



The NOTEBOOK

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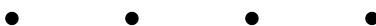
Ben Nemtin to Keynote the AHA Annual Meeting

Four regular guys, on a mission to complete a list of “100 things to do before you die,” have made it their mission to encourage and help others achieve their own lists – these guys are known as The Buried Life. Ben Nemtin, a member of the The Buried Life, will be featured as the Keynote for the Arkansas Hospital Association’s (AHA) 87th Annual Meeting.

The Buried Life started in a garage in Victoria, B.C. Canada and has gone worldwide. This dedicated group of friends have completed their own bucket lists, but, more importantly, have helped a 19 year old hug her dad for the first time, helped save a person’s life who needed a kidney transplant, helped a young girl who grew up in a hospital experience her very first concert, just to name a few amazing contributions.

Attendees will be delighted and touched by the funny, outrageous and courageous adventures that have led to fulfilled dreams, and will come away with new perspectives on how to accomplish their own bucket-list items.

Please join us October 4-6 at the Little Rock Marriott for this year’s Annual Meeting. For more information and to see a clip of Ben Nemtin, visit the Annual Meeting page on the AHA website – <http://www.arkhospitals.org/events/annual-meeting>.



CMS Proposal Would Cancel Bundled Payment Models

The Centers for Medicare & Medicaid Services (CMS) proposed August 15 to cancel the cardiac and surgical hip and femur fracture treatment bundled payment models. These programs had been scheduled to begin January 1, 2018. In addition, the agency proposed to scale back the Comprehensive Care for Joint Replacement (CJR) model by giving certain participant hospitals a one-time option to choose whether to continue their participation. Specifically, the CJR model would continue on a voluntary basis in 33 lowest cost areas of 67 geographic areas originally covered by the program. In the other 34 high cost areas, participation would remain mandatory. However, the agency would allow voluntary participation for low-volume and rural hospitals in these 34 areas. Hospitals that do not participate would no longer have the potential to qualify as an advanced alternative payment model (APM) under the *Medicare Access and CHIP Reauthorization Act* (MACRA).

CMS proposes a one-time participation election period for all hospitals with a primary CMS certification number address located in the 33 voluntary participation areas, as well as for low-volume and rural hospitals located in the 34 mandatory participation areas. The agency anticipates that the election period would be open from January 1, 2018 through January 31, 2018; however, these dates could change based on the timing of publication of the final rule. Based on this timing, CMS would need to receive a hospital’s written participation election letter by January 31, 2018 in order for it to opt-in to the program. Such hospitals would then be required to participate in the CJR program through the end of the model. Hospitals not opting to participate would be withdrawn from

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the model effective February 1, 2018, and all of their completed and ongoing episodes from performance year 3 (which begins January 1, 2018) would be cancelled.

The agency intends to provide templates for the written participation election letter, which would include the hospital's name, address, CMS certification number, contact information and other information. In addition, if a hospital would like for its CJR participation to qualify as an advanced APM under MACRA, it must attest to using certified electronic health record technology.

The American Hospital Association (AHA) is supportive of bundled payment models as programs that hold great promise in transforming care delivery through improved coordination and financial accountability. AHA believes participation in alternative payment models should be voluntary, and is pleased that CMS has proposed partial voluntary participation in the CJR program. However, the hospital group is concerned that cancellation of the cardiac and SHFFT programs may be disruptive to those providers who have expended valuable resources and who wish to participate in these programs on a voluntary basis. See the AHA Special Bulletin summarizing CMS' proposal at www.aha.org.



Use Health Survey to Meet Reporting Objectives

Among its many responsibilities, the National Center for Health Statistics (NCHS), which operates as a part of the Centers for Disease Control and Prevention (CDC) conducts the National Health Care Surveys, which are nationally representative surveys of healthcare utilization across hospitals, provider/ clinician practices and long-term care settings. These nationally representative surveys provide data and information about care in each of those settings, which is used by Congress, healthcare services researchers and others to shape healthcare policy and the future of healthcare in the United States. NCHS is currently accepting registrations from eligible clinicians, eligible professionals, eligible hospitals or critical access hospitals (CAHs) of their intent to submit data to the National Health Care Surveys as part of the Merit-Based Incentive Payment System (MIPS) and the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs (Meaningful Use).

The National Health Care Surveys are now an option available to meet the public health reporting objectives of the Medicare Quality Payment Program – specifically the MIPS – final rule and the CMS EHR Incentive Programs final rule on modified Stage 2 & Stage 3. Eligible clinicians, professionals, hospitals and CAHs can use submission of data to the National Health Care Surveys as one of the measures to meet their public health objectives requirements and attest to Objective 8, Public Health and Clinical Data Registry Reporting, Measure 4 for MU Stage 3. Eligible entities can register their intent to submit data by emailing NCHSMUInfo@cdc.gov. Please visit the following CDC Meaningful Use site at https://www.cdc.gov/nchs/dhcs/meaningful_use.htm and consider registering for the National Health Care Surveys. For more information, please send your questions to NCHSMUInfo@cdc.gov.



Veterans Transportation Network Needs Drivers

The Voluntary Services Office of the Department of Veterans Affairs (VA) in North Little Rock is actively seeking volunteer drivers to transport patients to and from the VA medical clinics. In particular need are drivers from the Magnolia, El Dorado, Newport and Batesville areas. If you know of someone who wants to volunteer to give back to those who served, please contact the Voluntary Services Office at (501) 257-3288 or the Disabled American Veterans Hospital Service Coordinator at (501) 257-6991 for more details.

HRSA Seeks Delay of 340B Final Rule Implementation

The Health Resources and Services Administration has proposed (<https://s3.amazonaws.com/public-inspection.federalregister.gov/2017-17633.pdf>) delaying until July 1, 2018 the effective date of its final rule on 340B drug ceiling prices and civil monetary penalties for manufacturers. The final rule has been subject to multiple delays since January, and most recently was scheduled to take effect October 1, 2017. The notice states that the “additional time is needed to more fully consider previous objections regarding the timing of the effective date and challenges associated with complying with the rule, as well as other objections to the rule.”

Ashley Thompson, AHA senior vice president for public policy analysis and development, said, “Given the skyrocketing prescription drug price increases that have presented hospitals and their patients with remarkable challenges, the 340B program is as critical as it has ever been in helping eligible hospitals obtain a reduced price for outpatient drugs, allowing them to stretch scarce federal resources to expand and improve access to comprehensive healthcare services for our nation’s most vulnerable patients.” Thompson went on to express disappointment in the continued delay of the 340B ceiling price and civil monetary penalties rules, saying the delays are unjustified, given the exhaustive rule development process that has already occurred. Comments on the rule are due 30 days after it is published in the Federal Register.



Update on 340B Information System

The Health Resources and Services Administration (HRSA) has provided an update (<https://www.hrsa.gov/opa/updates/2017/1708monthlyupdate.pdf>) on its new 340B Office of Pharmacy Affairs Information System (OPAIS), which includes a new registration system and a new secure pricing system. HRSA said the registration component of the new 340B OPAIS will be released in mid-September and the pricing system will be released at a later date. As of August 15, the current 340B database is offline and unavailable. At this time, 340B covered entities are not able to submit change requests or terminations. However, external users can continue to verify covered entity participation, manufacturer participation and contract pharmacy locations in the 340B program. HRSA plans to provide more information and updates on the move to the OPAIS on its website at <https://www.hrsa.gov/opa/>. Questions on registration can be directed to the 340B Prime Vendor Program at (888) 340-2787.



CSR Payments Should Be Covered for August

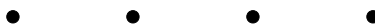
The Trump administration has indicated it will make this month’s cost-sharing reduction (CSR) payments to health insurers. Insurers use the federal payments to reduce out-of-pocket costs for low-income individuals purchasing coverage through the Health Insurance Marketplaces. The Congressional Budget Office (CBO) last week estimated that premiums for silver-level plans would be significantly higher in the short and long-term if the payments were to end.

The U.S. Court of Appeals for the District of Columbia Circuit this month allowed 15 states and the District of Columbia to intervene in the *House v. Price* lawsuit, which challenges the CSR payments, because they would suffer concrete injury if the payments ended. In a friend-of-the-court brief last year, the American Hospital Association (AHA) and other hospital groups said ending the CSRs would harm patients’ finances and health, trigger a “death spiral” in the marketplaces, and force hospitals to shoulder an even greater financial burden, making it harder for them to serve their communities.

According to the CBO estimate issued last week, if federal payments to reduce out-of-pocket costs for low-income individuals purchasing coverage through the Health Insurance Marketplaces were to end, premiums for silver-level plans would be 20% higher in 2018 and 25% higher in 2026. CBO said that individuals receiving tax credits would largely be protected from the price increases, but those paying full cost would face higher premiums.

The report estimates that one million more individuals would be uninsured in 2018 – largely as a result of insurers leaving a handful of markets in response to the policy. However, in 2020 and beyond, more people would be covered through the marketplaces because higher premium tax credits would incentivize enrollment, CBO says. The report also estimates these changes would increase the federal deficit by \$194 billion from 2018 through 2026.

The AHA has been urging Congress to fund the cost-sharing reductions and avoid the potential disruption such a policy would have on millions of Americans.



[Review EBP Measures Through September 16](#)

Hospitals in the Inpatient Quality Reporting Program (IQRP) can review their calendar year 2017 data for three clinical episode-based payment (CEBP) measures through September 16 at the QualityNet secure portal, (https://cportal.qualitynet.org/QNet/pgm_select.jsp). The reports, on the three condition EBP measures (involving Aortic Aneurysm Procedures, Cholecystectomy/Common Duct Exploration and Spinal Fusion) are for informational purposes only. CEBP data will not be reported on the Hospital Compare website until 2018 or affect the IQRP payment determination until fiscal year 2019. For more information or assistance, contact the QualityNet Help Desk at qnet support@hcqis.org or IQRP support team at <https://cms-ip.custhelp.com>.



[NewsNotes About Arkansas Folks](#)

Joe Jeans has been named CFO at Johnson Regional Medical Center in Clarksville. He succeeds Edward Anderson. Jeans previously was CFO at Valley Behavioral Health System in Barling.

Harrison Kiser has been named COO at Northwest Medical Center in Bentonville. Employed by Northwest Health for more than five years, Kiser served as practice manager for several NH clinics, assistant administrator at Northwest Medical Center-Springdale and assistant CEO at Northwest Medical Center-Willow Creek Women’s Hospital.



[The AHA Calendar](#)

[August 2018](#)

22	Quality Management Programs: Meaningful Use Stage 3 Deep Dive – Webinar NE082217
24	ABCs of MACRA and Potential Impact On Hospital Quality Initiatives – Webinar T4065
29	Board Leadership Succession and Board Makeup – Webinar TX0829
30	ICD-10-CM Webinar Series:– Part X: Signs and Symptoms, Injuries and Poisoning
31	The Board’s Role in Community Benefit – Webinar T4067

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