AHA Board Changes Noted

Larry Morse, administrator of Johnson Regional Medical Center in Clarksville, an 80-bed acute care hospital located in Clarksville (Arkansas Valley District), was elected to a two-year term as Chairman-elect of the Arkansas Hospital Association (AHA) during the AHA’s October 8 House of Delegates meeting in Little Rock. He will assume the office of Chairman of the Association in October 2011.

In addition, hospital CEOs Jeffrey Johnston, Jim Lambert and Ron Peterson were elected to serve terms on the Association’s Board of Directors. Johnston, president and CEO of St. Edward Mercy Medical Center in Fort Smith, will fill Morse’s seat as the board delegate representing the Arkansas Valley District, with a term to expire October 2012. Peterson, FACHE, president/CEO of Baxter Regional Medical Center in Mountain Home, was elected to serve as alternate delegate to the American Hospital Association’s Regional Policy Board (RPB) 7, thereby becoming an ex officio member of the AHA’s governing body. He succeeds Robert Atkinson, FACHE, president/CEO emeritus of Jefferson Regional Medical Center in Pine Bluff, who moves up to serve as the RPB 7 delegate, succeeding Tim Hill. Both will serve for one year.

James (Jim) M. Lambert, FACHE, president/CEO of Conway Regional Medical Center, has also joined the AHA board as its representative on the State Board of Health. Appointed by Governor Beebe, Lambert succeeds Russ Sword who retired in July. Lambert’s term expires December 30, 2011.

The House of Delegates also ratified the election by the AHA Board of David Cicero, president/CEO of Ouachita County Medical Center in Camden, as Treasurer, succeeding Luther Lewis who resigned in May, and Tim Johnsen, president/CEO of St. Joseph’s Mercy Health Center in Hot Springs, as the Southwest District representative. Johnsen will complete Cicero’s term for that position, which expires in October 2011. Cicero’s term as Treasurer expires in October 2011. Carolyn Hannon of Mountain Home, the newly elected 2009-2010 President of the Arkansas Hospital Auxiliary Association, also will serve a one-year term on the AHA board.

Arkansas Flu Immunization Clinics, Round 2

The Arkansas Department of Health (ADH) will conduct the second round of its statewide mass immunization clinics to vaccinate Arkansans against both seasonal and H1N1 influenza beginning today (December 7). The clinics will be held in nearly every county in the state during a two-week period ending Friday, December 18. There is no charge for the vaccine, however, persons choosing to be vaccinated at the clinics sponsored by ADH are asked to bring their health insurance, Medicare, Medicaid, or ARKids First cards so ADH can file with their insurance providers. This second round of clinics follows the most ambitious vaccination effort in Arkansas history earlier this fall. Thousands of individuals have been vaccinated at school clinics in districts throughout the state. These will continue, as previously scheduled, until schools recess for the holidays. During this second round of immunization clinics, the H1N1 vaccine will be
available to everyone – not just priority groups at risk for serious complications from H1N1 flu – while supplies last, including children needing second shots for full protection, according to ADH officials. Arkansas hospitals are encouraged to help spread the word about the clinics to as many Arkansans as possible by sharing this information with employees and patients. Dates, times and locations of the upcoming mass flu clinics are posted on the ADH Web site, www.healthyarkansas.com. For complete flu information, check the Web site or call (800) 651-3493.

State Hospital Leaders Pilot Training Course

The Arkansas Association of Hospital Trustees (AAHT) and the Arkansas Hospital Association (AHA) last month piloted a program developed by Best On Board, a new firm created to provide comprehensive trustee education and certification services for the nation’s healthcare leaders. On Friday, November 6, Arkansas hospital trustees and executives participated in the day-long seminar, “Essentials of Healthcare Governance,” at Little Rock’s Crowne Plaza hotel, receiving a content-rich, six-part course on the essentials of governing, complete with a test to certify their mastery of the material.

Dr. Connie Curran, Best On Board CEO and one of the presenters said, “We are enormously grateful to the attendees, the Arkansas Association of Hospital Trustees and the Arkansas Hospital Association. They made a significant contribution to other trustees and hospital and medical staff leaders around the country by allowing us to pilot this course with them.” Curran added that the willingness by AAHT and the AHA to preview the program will have resounding impact on the nation’s hospitals, and, ultimately, on their patients. The course, which received high marks and praise from the attendees, will officially launch in January 2010 with both onsite and online formats.

Crisis Team Response Training

Offering effective intervention for dealing with emotional crises can be invaluable in a hospital setting where the staff is routinely under high amounts of job-related stress. This is especially true in the wake of intense or difficult cases, but can be just as important on a routine, periodic basis to deal with chronic stressors that are part of day-to-day jobs in hospitals.

The Arkansas Hospital Association, in collaboration with the Arkansas Crisis Response Team, will present “Basic Emotional First Aid: Crisis Response Every Time” on January 28 and 29, 2010. The two-day training workshop will emphasize the fundamentals of crisis and trauma by providing techniques for peer-to-peer crisis intervention. The goal of the workshop is to provide emotional first aid and crisis response training to hospital professionals and support staff.

Workshop facilitators will discuss the fundamentals of crisis and its effects on emotional wellbeing; reducing acute emotional stress caused by the proximity of any emergency; ongoing mechanisms for emotional support to address acute, chronic and cumulative stress that are prevalent in high stress healthcare environments; and opportunities to incorporate emotional first aid assessments into healthcare Standard Operating Procedures.

Hospital teams are encouraged, but not required, to attend, with a team discount. A program and registration information are available at http://www.arkhospitals.org/calendareducworkshops.htm.
Revised RAC Documentation Request Limits

In a move announced last week, CMS has modified the additional documentation request limits for its Regional Audit Contractor (RAC) program during fiscal year (FY) 2010. The change, which applies to DRG validation only, was made in response to feedback from contractors, providers, suppliers and their respective associations. The limits will be set by each RAC on an annual basis to establish a per-campus cap on the maximum number of medical records that may be requested per 45-day period.

According to CMS, a campus unit may consist of one or more separate facilities/practices under a single organizational umbrella, based on the provider/supplier Tax Identification Number and the first three numerals of the ZIP code where they are physically located. Each limit will be based on the biller’s prior FY Medicare claims volume.

The Arkansas Hospital Association will provide more clarity about the documentation request limit as it becomes available. For details on the CMS modification, including specific examples of how the change will be applied in specific situations click on the agency’s announcement, which can be found at [http://www.cms.hhs.gov/RAC/Downloads/DRGvalidationADRlimitforFY2010.pdf](http://www.cms.hhs.gov/RAC/Downloads/DRGvalidationADRlimitforFY2010.pdf). Questions concerning the update can be directed to RAC@cms.hhs.gov.

CMS Rescinds Proposed Medicaid Rehab Rule

CMS has withdrawn an August 2007 proposed rule on Medicaid coverage for rehabilitative services, citing a congressional moratorium and resolution opposing issuance of a final rule. “In light of the clear congressional concern indicated by the statutory moratorium and the resolution opposing issuance of a final rule based on the proposed rule, as well as the complexity of the underlying issues and of the public comments received, we have decided to withdraw the August 2007 proposed rule in order to assure agency flexibility in re-examining the issues and exploring options and alternatives with stakeholders,” CMS said in a Federal Register notice. The rule was one of six Medicaid regulations opposed by the Arkansas Hospital Association and halted by congressional moratoria. In June, CMS rescinded three of the rules and delayed another (related to healthcare provider taxes) until June 30, 2010.

The AHA Calendar

December 2009
9 Building a Foundation for Best Practice Nursing Succession Planning – Webinar 120909NE
10 Fifty Tips to Reduce Medication Errors: Complying with CMS and The Joint Commission Standards – Webinar 2547
15 CPT 2010 Coding Update, Holiday Inn, Jonesboro
16 CPT 2010 Coding Update, AHA Classroom, Little Rock
16 Healthcare Financial Management Association (HFMA) CPE Seminar; Arkansas Department of Health, Little Rock; Washington Regional Medical System, Fayetteville; Arkansas Methodist Medical Center, Paragould; Drew Memorial Hospital, Monticello; and Ouachita County Medical Center, Camden

January 2010
19 Ambulatory Payment Classifications (APCs) Update for 2010 – Webinar T2548
Final Thoughts by Paul Cunningham

Not that anyone really wants to read or hear more about healthcare reform, but in case you lost track of events over the long Thanksgiving weekend, here’s a brief recap of where we are on what could be the most significant piece of health-related legislation in the past 45 years:

On November 19, Senate Majority Leader Harry Reid finally unveiled his proposed Patient Protection and Affordable Care Act of 2009, the merged product of separate health reform bills from two Senate committees. Two days later, the full Senate narrowly approved a motion along party lines to open debate on the bill, with Arkansas senator Blanche Lincoln casting a crucial vote for cloture to keep the legislative ball rolling.

Since then, the action has centered on consideration of proposed amendments affecting the bill. Among these addressed so far, only one has been approved. It guarantees screening mammograms for all women aged 40 and older with no out-of-pocket costs. All others failed, including an attempt to erase all of the bill’s $460 billion in Medicare cuts and a push to restore about $46 billion slated to be taken from Medicare home health payments. The defeats signal a virtual guarantee that more than half of the estimated $850 billion cost of the bill will be covered via a combination of Medicare reductions over the next decade, assuming the bill eventually passes.

Obviously, those cuts are worrisome, especially for hospitals. But they’re also essential to pay for expanded healthcare coverage, the key reason for the bill in the first place, as well as a key to hospitals’ support of health reform. In theory, the Medicare losses that hospitals will incur can be offset by new revenues generated from more patients having a reliable source of payment. If reform stalls, hospitals face similar cuts with little hope of new reimbursements.

You’ll recall that the American Hospital Association (AHA), Catholic Hospital Association and Federation of American Hospitals agreed last July with the Obama Administration and Senate Finance Committee (SFC) Chairman Max Baucus on a framework for funding healthcare reform. Under the agreement, hospitals would contribute up to $155 billion over ten years, but no more, to offset the cost of expanding health coverage to up to 97% of the nation’s uninsured population. The quid-pro-quo was that hospitals should reasonably expect long term revenue increases. Coverage expansion potentially could produce approximately $171 billion in hospital revenues nationwide over the ten year period, maybe more. The size of the hospital cuts was to be reduced if the coverage numbers didn’t hold up, which now appears to be the case.

The spirit of the agreement survived in the SFC, but the Majority Leader apparently didn’t feel bound. Sen. Reid’s bill did not set well with Chairman Baucus, or with hospitals, which now are dealing to resolve several concerns. The most glaring of them is coverage issue. The Senate bill would cover 31 million additional individuals, but that’s fewer by far than the SFC version, and it includes none of the agreed-on proportional reductions in hospitals’ contribution to the cause. Plus, while the SFC bill contained a readmissions policy that targeted only avoidable readmissions, the current proposal, does not differentiate between avoidable and unplanned hospital readmissions unrelated to the initial admission.

Another major sticking point is the dreaded public option insurance plan, the lightning rod that’s garnering the lion’s share of attention these days, although the bill does make it optional in a couple of ways. Individual states can decide to opt-out under the bill, prohibiting such a public plan. Member-owned “co-op” health plans can be used as a vehicle for coverage, too.

Sometime between now and Christmas, or some other uncertain floating deadline, those and other questions about health/insurance reform legislation will be answered. Until then, look for the deconstructive rhetoric between and among all interested parties to continue. Brace yourself, though, because you’re likely to get more backbiting, sniping and sparring than you’d hear on an entire LP album of comedy sketches by Don Ameche and Frances Langford, who paired up in the early 1950s as the Bickersons, a catty married couple who spent nearly all their time together in relentless verbal war.