



The NOTEBOOK

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IN THIS EDITION OF THE NOTEBOOK:

[CMS releases new details on price transparency requirements – effective Jan. 1](#)

[Sign up for the 340B Hospital Commitment to Good Stewardship Principles program now!](#)

[DHS issues RFI on modifying HIPAA rules](#)

[Plan selection still lags, with just two days left in the ACA open enrollment period](#)

[CMS Finalizes Rule on Risk Adjustment for 2018 Benefit Year](#)

[ACE Kids Act Passes in the House](#)

[American Hospital Association Releases Report: “Building Value for the Future Through Integration, Investment and Structured Transformation”](#)

[New Arkansas Works Reporting Helpline](#)

[Arkansas Senate Committee Selection Results](#)

[Member News](#)

[The AHA Calendar: Upcoming Events and Webinars](#)

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CMS releases new details on price transparency requirements – effective Jan. 1

On Jan. 1, 2019, new price transparency requirements for hospitals will go into effect. These requirements were included in the Centers for Medicare & Medicaid Services' fiscal year 2019 inpatient prospective payment system final rule, which updated federal guidelines to comply with the statutory requirement that "each hospital operating within the United States" make its standard charges available on an annual basis. As of Jan. 1, 2019, hospitals must make available a list of their current standard charges via the Internet in a machine-readable format at least annually. In addition, IPPS hospitals also are required to make available charges for diagnosis-related groups.

CMS recently published an additional document that expanded on the rule. The agency answered seven questions about the new requirement, including one about whether hospitals are required to post information online that isn't included in their chargemasters. CMS clarified that even if a hospital's chargemaster does not include standard charges for drugs, biologicals, or other items and services it provides, those charges must be posted online.

An American Hospital Association Regulatory Advisory reviews highlights of CMS's new price transparency requirements. It also includes talking points on pricing you can customize and use to help prepare your staff to answer questions about your pricing policies, as well as CMS's frequently asked questions on this issue. [Download the Advisory here.](#)

340B hospitals: [Sign up](#) for the 340B Hospital Commitment to Good Stewardship Principles program now!

The American Hospital Association is asking 340B hospitals to [sign up](#) for the 340B Good Stewardship Program. This initiative will strengthen the 340B program by increasing transparency while helping 340B hospitals better communicate the immense value of the program for vulnerable patients and communities.

“The 340B stewardship principles will help hospitals better tell their story of how this crucial program is delivering a variety of important benefits to patients and communities,” said Rick Pollack, president and CEO of the AHA. “In an era of skyrocketing drug prices, 340B has been critical in helping hospitals expand access to comprehensive health services, including lifesaving prescription drugs.”

DHS issues RFI on modifying HIPAA rules

The Department of Health and Human Services is soliciting public input on Health Insurance Portability and Accountability Act (HIPAA) rules. They have specifically requested feedback on how to reform the HIPAA Privacy Rule to remove barriers to organizations trying to share data in order to improve health care delivery. “We are looking for candid feedback about how the existing HIPAA regulations are working in the real world and how we can improve them,” said Office for Civil Rights Director Roger Severino in a statement. “We are committed to pursuing the changes needed to improve quality of care and eliminate undue burdens on covered entities while maintaining robust privacy and security protections for individuals’ health information.”

The request for information is part of the "Regulatory Sprint to Coordinated Care," an initiative led by Deputy Secretary Eric Hargan, and seeks information on which parts of HIPAA rules present obstacles to its goals without meaningfully contributing to privacy. They are requesting broad input on HIPAA rules including:

- Facilitating parental involvement in care.
- Addressing the opioid crisis and serious mental illness.
- Accounting for disclosures of protected health information for treatment, payment and health care operations as required by the HITECH Act.
- Changing a requirement for certain providers to make a good faith effort to obtain an acknowledgment of receipt of the notice of privacy practices.

[Comments to the RFI are due](#) Feb. 11, 2019.

Plan selection still lags, with just two days left in the ACA open enrollment period

With only two days left in the open enrollment period for 2019 health care coverage, plan selection across the U.S. has picked up, but cumulative numbers are still lagging and predicted to fall short of last year's totals. Individuals selecting plans totaled 4.1 million in the first six weeks, a figure that's still down 11.7 percent from the same time last year.

Kaiser Family Foundation reports that the number of uninsured Americans decreased from more than 44 million in 2013 to just below 27 million in 2016, largely due to the impact of the ACA. Last year saw the first increase in the number of uninsured. Ten percent of non-elderly Americans are still uninsured, according to KFF, yet enrollment in the ACA marketplace is running roughly 10 percent lower than last year. "4.2 million uninsured people could get a bronze ACA plan for 2019 and pay \$0 in premiums after factoring in tax credits," KFF said. "That's 27 percent of the 15.9 million uninsured individuals who could shop in the Marketplace."

Possible factors contributing to the shortfall?

- A poll by the Kaiser Family Foundation shows that many Americans are unaware of the deadline to enroll in Affordable Care Act coverage. The federal government in the past two years slashed the marketing and outreach budget for the exchanges, while also reducing funds for navigators that educate and help people enroll in the ACA marketplace.
- A [Sunlight Foundation report](#) suggests that HHS made changes to the HealthCare.gov website about two weeks after open enrollment kicked off that the organization said could have caused confusion among shoppers and hampered their ability to find coverage.
- The Trump administration expanded access to alternative forms of health insurance, including short-term health plans and association health plans that are likely attracting people who are healthy or who are not eligible for federal financial subsidies available to lower income people who enroll in exchange coverage.

CMS finalizes rule on risk adjustment for 2018 benefit year

The Centers for Medicare & Medicaid Services (CMS) reissued its risk adjustment rule for the 2018 benefit year on Friday, despite pending legal opposition over accusations of arbitrariness in the calculations of payments to insurers. The rule calculates the payment amounts using the average premium within a state, rather than the premium for each plan. CMS justified this approach by assuming the program must be budget-neutral based on certain provisions in the Affordable Care Act. “Today’s final rule continues our commitment to provide certainty regarding this important program, to give insurers the confidence they need to continue participating in the markets, and, ultimately, to guarantee that consumers have access to better coverage options,” said CMS Administrator Seema Verma in a [press release](#).

ACE Kids Act passes in the House

This week, the U.S. House of Representatives voted 400-11 to pass a health care bill (H.R. 7127) that includes the ACE Kids Act, legislation that would allow state Medicaid programs to use a health home model to coordinate care for children with medically complex conditions. Among other provisions, the bill would level civil monetary penalties against manufacturers that knowingly misclassify drugs under the Medicaid Drug Rebate Program, as [advocated](#) by the American Hospital Association.

American Hospital Association releases report: “Building Value for the Future Through Integration, Investment and Structured Transformation”

A [new American Hospital Association report](#) highlights some of the significant changes and future challenges that impact hospitals and health systems. Noting that among the most important forces driving change is the shift to value-based measures, the report highlights how investment, integration and structural transformation will continue to aid that shift. “The goal is to create a continuum of care with closely aligned partners that both retain the essential functions of a hospital and expand on that base to focus on keeping patients healthy, as well as seeing them through the entire recovery process,” the report notes.

New Arkansas Works reporting helpline

Arkansas Works recipients who are subject to a work requirement will be able to call a new helpline from 7 a.m. to 9 p.m. seven days a week, the Department of Human Services announced Wednesday. They also can call their insurance carrier during regular business hours and some Saturdays, depending on the carrier and time of year. Recipients can also report with the help of a friend or a registered reporter trained by DHS. Enrollees can also still report online at www.access.arkansas.gov or can do so in person at a DHS county office.

DHS also plans to launch a paid advertising campaign on traditional and social media outlets to inform enrollees how to report their activities. The agency expressed intentions to work with higher education institutions to inform students that their classes count toward the requirement. Helpline staff, they said, will contact individuals who have completed some but not all of the required 80 hours of work or community engagement activities – getting an education, receiving job training or volunteering. Staff will encourage beneficiaries to report their hours and refer them to services.

“We are six months into this new Medicaid demonstration program but wanted (to) take the time now to access what areas we need to shore up or improve,” said DHS Director Cindy Gillespie in a press release. “Though enrollees have had the ability to report by phone through carriers, friends, and registered reporters, we felt it was important to expand that option before we roll the next group into the work and community engagement requirement.”

Starting in June, the work requirement began affecting nonexempt recipients ages 30-49, and, so far, a total of 12,277 Arkansans are no longer covered by the program because of the work requirement. Another 6,000 residents are at risk of losing coverage this month because they have not met the mandate for two months. Nonexempt recipients ages 19-29 will be subject to the requirement, starting in January.

Nine Arkansans have filed a federal lawsuit saying the Department of Health and Human Services bypassed the legislative process and acted on its own to “comprehensively transform” Medicaid. The plaintiffs are represented by Legal Aid of Arkansas, the National Health Law Program, and the Southern Poverty Law Center. Kevin De Liban, an attorney with Legal Aid of Arkansas, said in November that the work requirements are “termination traps that are forcing thousands and thousands of people off of health insurance that needed it to maintain health so that people can work.” De Liban said then that he hoped the case would be decided by March 31.

Arkansas Senate committee selection results

On Friday, November 30, 2018, the Arkansas Senate held an organizational meeting, which included committee membership selection. Committee chairpersons and vice chairpersons are, as follows:

Public Health, Welfare, and Labor

Chair: Sen. Missy Irvin

Vice Chair: Sen. David Wallace

Revenue and Tax

Chair: Sen. Jonathan Dismang

Vice Chair: Sen. Larry Teague

Education

Chair: Sen. Jane English

Vice Chair: Sen. Joyce Elliott

Judiciary

Chair: Sen. Alan Clark

Vice Chair: Sen. Stephanie Flowers

Agriculture, Forestry, and Economic Development

Chair: Sen. John Cooper

Vice Chair: Sen. Ricky Hill

Insurance and Commerce

Chair: Sen. Jason Rapert

Vice Chair: Sen. Cecile Bledsoe

City, County, and Local Affairs

Chair: Sen. Gary Stubblefield

Vice Chair: Sen. Greg Leding

State Agencies and Governmental Affairs

Chair: Sen. Ronald Caldwell

Vice Chair: Sen. Trent Garner

Transportation, Technology and Legislative Affairs

Chair: Sen. Blake Johnson

Vice Chair: Sen. Breanne Davis

Efficiency

Chair: Sen. Linda Chesterfield

Vice Chair: Sen. Bob Ballinger

Rules, Resolutions, and Memorials

Chair: Sen. Bruce Maloch

Vice Chair: Sen. James Sturch

Joint Performance Review

Chair: Sen. Jimmy Hickey, Jr.

Vice Chair: Sen. Terry Rice

Public Retirement and Social Security Programs

Chair: Sen. Bill Sample

Vice Chair: Sen. Keith Ingram

Joint Energy

Chair: Sen. Lance Eads

Vice Chair: Sen. Mark Johnson

Children and Youth

Chair: Sen. Bart Hester

Vice Chair: Sen. Mathew Pitsch

Joint Budget

Chair: Sen. Larry Teague

Vice Chair: Sen. Missy Irvin

Legislative Council

Chair: Sen. Cecile Bledsoe

Vice Chair: Sen. Terry Rice

Legislative Audit

Chair: Sen. Jason Rapert

Vice Chair: Sen. Eddie Cheatham

The Arkansas House of Representatives is scheduled to select committee memberships on the first day of the 92nd General Assembly, which is scheduled for January 14, 2019.

Member News

The Conway Regional Health System Board of Directors has approved a \$40 million bond issue to fund several projects over the next few years, including construction of a 42,000-square-foot, three-story medical office building dedicated to women's services. "This will be a great addition to our campus and will support one of our premier service lines," said Matt Troup, Conway Regional president and chief executive officer. "There are several components to the expansion but the most publicly visible and the cornerstone of this expansion will be this medical office building supporting women's services." Construction is expected to begin in the spring in 2019 and continue through the fall of 2020.

The University of Arkansas for Medical Sciences (UAMS) has received a \$1.5 million gift from the estate of Carl R. Stout to create the R. Louise Stout Simmons, M.D. Endowed Scholarship in the College of Medicine, which is the first full-tuition scholarship endowment in UAMS' history. "This incredible gift will provide for countless students in the College of Medicine and have an immeasurable impact for Arkansas," said UAMS Chancellor Cam Patterson, M.D., MBA. "UAMS is an academic institution as well as a health sciences center, and we take our job seriously to attract, teach and train tomorrow's health care leaders. We are committed to making sure every Arkansan has access to quality medical care. The Stout family's generosity ensures that we will continue to do that far into the future."

Sherrie James, RN is the new CEO at The BridgeWay, in North Little Rock.

Sarah Calvert, RN is interim CEO and Director of Nursing at McGehee Hospital.

The AHA Calendar

*A tribute to Gary Bebow will be held on **Friday, December 14 at 2 p.m.** in White River Medical Center's Conference Center, in honor of his retirement from leadership at White River Health System.*

Schedule of Events

- Jan. 10 AHAA Board Meeting, Little Rock
- Jan. 11 AHA Board Meeting, Little Rock
- Jan. 18 2019 CPT, HCPCS Level II and OPPS Updates for Hospitals, Little Rock**
Attendees will be educated on key issues including regulatory changes, compliance concerns and the latest code updates for 2019. Many of the changes significantly impact hospital compliance and reimbursement. [Click here for more information.](#) (Only 60 seats available! Reserve yours by calling (501) 224-7878.)
- Jan. 24-25 **AAHE 2019 Winter Conference**
(Arkansas Association for Healthcare Engineering)
- Jan. 30-31 **2019 HFMA MidSouth Institute**, Gold Strike Casino Resort
(Healthcare Financial Management Association)
- Feb. 22 **AAHE Trap Tournament**
(Arkansas Association for Healthcare Engineering)
- March 14-15 **AHHRA 2019 Spring Conference**
(Arkansas Healthcare Human Resources Association)
- March 29 **ASDVS 2019 Spring Conference**
(Arkansas Society for Directors of Volunteer Services)
- April 7-10 **American Hospital Association Annual Membership Meeting**, Washington, D.C.
- April 10-12 **AAHE Annual Meeting and Trade Show**
(Arkansas Association for Healthcare Engineering)
- April 12 **ArkAMSS 2019 Spring Conference**
(Arkansas Association for Medical Staff Services)
- May 9-10 **SAHPMM Annual Meeting and Tradeshow**
(Society for Arkansas Healthcare Purchasing and Materials Management)

Schedule of Webinars

- Jan. 2 **AAHE Energy Treasure Hunt Webinar Series, Part I**

- Jan. 9 **AAHE Energy Treasure Hunt Webinar Series, Part II**
- Jan. 10 **Unconscious Bias, Stereotypes & Discrimination in the Health Care Setting**
- Jan. 16 **AAHE Energy Treasure Hunt Webinar Series, Part III**
- Jan. 22 **Increasing your Influence and Organizational Impact**
- Jan. 24 **CAH Conditions of Participation in 2019: Ensuring Compliance**
Part I: Requirements for Telemedicine Services, Emergency Drugs & Gap Analysis
- Jan. 29 **Case Management Boot Camp**
Part I: A Primer on Case Management & Acute Care Reimbursement
- Jan. 31 **CAH Conditions of Participation in 2019: Ensuring Compliance**
Part II: Pharmaceutical Requirements

Find information on all AHA educational programs and activities at www.arkhospitals.org/events.

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