



NEWS BRIEFS

Informational Newsletter for Wyoming Hospitals

WHA Calendar:

WHA Board Meeting	3/19
HFMA Meeting Riverton	3/25-3/26
WSHE Spring Meeting Casper	5/7-5/10

Other Events

ACHE Congress/ Annual Meeting Chicago, IL	3/22-3/25
AHA RPB Meeting Scottsdale, AZ	3/9-3/12

Volume 40, Number 8

February 26, 2010

Amendment Seeks to Restore Funding to Out of State Hospitals

With one week to go in the 2010 Budget Session, the Wyoming Legislature took up the state budget last week, working quickly through three readings and dozens of budget amendments.

Of most interest to Wyoming hospitals was a proposed amendment to the budget that would have increased Medicaid provider reimbursements for out-of-state hospitals.

The amendment sought \$4 million that was intended to restore higher reimbursements for hospitals such as Denver Children's, which treats a number of high-risk Wyoming children whose families are on Medicaid.

The Wyoming Legislature is able to complete its work on the budget in a single week in large part because of the process of the budget is introduced simultaneously both in the House and in the Senate. Mirror amendments are typically then offered in both chambers so that amendments are simultaneously added in both houses.

Once both chambers have completed their work, a conference committee will convene to work out any differences between the two chambers' versions of the budget.

In keeping with that process, Speaker Colin Simpson,

R-Cody, introduced the Medicaid amendment in the House of Representatives, where it passed. Sen. Wayne Johnson, R-Cheyenne, offered the same amendment in the Senate, but the amendment failed in the Senate.

As a result, a conference committee will decide this week how to reconcile that difference.

Meanwhile, the House Labor, Health, and Social Services Committee voted unanimously last week to pass a healthcare reform pilot project bill that is now on its third tour through the Legislature.

Senate File 61 has failed in the two previous sessions, last year by one vote on the last day, but has been refined once again and has garnered support even from some legislators who had previously opposed it.

The bill would create a limited-scope program for people who earn too much money to qualify for Medicaid, but who cannot afford private insurance. Participants would be required to maintain part-time employment, and they would be required to contribute to their healthcare costs through co-pays and other mechanisms.

The bill enjoys strong support from the Governor's office.

In other legislative action, a bill that would have granted hospital admitting privileges to advanced practice nurses died on its third reading in the Senate.

Senate File 50, sponsored by Sen. Charles Scott, R-Casper, would have prevented hospitals from considering an applicant's degree in determining whether to grant that applicant admitting privileges. Further, the bill specifically added APNs as providers to whom privileges must be granted.

A bill that would extend the Wyoming Investment in Nursing (WyIN) program passed the House Labor, Health and Social Services Committee last week and was awaiting consideration before the full House at press time.

Legislative Service Office Resources:

On the web: <http://legisweb.state.wy.us>

Voter Hotline: (866) 996-8683

Messages for Senators: (307) 777-7711

Messages for Representatives: (307) 777-7852



Don't forget to send us a story about your hospital so we can feature you in our Member Spotlight section!

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Casper Hospital Meeting Emerging Needs

36,717 in one year. Almost 3,100 a month. Just over 100 per day.

The numbers speak volumes—literally—in the Wyoming Medical Center (WMC) Emergency Room. ER visits have grown faster than anticipated. These numbers were not expected to reach these volumes until 2020.

In response, WMC held a groundbreaking ceremony February 8 to announce

their expansion and renovation.

The redesign will help streamline services and treatments within the emergency department, reducing wait time in many cases.

To expedite treatment and to provide a higher level of services, the new layout will have two distinct areas. One side will be able to treat less serious health concerns (fast track) and the other will

be reserved for more emergent cases.

The renovation will encompass most of the northern first floor of the hospital. To minimize the impact on patients, the project will be completed in phases.

The emergency department will grow from its current 17 beds into 40 beds once the expansion and renovation are complete.



Medicare Providers To Update Enrollment Records

Physicians and others who have not updated their Medicare enrollment record have a bit more time to do as a result of a CMS delay.

The Centers for Medicare & Medicaid Services (CMS) will delay until January 3, 2011, the implementation of Phase 2 of Change Request (CR) 6417 (Expansion of the Current Scope of Editing for Ordering/Referring Providers for Claims Processed by Medicare Carriers and Part B Medicare Administrative Contractors (MACs) and CR 6421 (Expansion of the Current Scope of Editing for Ordering/Referring Providers for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Supplier Claims Processed by Durable Medical Equipment Medicare Administrative Contractors (DME MACs).

This delay will give physicians and non-physician

practitioners who order items or services for Medicare beneficiaries, or who refer Medicare beneficiaries to other Medicare providers or suppliers, sufficient time to enroll in Medicare or take the action necessary to establish a current enrollment record in Medicare prior to Phase 2 implementation.

Although enrolled in Medicare, many physicians and non-physician practitioners who are eligible to order items or services or refer Medicare beneficiaries to other Medicare providers or suppliers for services do not have current enrollment records in Medicare.

A current enrollment record is one that is in the Medicare Provider Enrollment, Chain and Ownership System (PECOS) and contains the National Provider Identifier (NPI).

Under Phase 2 of the above referenced CRs, a

physician or non-physician practitioner who orders or refers and who does not have a current enrollment record that contains the NPI will cause the claim submitted by the Part B provider/supplier who furnished **the ordered or referred item or service to be rejected.**

CMS continues to urge physicians and non-physician practitioners who are enrolled in Medicare but who have not updated their Medicare enrollment record since November 2003 to update their enrollment record now.

If these physicians and non-physician practitioners have no changes to their enrollment data, they need to submit an initial enrollment application which will establish a current enrollment.

 Centers for **Medicare & Medicaid** Services