AHA 2010 Wage/Salary Survey

The Arkansas Hospital Association’s (AHA) 2010 Hospital Wage and Salary Survey has been distributed to all member hospitals. The survey materials were sent electronically to hospital Human Resources (HR) department contacts October 12 with a November 12 deadline for responding. In cases where the AHA had no record of the HR director or other contact person, the survey was sent to the hospital CEO.

Again this year, the AHA is conducting the survey in conjunction with the Oklahoma Hospital Association (OHA), which will collect, compile and tabulate all data, and issue the report. Materials included an Excel file workbook and an instruction document. Several tabs in the workbook are color coded for easy use. The profile tab explains the color codes. The orange tab designates the actual Wage and Salary Survey data input sheet. The workbook should be saved to your computer before beginning.

Hospitals that completed the 2009 survey will find their previous data from last year’s response included. Please do not input new data in the “number of employees” or “average rate paid” columns for the previous survey. There are also separate tabs for hospital-owned Home Health agencies and for individual hospitals in multi-hospital systems.

Once your data entry is complete, please return the file to Mia Johnston (mia@okoha.com) at the OHA by November 12, 2010. A confirmation e-mail will be sent once she has received your file.

All hospitals are strongly encouraged to participate in this survey to increase its value as a management tool. In addition, participating hospitals will receive a copy of the survey report when it is available in January 2011. Hospitals that do not participate will not be eligible for a report.

Hospitals that did not receive the materials should contact Mia Johnston at the e-mail address above or Paul Cunningham at pcunningham@arkhospitals.org.

Arkansas Efforts Spur MIC Audit Policy Change

Thanks in part to the efforts of Arkansas hospitals, the Medicaid Integrity Contractor (MIC) program has changed its policies regarding the “look back” period and response time for MIC audits. Effective October 1, 2010, MICs may request records for service dates up to 5 years prior to the date of the audit letter, but older records may not be requested. In addition, each provider is to be given 30 days to respond to the MIC’s record request, with an automatic 15-day extension upon the provider’s request.

When MIC audits began in Arkansas, Lynda Johnson, an attorney with Friday, Eldredge & Clark, contacted the Arkansas Hospital Association (AHA) on behalf of several of her hospital clients that had received audit requests. She alerted AHA that HMS, which is the Medicaid Integrity audit contractor for the state of Arkansas, was requesting records older than 5 years – some as far back
as 2003. Because Arkansas law requires hospitals to maintain records only for 5 years, the AHA notified its member hospitals and suggested that they might want to object to any request for older records. The AHA also informed its members that HMS was requesting that the records be provided within 15 calendar days, even though it had agreed with the Arkansas Medicaid Integrity Program to allow providers 30 days to respond to record requests.

Mrs. Johnson attended a recent conference of state Medicaid Directors where the attendees learned that providers in a “certain state” (which we know to be Arkansas) had objected to the look back period and 15-day response time. At that conference, CMS announced the change in MIC audit policy. AHA appreciates that CMS heard the concerns of Arkansas hospitals and made reasonable revisions to its policies.

Hospital Compare Data Preview

Hospitals participating in Medicare’s inpatient and outpatient quality reporting programs can preview their latest quality data through November 10 by downloading their preview reports at the My QualityNet Web site [https://www.qualitynet.org/QnetSecurity/login?service=https%3A%2F%2Fwww.qualitynet.org%2Fnav%2Fj_spring_cas_security_check](https://www.qualitynet.org/QnetSecurity/login?service=https%3A%2F%2Fwww.qualitynet.org%2Fnav%2Fj_spring_cas_security_check). The data are scheduled to be added to the Hospital Compare Web site [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov) in December. The inpatient preview reports include updated data on structural and clinical process measures and HCAHPS consumer survey measures. The outpatient reports include updated data on clinical process measures for emergency cardiac and surgical care. To report data errors or problems viewing preview reports, contact the QualityNet Help Desk at [qnetsupport@sdps.org](mailto:qnetsupport@sdps.org).

Final Mid-Management Workshop – Still Time to Register

As details of the health reform law surface, looming workforce shortages and steep competition for highly skilled physicians, clinicians and specialty managers may tempt some healthcare leaders simply to avoid the potential disruption which the changes can create. Other leaders may react too strongly, forcing difficult reform measures in a way that adversely affects employee and physician satisfaction, thereby increasing union vulnerability and employee turnover.

The Arkansas Hospital Association (AHA), as part of its 2010 Mid-Management Healthcare Leadership Series for Managers and Supervisors will address many of these issues when it presents “Leading Through Reform without Losing Your Workforce” on October 21 at the AHA headquarters in Little Rock.

Using practical case examples, facilitators John Baird and Marsha Borling, senior partners at Baird/Borling Associates, will explore factors known to thwart meaningful change in the workplace and illustrate such unintended consequences as mid-level leader disengagement, union organizing activity and employee turnover. They will tie lessons learned from practical experience to key principles of cultural change theory and best leadership practices. They also will show how various communication and leadership techniques can be adapted to address unique situations, equipping participants with immediate tools for enhancing their effectiveness as leaders of change.

The Mid-Management Healthcare Leadership Series consists of live programs and online courses that build on the premise that managers represent the hospital and are the primary factor for determining an employee’s desire to work for that hospital. While the full series consists of seven
core programs and two online courses, participants may choose to attend any of the workshops individually, as well. Individuals seeking an AHA Mid-Management Certificate must attend and complete at least five of the programs. Program and registration information are available at http://www.arkhospitals.org/events. Please contact Beth Ingram at (501) 224-7878 for additional information.

Thirty-Three EHR Products Certified

The Certification Commission for Health Information Technology (CCHIT®) last week announced that it has tested and certified 33 Electronic Health Record (EHR) products under the Commission’s ONC-ATCB program, which certifies that the EHRs are capable of meeting the 2011/2012 criteria supporting Stage 1 meaningful use as approved by the Secretary of Health and Human Services (HHS). Certification is required to qualify eligible providers and hospitals for funding under the American Recovery and Reinvestment Act (ARRA). The list of approved products is available at http://www.cchit.org/products/onc-atcb. The certifications include 19 Complete EHRs, which meet all of the 2011/2012 criteria for either eligible provider or hospital technology, and 14 EHR Modules, which meet one or more – but not all – of the criteria.

CCHIT was among the first organizations to be recognized by the Office of the National Coordinator for Health Information Technology (ONC) as an Authorized Testing and Certification Body (ONC-ATCB). ONC-ATCB certification aligns with Health Information Technology: Initial Set of Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology published in the Federal Register in July 2010 and strictly adheres to the test procedures published by the National Institute of Standards and Technology (NIST) at the time of testing.

CMS Launches Billing Issues Newsletter

The Centers for Medicare & Medicaid Services (CMS) is now publishing the online Medicare Quarterly Provider Compliance Newsletter. This Medicare Learning Network product is intended to help providers and their billing staffs avoid billing errors and comply with Medicare regulations and policies when dealing with the Medicare fee-for-service program. Topics covered in the first issue include documentation guidance for hospitals and skilled nursing facilities, correct billing of service units, and correct diagnosis coding. Connect to the newsletter at http://www.cms.gov/MLNProducts/downloads/MedQtrlyComp_Newsletter_ICN904943.pdf.

AHA Board Highlights

During its monthly meeting on October 6, 2010, the Arkansas Hospital Association (AHA) board of directors covered the following agenda items:

- **Introduction of new staff member:** Jodiane Tritt was introduced as the newest AHA staff member. Mrs. Tritt has joined the AHA staff as vice president and chief government relations officer.
• **Washington Report:** The American Hospital Association (AHA) continues to work to reduce or eliminate the “coding offset” included in the FY 2010 IPPS final rule, saying that the amount is too much and that CMS’ methodology for calculating the offset is flawed. There is still hope that the Lame Duck Congress will address the issue after the November elections. AHA also is pushing for Congressional action on a couple of bills designed to add flexibility that would allow HIT federal incentive payments for hospitals that may share a single Medicare provider number. The longer-term expectation is that the post-election Congress will be very conservative and will likely be subject to a great deal of gridlock with neither party holding a workable majority.

• **RPB Report:** The recent meeting of the American Hospital Association’s Regional Policy Board 7 in Dallas, TX focused discussions on health information technology, physician leadership engagement, variations in healthcare spending and AHA’s national quality strategy.

• **Community Hospital Assistance Program Contributions Update:** The AHA has received sufficient contributions for its Hospital Assistance Program to begin awarding grants from that program fund.

• **Medicaid Hospital Assessment Program:** Arkansas Medicaid officials are completing the necessary calculations for the assessments and payouts which will apply to Year 2 of Arkansas’ Hospital Assessment Program. Notifications about assessments and payouts should be sent to individual hospitals around October 22. Once that information is distributed, hospitals have 45 days in which to review the information and agree or object. Payments for the first quarter of FY 2011, July-September, 2010, should be made by late December and the assessments collected approximately 10 business days later.

• **Medicaid RAC:** Under the new health reform law, states must establish programs no later than December 31 this year to contract with one or more of the Medicare recovery audit contractors for the purpose of identifying underpayments and overpayments and recouping Medicaid overpayments. CMS is slated to issue regulations to establish a framework for the Medicaid RAC program and will send a letter to state Medicaid directors to provide guidance on implementing the RAC expansion. The AHA wants to get involved early in the process and has asked for a meeting with Medicaid director Gene Gessow to review the issue.

• **Amendment 2 Update:** Three constitutional amendments referred by the Arkansas Legislature will be on the November 2 election ballot. Amendment 2 will address interest rate caps on local government bonds. It will allow local governments the flexibility to lower the interest rates on their bonds. However, it would also take the interest rate cap off of consumer loans, which has generated a lawsuit over the ballot title. The Arkansas Supreme Court is slated to give an expedited review to the question, since the election is so close.

• **Quality Report:** Registrations by PPS hospitals with CDC’s National Healthcare Safety Network (NHSN), as required in the IPPS Final Rule, are moving along well. The rule requires that IPPS hospitals participating in CMS’s Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) program submit healthcare associated infection data through the NHSN beginning January 2011.

• **AFMC Report:** Ray Hanley, a former Arkansas Medicaid director and most recently a representative for HP, has been selected as the new CEO for the Arkansas Foundation for Medical Care.
- **State Trauma System:** Some hospitals are reporting a reluctance by physicians to participate in the trauma network due to insufficient money for on-call duty. Originally, AHA and the Arkansas Medical Society had informally agreed that 25% of a hospital’s trauma grant would be used for those purposes, but many physicians say that is not enough, especially in hospitals with Level III centers. Also, hospitals planning to be a part of the system should be pursuing certification since the Health Department call system should be going live January 1, 2011 and hospitals need to be entered into the call system database so that destination protocols for the call center maybe established.

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**Newsnotes About Arkansas Folks**

**Erin Propst, FACHE**, assistant vice president of Baptist Health Rehabilitation Institute in Little Rock, was named the 2010 recipient of the C. E. Melville Young Administrator of the Year Award during the Arkansas Hospital Association Annual Meeting. Propst has been in her position for the past six years and is active in professional and civic affairs.

**Carolyn Hannon**, immediate past-president of the Arkansas Hospital Auxiliary Association, presented two awards during the opening session of the Arkansas Hospital Association’s Annual Meeting. Given in two categories, the awards were presented to **Randy Fortner, FACHE**, president and CEO of Saline Memorial Hospital in Benton, “Administrator of the Year for Hospitals Over 100 Beds,” and to **Kevin Clement**, CEO, Siloam Springs Memorial Hospital, “Administrator of the Year for Hospitals Under 100 Beds.”

**Phillip K. Gilmore, FACHE**, administrator of Ashley County Medical Center in Crossett and Arkansas’ ACHE Regent, presented two Regent’s Awards during the October 7 ACHE/AHEF Annual Breakfast. **Shane Carter**, vice president for institutional advancement, Arkansas Methodist Medical Center, Paragould, received the ACHE Early Career Healthcare Executive Award, and **Harrison Dean, FACHE**, senior vice president and administrator, Baptist Health Medical Center – North Little Rock, received the ACHE Senior Career Healthcare Executive Award.

**Rob Lake, FACHE**, president, North Arkansas Regional Medical Center, Harrison, received the Arkansas Health Care Access Foundation’s “Spirit of Service” award during the Arkansas Hospital Association’s Annual Meeting.

**Terry R. Lambert, FACHE**, president of Lawrence Memorial Hospital in Walnut Ridge, has been elected to the board of directors of the Arkansas Hospital Association Workers’ Compensation Self-Insured Trust. He is fulfilling an unexpired term through 2012.

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**The AHA Calendar**

October 2010

21  2010 Mid-Management Healthcare Leadership Series: Leading Through Reform without Losing Your Workforce, AHA Classroom, Little Rock

21  Post-Discharge Call Programs: Improving Satisfaction and Safety – Webinar T2624

Information on these and all AHA educational activities is available at [www.arkhospitals.org/events](http://www.arkhospitals.org/events).
Final Thoughts by Paul Cunningham

[This is the final part in a series highlighting AHA’s accomplishments between 2005 and 2010.]

In late summer 2008, the Arkansas Hospital Association (AHA) was preparing to move into new space created by a 4,000 square-foot expansion of its headquarters building. But the move-in activity was suddenly interrupted by an unexpected event 430 miles to the south on the Louisiana Gulf Coast. Little did anyone realize at that time that in addition to walking through a doorway and down a 20-ft. hallway into its new digs, the AHA was about to step into the spotlight on a national stage.

For the second time in three years AHA member hospitals were asked to serve as a safety net for Louisiana residents and patients fleeing the path of a hurricane. This time, however, their ready participation and generous contributions to the relief effort exposed several weak links in the nation’s disaster response capabilities and the AHA would work to strengthen the system to help not only Arkansas hospitals, but hospitals in practically every state, too.

In September 2005, thousands of Louisiana residents flowed into the state seeking shelter from Hurricane Katrina. Hundreds eventually found their way to Arkansas hospitals for needed medical care. For the remainder of the year, the AHA worked state and federal officials to ensure not only that those needs were met, but also to ensure that hospitals would receive some reimbursement from FEMA for the care and other support they provided to the evacuees.

Three years later, in late summer 2008, thousands more Louisianans streamed into Arkansas, trying to outrun Hurricane Gustav, but this time with a new twist. Unlike the 2005 experience, hospitals located in and around the Little Rock area were activated under agreement with the National Disaster Medical System and received 225 inpatients from hospitals in Louisiana. It was the NDMS’ largest activation for the combination of patient evacuation and definitive medical care in its 30-yr. history.

After more than a month, the hospitals were still caring for many of those patients who could not return to their homes due to a series of problems. The AHA coordinated daily with state and federal officials trying to find ways to ease the extended stay problem and to get funds flowing to help offset the hospitals’ growing costs.

For two years the AHA worked to focus attention on the system’s weak links identified during the Gustav evacuation and to resolve the related logistical and reimbursement issues. That included an appearance before a subcommittee of the Senate Homeland Security Committee where the AHA made its case for changes that would make the system more viable in the case of large scale emergencies and disasters that occur anywhere in the country, including mass casualty terrorist attacks.

The AHA also weighed-in heavily on another issue that spanned much of the the five-year period. It wasn’t the first time the issue was addressed, nor was it a weed-like problem that had resurfaced with any degree of regularity. Instead, it was a recurrence that could have been classified “something old is new again,” as lawmakers in 2005 enacted the state’s second Any Willing Provider (AWP) legislation in 10 years.

With the new law, the decade-old fight over AWP was resurrected in court not as an issue centered on health plan participation, but as one that would limit hospitals and other providers in negotiating payment rates with those plans. AHA joined the battle, supporting the ability to negotiate. The lawsuit remains in court today, with the AHA actively involved.

In June 2010, the AHA closed the circle on an eventful five-year run. President and CEO Phil Matthews announced that he would retire after representing Arkansas hospitals for more than 40 years. In August, the board named AHA’s executive vice president Bo Ryall as the incoming president. He takes office two weeks from today at a time when the roll out of healthcare reform’s extensive financing and delivery systems changes are ramping up.

The brief era that began in 2005 with new leadership to help the state’s hospitals navigate the long and winding road of healthcare ended the same way. Everything in between, as they say, is history.