howard Memorial Hospital          | 20. SMC Regional Medical Center      |
| 8. Jefferson Regional Medical Center | 21. Sparks Health System             |
| 9. Johnson Regional Medical Center   | 22. St. Bernards Medical Center      |
| 10. Magnolia Regional Medical Center | 23. St. Joseph’s Mercy Health Center |
| 11. McGehee Hospital                 | 24. Summit Medical Center            |
| 12. Mena Regional Health System      | 25. White County Medical Center      |
| 13. National Park Medical Center     |                                      |



**Arkansas RAC Workshop This Week**

The Arkansas Hospital Association will host a RAC Provider Outreach Workshop on Thursday, January 26 at the Crowne Plaza in Little Rock. The program will feature representatives from Connolly, the Medicare Recovery Auditor for Region C, which includes Arkansas. This will mark the first time since September 2009 that Connolly has conducted an on-site workshop for a face-to-face discussion of RAC-related issues. In addition, the program panel of speakers also will include representatives from CMS, Pinnacle Business Solutions, Inc., the Arkansas Medicaid program and the American Hospital Association. Registration for the workshop has exceeded 200, so individuals who are attending are advised to arrive early. Registration at the meeting begins at 8:30 a.m. and the workshop will begin at 9:00 a.m.



**MedPAC Recommends FY 2013 Hospital Payments**

The Medicare Payment Advisory Commission (MedPAC) will recommend to Congress a 1% increase update for inpatient and outpatient hospital payments in FY 2013, which begins October 1, 2012. The panel also recommended that pay for physician evaluation and management (E&M) services (i.e. taking a patient’s history, making a referral or ordering a test) performed in hospitals’ outpatient clinics should drop to the amount paid when physicians provide the same services in their private offices. The reduction should be phased-in over a three-year period, according to MedPAC, which estimates that hospitals with above average numbers of poor patients should lose no more than 2% of their Medicare revenues under the policy. The commission also called on the Department of Health and Human Services to monitor the impact on low-income patients of the policy. MedPAC also recommended a 0.5% update for ambulatory surgical centers, a 1% update for outpatient dialysis services and a 0.5% update for hospice services. The various recommendations will be submitted to Congress in a report due March 1.



## **Congress Set to Tackle Physician Fees Again**

As the 2012 Presidential election begins to take the political center stage for the year, the U.S. House and Senate are poised to tackle what may be the only significant legislation to be handled this year. By the end of February, Congress is to approve a final package to deal with extending the payroll tax holiday, uninsured worker benefits and the perennial question of a fix for Medicare physician fees. The House and Senate previously appointed conferees to negotiate passage of final legislation by February 29, including offsets to pay for the three items.

Meanwhile, the American Hospital Association (AHA) has been busy carrying its message to the Hill that while hospitals are supportive of eliminating the planned cuts to physicians under Medicare, they oppose any attempt to pay for it by reducing payments to hospitals. Enough is enough! In addition to state and federal legislative- and regulatory-imposed payment reductions, hospitals face reductions in Medicare payments of 2% per year over nine years beginning in 2013 as a result of the sequestration fallout from failure to reach an agreement on deficit reduction at the end of 2011. Last Friday, AHA sent members a *Legislative Alert* that includes new factsheets on the Medicare and Medicaid cuts hospitals are already absorbing, deficit reduction alternatives to reducing hospital payments and other critical Medicare policies the AHA supports.



## **Reminder: Part A Claims Issue**

Arkansas hospitals are reminded that Medicare Part A claims finalized on December 29 and 30, 2011 and January 3, 2012 did not crossover due to processing system issues. The claims were submitted under 4010 electronic format standards, but the system was set up to accept ONLY the 5010 format. This issue was later corrected, so now the system will still except 4010 claims for a few months. Pinnacle Business Solutions, Inc. (PBSI), the Medicare fiscal intermediary, has advised that there is no way to reprocess these claims, as they will not crossover. Therefore, Part A providers will need to file these claims with the other insurance contractor. PBSI has issued special provider notification letters to all affected providers.



## **Recovery Audit Issues**

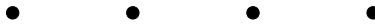
CMS' latest Medicare compliance newsletter describes payment issues identified by Recovery Audit Contractors that affect inpatient hospitals/settings and ambulance providers. The Medicare Learning Network newsletter highlights major findings by Medicare claims processing contractors, recovery auditors, the Office of Inspector General and others to help fee-for-service providers avoid billing errors and improper activities. Providers can access previous newsletters online at [http://www.cms.gov/MLNProducts/downloads/MedQtrlyCompNL\\_Archive.pdf](http://www.cms.gov/MLNProducts/downloads/MedQtrlyCompNL_Archive.pdf).



## **FDA Proposes Legislation for Drug User Fees**

The Food and Drug Administration (FDA) Friday sent Congress proposed language for the *Prescription Drug User Fee Act* (PDUFA) reauthorization bill and for user fee programs to help speed generic and bio-similar biological products to patients. Paid by drug makers, user fees help fund the FDA's drug review activities. The proposed PDUFA reauthorization language includes changes recommended by the American Hospital Association (AHA) to help standardize the agency's risk evaluation and mitigation strategies and reduce their burden on hospitals and

patients. The Generic Drug User Fee program is expected to speed the agency's review of up to 900 new generic drug applications each year, while the Biosimilar and Interchangeable Products User Fee program would establish an abbreviated approval pathway for biological products similar to or interchangeable with an FDA-licensed biological product. More than half of the nation's critical drug shortages since 2009 have involved generic injectable drugs. See <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm287723.htm>.



## Help for IDC-10 Transition

Hospitals looking for additional help in preparing for the U.S. healthcare industry's change from ICD-9 to ICD-10 for diagnosis and inpatient procedure coding may want to look in on a set of video slideshows relating to various ICD-10 National Provider Calls on the topic.

Video slideshow presentations from the following National Provider Calls are available on the CMS YouTube Channel (<http://www.youtube.com/user/CMSHHSGov>). These video slideshows include the call slide presentation and audio with captions; each call includes presentations by CMS subject matter experts, followed by a question and answer session.

- *ICD-10 Implementation Strategies and Planning* (<http://www.youtube.com/cmshhsgov/#p/search/4/-wptl2TcWA>) – November 17, 2011  
The ICD-9-CM and ICD-10 Cooperating Parties – CMS, the American Hospital Association (AHA), the American Health Information Management Association (AHIMA), and the Centers for Disease Control and Prevention (CDC) – discuss ICD-10 implementation strategies and planning, and the CMS Provider Billing Group discuss the Medicare FFS claims processing guidance issued in August 2011.
- *ICD-10 Implementation Strategies for Physicians* (<http://www.youtube.com/cmshhsgov/#p/search/3/EEgafwrq1uY>) – August 3, 2011  
CMS subject matter experts discuss how physician offices can prepare for the change to ICD-10 for medical diagnosis and inpatient procedure coding and provide updates on national ICD-10 implementation issues affecting all providers.
- *CMS ICD-10 Conversion Activities* ([http://www.youtube.com/cmshhsgov/#p/search/2/IRD\\_ST\\_4dZ0](http://www.youtube.com/cmshhsgov/#p/search/2/IRD_ST_4dZ0)) – May 18, 2011  
CMS subject matter experts discuss the ICD-10 conversion process currently taking place within CMS, including a case study from the Coverage and Analysis Group on their transition to ICD-10 for the lab national coverage determinations.

Podcasts, complete audio files and complete written transcripts for these ICD-10 National Provider Calls are also available on the CMS ICD-10 webpage at <http://www.CMS.gov/ICD10/Tel10/list.asp>.



## The AHA Calendar

### January 2011

- |    |   |
|----|---|
| 24 | Medicare's Diagnostic Related Group (DRG) Payment Window Provision: Ensuring Compliance – Webinar T2725 |
| 24 | Walking the Social Media Tightrope – Webinar T2726  |
| 26 | RAC Provider Outreach: A Meeting with Arkansas' RAC Contractor, Crowne Plaza, LR                        |

*Information on all AHA educational programs and activities is available at [www.arkhospitals.org/events](http://www.arkhospitals.org/events).*