AHA 2015 Annual Survey

Materials for the American Hospital Association’s (AHA) 2015 Annual Survey were distributed via email to hospital CEOs on February 26. Data provided for this survey is based on hospitals’ respective 2015 operating years. The survey can be completed online, an option that keeps participation as simple as possible. Entering the data online allows hospitals to receive real-time reports, which confirm the accuracy of entry before submission and provides valuable benchmarks and analytic tools. It also gives access to the online survey to multiple users within a hospital and provides historical reference data as well as instant data verification as information is entered.

The purpose of the Annual Survey is to collect accurate and updated information which healthcare leaders, policy makers, researchers and consumers will use to get a snapshot of the nation’s hospital provider market. In addition, the Annual Survey is the information source for the AHA Guide®, Hospital Statistics™ and U.S. News & World Report’s Directory of America’s Hospitals (www.usnews.com). Each hospital’s response assures that its information will be accurately represented in these resources.

Even more importantly, participating in the Annual Survey also keeps hospitals in compliance with provisions of Arkansas Act 670 of 1995, which designates the Arkansas Department of Health (ADH) as the state health data clearinghouse and gives it the authority to collect hospital information, including data on facility utilization and services. The law mandates that all hospitals submit data required by the Health Department. In lieu of the department conducting a separate survey, your hospital’s response to the AHA Annual Survey will be shared with ADH, fulfilling that obligation. Hospitals are being asked to complete and submit their survey responses by April 1.

Hospital Emergency Preparedness Forum, April 12-13

The Arkansas Hospital Association will present its annual two-day hospital emergency preparedness workshop April 12-13 at the Crowne Plaza Hotel in Little Rock. The workshop offers an incredible educational opportunity for hospital staff for only $150 for the two days or $75 for one day, thanks to funding from the Arkansas Department of Health, made possible by the Center for Disease Control and Prevention.

Day one of the 2016 Hospital Emergency Preparedness Forum will feature the founding partners of Mitigation Dynamics, Inc. (MDI) discussing a hospital’s response to civil unrest and domestic/foreign terrorism’s effects on healthcare. This full-day dynamic presentation will use a “first-hand” lessons learned approach gained from over a month of preparation and weeks of actual interaction during the Ferguson, Missouri unrest and MDI’s partnership with healthcare entities directly involved.

Also included will be information on domestic/foreign terrorism presented in a manner to provide actionable processes which allow a healthcare entity to step-up its incident command and continue operations using effective and efficient decision making. The presentation will provide information on both domestic (home grown) groups and their foreign counterparts to include common trends.
Day two of this workshop will include a Chemical Hazards Emergency Medical Management (CHEMPACK) module on display, as well as a discussion of the CHEMPACK use and movement; a session by the Arkansas Crisis Response Team on its operations and how hospitals can use the team in times of crisis; and a session on requirements for hospital alternate care sites in the event of an evacuation or relocation, including a tour the METRO Hospital Management Group’s portable hospital.

A panel of representatives from the Office of Emergency Management, the Arkansas Department of Health, nursing homes and the Arkansas Department of Emergency Management will focus on what services those entities provide and their respective responsibilities when preparing for and responding to an emergency; and MSgt Bill Catton with the 189th Airlift Wing Rapid Augmentation Team (RAT), will describe the RAT and the Mobile Emergency Operations Center and how they provide defense support to civil authorities in emergency situations.

Education of this caliber, regarding emergency preparedness, is rarely available at this low registration fee. All areas of healthcare are affected by each of these issues – do not miss this opportunity!

For questions concerning the Emergency Preparedness Program, please contact Lyndsey Dumas, by phone (501-224-7878) or email (ldumas@arkhospitals.org). The brochure with registration information is available at http://www.arkhospitals.org/calendarpdf/April12-13,2016HospitalEmergencyPreparednessForum.pdf.

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**Additional Guidance on SEP-1 Quality Measure**

Additional guidance from CMS on the new sepsis/septic shock measure (SEP-1) for hospitals participating in the inpatient quality reporting program is now available at www.qualitynet.org. The guidance clarifies the data elements for the chart-abstracted measure for the October 1, 2015 to June 30, 2016 data collection period. For more on the measure, see the specifications manual at https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=12287774725171.

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**AHA Schedule H Collection Project**

Among the top advocacy items this year for the American Hospital Association (AHA) is the issue involving federal, state and local challenges to property tax exemptions for hospitals and other healthcare organizations. In fact, the AHA has assigned it priority status and already has scheduled a March 7 webinar to review with members the current landscape of challenges to these nonprofit property tax exemptions. Another one-hour conference call is planned for a later date during which allied state hospital associations will continue discussing concerns and suggested strategies among themselves.

Collecting the 2013 Schedule H forms that hospitals file with the Internal Revenue Service is another essential component of AHA’s advocacy strategy. To that end, hospitals are being asked to help with an AHA project underway in collaboration with Ernst & Young (E&Y). The goal is to have all tax-exempt hospitals participate. Having as many hospitals as possible participate will make it easier for AHA to effectively make the case to policymakers at all levels that hospitals provide robust community benefits that more than justify their tax exemption. Therefore, all not-for-profit hospitals in Arkansas are strongly encouraged to participate in this important initiative. The deadline for submissions closes March 31. Go to http://www.aha.org/advocacy-...
issues/taxexempt/schedhproj.shtml for more information and a link for hospitals to participate. When the project is completed, AHA will provide state hospital associations with the national report that E&Y produces. In addition, if a sufficient number of responses are submitted from any given state, then AHA will provide that state hospital association with aggregate data covering the state’s submissions.

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**CMS Issues Medicare Program Integrity Rule**

Last week, CMS issued a proposed rule that would implement additional program integrity requirements for healthcare providers and suppliers who participate in Medicare, as authorized by the Affordable Care Act. According to a CMS factsheet, the rule would allow the agency to remove or bar from Medicare providers and suppliers that attempt to circumvent provider enrollment requirements through name and identity changes or inter-provider relationships.

The rule would require providers and suppliers to report affiliations with entities and individuals that have uncollected Medicare, Medicaid or Children’s Health Insurance Program debt; been subject to a payment suspension or Office of Inspector General exclusion; or had their Medicare, Medicaid or CHIP enrollment denied or revoked. CMS could revoke a physician or eligible professional’s Medicare enrollment if they have an “abusive” history of ordering, certifying, referring or prescribing Medicare Part A or B services, items or drugs. It also would raise the maximum re-enrollment bar for revoked providers or suppliers from three years to 10, adding three more years if they attempt to re-enroll in Medicare under a different name, numerical identifier or business identity; and impose a maximum 20-year bar for providers or suppliers who are revoked a second time.


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**New AHA Cybersecurity Resource**

The American Hospital Association (AHA) is making available to member organizations an audio recording, *Education as Part of Organizational Cybersecurity Risk Management and Risk Reduction*, in which Darren Lacey, Chief Information Security Officer, Johns Hopkins University and Johns Hopkins Medicine, joins AHA Assistant General Counsel Lawrence Hughes for a discussion on this topic. The recording gives healthcare leaders a better understanding of how education about cybersecurity issues can be incorporated as an effective part of an organization’s risk management and risk reduction strategy.

The audio recording lasts approximately 15 minutes and can be accessed and heard at [http://www.aha.org/advocacy-issues/cybersecurity.shtml](http://www.aha.org/advocacy-issues/cybersecurity.shtml) or downloaded for later listening at your convenience. AHA’s cybersecurity issues website at [www.aha.org/cybersecurity](http://www.aha.org/cybersecurity) also contains resources specifically for hospital CEOs and trustees on leadership roles in cybersecurity, links to tools to help with risk and gap analysis and information about how to participate in ongoing information sharing opportunities for the healthcare sector.
HRSA to Award Rural Telehealth Grants

The Health Resources and Services Administration (HRSA) is accepting applications through April 8 for fiscal year 2016 grants to support telehealth services for school-based health centers in rural, frontier and underserved communities. Hospitals may sponsor the health centers and be part of the telehealth networks. The Telehealth Network Grant Program anticipates awarding up to 20 grants of up to $300,000 a year for four years. HRSA’s Federal Office of Rural Health Policy will review the funding opportunity during a February 29 webinar. For more information, see the application guidance at http://www.hrsa.gov/ruralhealth/programopportunities/fundingopportunities/default.aspx?id=daf45ff5-c607-43ec-8fcd-5a87b18403a9.

New MACRA Resource for Hospital, Physician Leaders

The American Hospital Association (AHA) has launched an online resource to help hospital and physician leaders prepare for coming changes to the Medicare physician payment system. Section 101 of the Medicare Access and CHIP Reauthorization Act of 2015 replaced the Medicare Sustainable Growth Rate methodology for updates to the physician fee schedule with a physician payment system that will implement new physician quality and value-based payment programs in 2019. To access an AHA issue brief and webinar on the coming changes, slide presentation suitable for hospital boards and other relevant resources, visit www.aha.org/MACRA. The webpage will be updated regularly with the latest information on regulatory and other changes.

NewsNotes About Arkansas Folks

Bubba Arnold, president of CHI St. Vincent Morrilton, recently was presented a $60,000 from the hospital auxiliary for the purchase of a new canopy for the front entrance of the hospital. “The auxiliary is very committed to CHI St. Vincent Morrilton and continues to invest in the hospital. Their past support has helped us provide high quality care for our patients with new equipment they purchased and by volunteering in many patient-care areas. We thank them, community members, Conway County residents and our employees who continue to support our fundraisers and contribute to the hospital,” said Arnold.

The AHA Calendar

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