ADH Launches New Immunization Registry

Healthcare providers who report on childhood immunizations should be aware that the Arkansas Department of Health (ADH) launches its new immunization registry, Web IZ, as of today, June 3rd. The new registry system replaces the obsolete immunization network for children (INC) and will provide a much more powerful and user-friendly interface for providers needing immunization data.

Most providers who previously used the INC were informed within the INC program itself about the change and have been offered training on Web IZ. Written and e-mail communications were made to all Vaccines for Children (VFC) participants and a letter was sent to the list of all currently licensed primary care physicians as identified by the Arkansas State Medical Board. In addition, an article detailing the change was also published in the April issue of the Arkansas Medical Journal. However, some individuals may not yet have heard the news – especially those providers of adult services whom the ADH wants to better engage now that the immunization registry can maintain record of immunizations along the patient’s entire lifespan.

User training on the Web IZ is ongoing, but bringing providers onto the system will be completed in phases. ADH local health units and VFC providers who use the registry for inventory control are the first group being brought onboard, private providers will be second in the queue, with schools and other users last.

It may take a week or more to get all providers up and working to a point where they can effectively search for patients, enter immunizations, inventory vaccine stocks, and forecast vaccines needed. Once these tasks are complete for all providers, the ADH will focus on functions for reporting, batch uploading of historical data, creating clinic or school specific lists, reducing duplication of records and school nurse modules. Persons with questions about enrollment into the registry or training are encouraged to visit http://www.healthy.arkansas.gov/programsServices/infectiousDisease/Immunizations/InformationSystem/Pages/Resources.aspx. If the website does not address your concerns, feel free to call the ADH for assistance at 1 (800) 574-4040 or via e-mail at ADH.WebIZHelp@arkansas.gov.

CAHs to Meet August 14-16 in New Orleans

The 11th Annual Mid-South Critical Access Hospital (CAH) Conference will be held August 14th-16th at the Astor Crowne Plaza in New Orleans. The conference is sponsored by state hospital associations in Alabama, Arkansas, Louisiana, Mississippi, Kentucky and Tennessee with Louisiana acting as host this year.

Presentations and speakers include “Rural Hospitals Working to Improve Their Communities’ Population Health” by Greg Paris with the Studer Group; a CAH leadership panel of CEOs discussing best practices for their respective hospitals; “Benchmarking Trends for Rural Healthcare” by Gregory Wolf with iVantage Health Analytics; and “Our Fragmented, Fragile
Physician Workforce” by Kurt Mosley of Merritt Hawkins. Additional presentations will be conducted by John Supplitt, American Hospital Association; Terri Hill, National Rural Resource Center; and Brock Slabach, National Rural Health Association. A brochure with registration and hotel information will be sent from the Louisiana Hospital Association in the next few weeks. Information also will be available on the AHA’s website at www.arkhospitals.org/events.

Openings on State Committees, Councils

The Governor’s Office has notified the Arkansas Hospital Association that the terms of several hospital representatives who sit on various state boards and advisory councils either have expired or are nearing the expiration date. Those include the following seats which the Governor’s Office is currently working to fulfill:

- Emergency Medical Services Advisory Council
- Tobacco Prevention and Cessation Advisory Committee
- Breast Cancer Control Advisory Board

Hospitals having suggestions for persons to be nominated to fill any of the above positions should contact AHA president Bo Ryall with those names as soon as possible, so that he may make recommendations to the Governor.

OHA Creates Hospital Employee Relief Fund

The Oklahoma Hospital Association has partnered with the Communities Foundation of Oklahoma, a charitable organization in Oklahoma City, to create a fund to assist hospital employees who experienced significant loss due to recent tornadoes in Moore and other central Oklahoma communities. Donations can be made to “OK Hospital Employee Relief Fund - CFO” and mailed to: Oklahoma Hospital Association, 4000 Lincoln Blvd., Oklahoma City, OK 73105.

The fund will be used to assist all hospital employees and their families in the area whose lives have been impacted by the recent outbreak of tornadoes, including the May 20th storm that hit the 45-bed Moore Medical Center in Moore, OK, as well as impacted employees of other hospitals.

Webinar Focus Is on Improved Audit Management

A recent Arkansas Hospital Association membership survey indicates that general and RAC audits are increasing, causing hospitals to spin their wheels and miss critical deadlines which result in financial loss. To assist hospitals with better managing their audits and meeting those deadlines, AHA has partnered with Healthcare Business Solutions to bring a very affordable workflow tool for managing audits via a webinar, “Be in the Driver’s Seat for All Audits,” scheduled for 1:00 p.m. on June 5th. Results of the survey will be discussed during the webinar, along with an update on RAC News and a test drive of a new workflow tool solution, AUDIT Trax, demonstrating how effectively you can manage internal and external audits.

For more information about this webinar and AUDIT Trax, which has all the turbo-charged features at 1/3 the price of many other products, go to https://www.audit-trax.com/public/index.html, or contact Tim Keough, the webinar presenter, at (609) 936-2222.
**CMS Releases Hospital Outpatient Charge Data**

The Centers for Medicare & Medicaid Services (CMS) has released estimated hospital-specific charges for 30 ambulatory payment classification (APC) groups paid under the Medicare outpatient prospective payment system for calendar year 2011. The estimate includes the APC payment amount, the beneficiary Part B coinsurance amount and the beneficiary deductible amount. Hospital-specific estimates are available in Microsoft Excel (.xlsx) format and comma separated values (.csv) format. National and state-level summaries are also available. The data are available on the CMS website, [http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Provider-Charge-Data/Outpatient.html](http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Provider-Charge-Data/Outpatient.html).

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**Most Geographic Cost Variations Related to Health**

Wide geographic variation in Medicare costs is largely explained by health differences across communities rather than inefficient care delivery, according to a Center for Studying Health System Change study published last week in *Medical Care Research and Review*. The study examined multiple ways of adjusting for patient health, finding that a fuller accounting of health status explained at least 75% to 85% of Medicare geographic cost differences between high- and low-cost areas. Authors of the report state, “Although data limitations may preclude ever developing the perfect case-mix adjustment approach, our results suggest that the portion of the geographic variation that can be explained by patient health is much greater than previously estimated, leaving less of the geographic variation potentially attributable to inefficiency.” Read more at [http://www.hschange.com/CONTENT/1347/](http://www.hschange.com/CONTENT/1347/).

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**OP Therapy Functional Reporting Test Period Ending**

Under section 3005(g) of the *Middle Class Tax Relief and Jobs Creation Act* (MCTRJCA) of 2012, CMS implemented a new claims-based data collection system for outpatient therapy services by requiring reporting of functional limitations with 42 new non-payable G-codes and seven new modifiers on specified claims for physical therapy (PT), occupational therapy (OT) and speech-language pathology (SLP) services. The claims-based data collection system was effective for outpatient therapy services with dates of service on and after January 1, 2013.

A testing period is currently in effect for functional reporting until June 30, 2013. During the testing period, claims without the required G-codes and severity/complexity modifiers will continue to be processed and adjudicated by carriers or Part B Medicare Administrative Contractors. Beginning April 1st, a new Remittance Advice message has been alerting providers about missing information on select therapy claims. Please note: institutional claims will not receive alert messages.

Therapy claims with dates of service on or after July 1, 2013 that do not contain the required functional G-codes and corresponding modifiers will be returned or rejected, as applicable.

CMS is recommending that therapy service providers read the following MLN Matters® articles for more information:

- **MM8166** – “Outpatient Therapy Functional Reporting Non-Compliance Alerts”
- **MM8005** – “Implementing the Claims-Based Data Collection Requirement for Outpatient Therapy Services – Section 3005(g) of the Middle Class Tax Relief and Jobs Creation Act (MCTRJCA) of 2012”
Change in Electronic RA for Inpatient Claims

According to new instructions from CMS, Medicare Part A electronic remittance advices (RA) generated on or after July 22, 2013 will no longer include service line payment information on inpatient claims. Based on instruction in the 835 Health Care Claim Payment/Advice implementation guide, service line payment information is not supported for inpatient claims. All claim adjustment information will be reported at the claim level. If providers have an automated process for posting inpatient Part A claims, a change may be required on your part to accept the modified remittance advice.

This change is applicable to inpatient claims, type of bill 11X; skilled nursing facility claims, type of bills 18X, 21X, 28X and 51X; and religious non-medical hospital claims, type of bill 41X.

Medicare Trust Fund Life Expectancy Extended

The Medicare Board of Trustees last week estimated that the program’s Hospital Insurance trust fund will remain solvent until 2026, two years longer than projected last year, due, in part, to lower actual and projected spending for Part A services. The news led American Hospital Association (AHA) President and CEO Rich Umbdenstock to say, “Hospitals are contributing to these trends, with hospital cost growth at its lowest rate in 10 years.” He noted, “America’s hospitals will continue our efforts to decrease the cost of caring while providing the best quality healthcare for all patients.”

The Supplementary Medical Insurance trust fund, which covers Medicare Part B physician and outpatient services and Part D prescription drugs, is projected to remain adequately financed for now because current law automatically provides financing each year to meet the next year’s expected costs. But, the report concludes, “Such financing, however, would have to increase faster than the economy to cover expected expenditure growth under current law.”

The report, which can be found at http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/ReportsTrustFunds/Downloads/TR2013.pdf, calls for Congress and the executive branch to “work closely together with a sense of urgency to address the depletion of the HI trust fund and the projected growth in HI (Part A) and SMI (Parts B and D) expenditures.”

The AHA Calendar

June 2013
5-6 Workplace Violence Armed Violent Intruder Response, Crowne Plaza Little Rock
12-14 AHA Executive/Trustee Leadership Conference, Four Seasons Resort and Club Dallas at Las Colinas
13 The Power of Empowerment: Strategies to Energize Your Team – Webinar T2842
18 Evaluation & Management Coding: Is Your Hospital Compliant? – Webinar T2844
20 Patient Issues in the Emergency Department: Safety and Boarding – Webinar T2846
21 ASHMPR 2013 Summer Conference, Crowne Plaza Little Rock
28 2012-2013 ICD-10-CM Webinar Series – A 10-Part Series – Session X: Injury, Poisoning and Certain Other Consequences of External Causes

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