AFMC Conference Boasts Record Attendance

More than 500 people, a record number, are registered for the Arkansas Foundation for Medical Care’s (AFMC) 2006 Quality Conference, which will be held on Thursday May 4 at the Peabody Hotel in Little Rock. AFMC, the state’s Medicare Quality Improvement Organization, holds the conference each year to educate Arkansas’ healthcare providers and quality improvement professionals about the opportunity to improve care within four clinical settings: Long-term care, home health care, hospitals and physician offices.

AFMC has designed the program to focus on three primary areas, including how to adapt the workplace to achieve the right care for every patient, every time; how to use health information technology to improve care for your patients; and how to achieve the best outcomes in each healthcare setting. In addition, AFMC will present its annual Quality Awards during the mid-day luncheon.

Other topics to be covered during the meeting include a Medicaid update, the new Arkansas Innovative Performance Program for nursing homes and information about Medicare/Medicaid review. During individual breakout sessions, hospital attendees will have an opportunity to learn more about the national Surgical Care Improvement Project, hear feedback on Premier’s Medicare pay-for-performance demonstration project and get a Critical Access Hospital update.

According to AFMC, planned attendance is now at maximum capacity, and no further registrations will be accepted.

AHA’s careLearning Provides Online Education

Employees in 170 hospitals across the country have taken advantage of an online educational program operated by 42 state hospital associations, including the Arkansas Hospital Association (AHA). Those employees — in excess of 100,000 of them nationwide and about 3,000 in Arkansas — are taking more than 1 million educational courses through careLearning.com.

The AHA began offering the careLearning.com classes three years ago as a series of 13 health and safety compliance courses designed to help hospital staff meet educational and licensing requirements of the Occupational Safety and Health Administration and Joint Commission on Accreditation of Healthcare Organizations.

Today, careLearning.com has expanded to cover more than 240 courses on a variety of topics that can be tailored to fit the needs of each individual hospital and its departments. The training also includes Web-based seminars. The extensive catalog contains educational courses on nursing, patient care, business management and compliance. In addition to those courses, Arkansas hospitals have employees who have completed Webinars on topics including pandemic flu, mobile hospitals, managed care contracts and charge master strategies.

Hospitals that subscribe to careLearning.com’s health and safety compliance series receive a software-based administrative recordkeeping system. Among other features, the system
allows hospitals to track professional licenses, licensure renewal and certificates for staff; store demographic information and print rosters, name badges, certificates and mailing labels for educational events presented at the hospital; determine what careLearning.com courses are appropriate for an employee by department and job; and coordinate all e-learning activities. For more information on courses and pricing, go to http://www.careLearning.com.

AHA DATABASE PROGRAM

Arkansas hospitals that are not participating in the Arkansas Hospital Association’s (AHA) DATABASE program are missing an excellent opportunity to gain free access to an online database of timely hospital utilization and financial performance indicators. The AHA is one of more than 30 state hospital associations which offer this program through the Colorado Hospital Association, which developed DATABASE program more than 20 years ago.

DATABASE is a Web-based database which serves as a source of information on management indicators like average length of stay, outpatient statistics, charges and expenses per day and per stay, uncollected charges, number of days in accounts receivable gross, profitability and a number of personnel statistics. Twenty-eight balance sheet data elements and two supplemental data elements are also reported to the program with corresponding output. Hospitals submit monthly data on the secure DATABASE Web site at http://www.databank.org. The data collection and submission process usually takes less than an hour to complete and can be streamlined by using an available Excel Upload template.

Once the data is submitted on the Web, participating hospitals are able to run their facilities’ reports and graphs immediately. Reports containing peer group comparisons can be viewed and printed online once certain peer group thresholds have been met. The data contained on the DATABASE reports can be used for budgeting, marketing and internal management purposes within the hospital.

While DATABASE reports can reveal a great deal about a hospital’s own operations, its true value lies in its benchmarking capabilities. Participants are able to select their own peer group and then view the peer group comparison reports online and print them, once minimum peer group thresholds have been met. The key is that most, if not all, of the state’s hospitals need to participate.

The AHA encourages any AHA-member hospital that is not utilizing this free service to check it out. Hospital CFOs should be particularly interested. Hospitals which may have participated at one time, but which no longer submit their information, should give it another try. And hospitals that take advantage of the program and know of its value should tell others about it and encourage them to submit data.

Participation is easy. All you need is a valid logon ID and password. To obtain those essential items, or to get more information about the AHA DATABASE program, contact Paul Cunningham at (501) 224-7878 or pcunningham@arkhospitals.org. For more information on DATABASE and to see a set of sample reports, go to http://cha.com/index.php?option=com_content&task=view&id=19&Itemid=33#SampleReports.

CS-DRG WEIGHTS

The Centers for Medicare & Medicaid Services (CMS) has posted to its Web site the new relative value cost weights by consolidated severity adjusted diagnosis-related groups (CS-DRGs). The CS-DRGs are a new system that CMS plans to use as the basis for paying inpatient hospital claims under Medicare’s inpatient prospective payment system beginning
in FY 2008. The proposed policy change is included in the FY 2007 inpatient prospective payment system proposed rule published in the April 25, 2006 Federal Register. However, the initial tables associated with the proposed rule did not include the new weights by CS-DRG.


**Medicare Revalidation Process**

The Centers for Medicare & Medicaid Services (CMS) on April 21 published a final rule requiring all healthcare providers and suppliers that have not elected to “opt out” of Medicare to complete a standard Medicare enrollment form, known as a CMS 855 form, and to update and certify its accuracy every five years. The revalidation process will begin with those providers and suppliers currently enrolled in the Medicare program that have not submitted a completed CMS 855 form.

The 855 enrollment forms have been used since 1996 to uniquely identify Medicare providers and suppliers, establish their eligibility to furnish services to beneficiaries and authorize billing numbers. The proposed rule, published in April 2003, would have required revalidation of the data every three years. CMS said it believes that extending the revalidation cycle will significantly decrease the burden on providers and suppliers. Changes to information provided on the enrollment form must be reported to CMS within 90 days, and changes in ownership or control must be reported within 30 days. The final rule takes effect June 20.

Go to [http://a257.g.akamaitech.net/7/257/2422/01jan20061800/edocket.access.gpo.gov/2006/pdf/06-3722.pdf](http://a257.g.akamaitech.net/7/257/2422/01jan20061800/edocket.access.gpo.gov/2006/pdf/06-3722.pdf) to see the rule.

**The AHA Calendar May 2006**

2 Audio Conference: Supply and Service Cost Management – Part II – (A Four-Part Audio Conference)
3-5 SAHPMM (Purchasing/Materials Mgmt.) Annual Meeting & Trade Show, Clarion, Hot Springs
4 AHAWCSIT (Workers’ Comp) Annual Conference, 8315 Cantrell Road, Ste. 300, Little Rock
4 AFMC Quality Conference, Peabody Hotel, Little Rock
7-13 National Hospital Week
10 Audio Conference: Hiring Health Care Employees from Abroad – Part I (A Two-Part Audio Conference)
10-12 AAHE (Engineering) Annual Meeting, Clarion Resort on the Lake, Hot Springs
11 AHAA ( Auxiliary) Board of Directors, AHA Headquarters, Little Rock
12 AHA Board of Directors, AHA Headquarters, Little Rock
If it’s Tuesday, May 2 as you read this, a contingent of about 20 Arkansas hospital executives and trustees, and members of the Arkansas Hospital Association (AHA) team are in Washington, D.C. in conjunction with the American Hospital Association’s Annual Membership Meeting. Yesterday and today, each one has had the chance to be a part of the requisite number of breakfasts, lunches, dinners, receptions, briefings, educational sessions and healthcare updates that make this annual gathering so familiar.

The battery of pols and pundits giving their Washington insider points-of-view about healthcare matters on Monday included a relatively unexpected surprise. Nobody knew until practically at the 11th hour that President Bush would make an appearance that afternoon.

Last night, time was set aside for something different. The AHA brigade joined with a host of other Arkansans in a salute to the state’s congressional delegation sponsored by the Arkansas State Chamber of Commerce. Today, the parade of Annual Meeting speakers gets back on track and tomorrow the AHA group will return home after visiting with the state’s congressmen in their Capitol Hill offices and with our two senators during lunch.

That’s when everyone will finally get to the heart of the matter. The purpose of those visits will be to reinforce the notion that issues affecting hospitals and healthcare are much too important for lawmakers to lose in the maze of other national agenda items.

The message will be brief, simple and to the point. While it won’t necessarily begin with the words, “First, do no harm,” it’s not a bad idea, since hospitals tiptoe around irreparable harm anytime Congress or the administration starts to tinker with Medicare or Medicaid funding. Safeguarding those programs is the key message once more.

This year’s defense didn’t end with Senate and House budget resolutions that largely omitted the president’s proposed reductions. Some of those Medicaid cuts can be accomplished administratively. The Centers for Medicare & Medicaid Services has proved that it can and will use a variety of regulatory shenanigans, like limiting the use of intergovernmental transfers (IGTs), to curb state Medicaid financing practices. It doesn’t need a bigger club.

Giving the agency more legislative or regulatory power could lead to full elimination of IGTs altogether, which would be a blow to Arkansas. The IGT funds form a critical cog in the gears that keep Arkansas Medicaid payments moving along. Eliminating their legitimate use would take a minimum $20 million away from hospitals in the state and seriously impact their ability to serve as a healthcare safety net for those who can’t afford to pay.

And, while it seems like Congress is opposed to the president’s proposed Medicare cuts, things could get dicey for hospitals when the time comes to fix a lingering problem with physician payments. Last year, Congress chose a temporary fix by freezing physician Medicare payments for one year to avoid a scheduled 4.4% cut in their payment update. An effort to enact legislation that would quash a further cut scheduled for 2007 wouldn’t be a surprise. Sure, physicians deserve a Medicare rate hike. But, hospital payments shouldn’t be lowered to fund those increases.

Our folks in Congress will also hear more about the need to retain the 60% qualifying threshold for inpatient rehabilitation facilities. They’ll learn that Arkansas hospitals support pay-for-performance initiatives structured to give every hospital an opportunity to improve and succeed, and also based on rewards, not penalties. And they’ll get a listing of a host of bills already in the hopper that will address the needs of small rural hospitals.

If time permitted, there’d be much more to say about helping the uninsured, quality and pricing transparency, hospitals’ community benefits and the ways that non-profit hospitals earn their tax-exempt status. Instead, we’ll arm them with enough printed information so that there won’t be any question about how Arkansas hospitals see those issues.