

NEWS BRIEFS

Informational Newsletter for Wyoming Hospitals

Volume 42, Number 06

February 10, 2012

WHA Calendar:

WHA Board Meeting
Casper, WY **3/16**

Other Events:

Wyoming Legislature
Convenes **2/13**

HFMA Spring Meeting
Casper, WY **3/21 - 3/23**

Department of Health Planning for Budget Cuts

Facing a \$37.7 million gap in Medicaid funding and another \$8.5 million gap in paying for Title 25 emergency holds, Department of Health officials are working on plans to trim budgets across the agency.

The agency's deficit is the result of decisions by the Joint Appropriation Committee last month not to include funding in its recommended budget for either of those items.

Increased federal funding for Medicaid has run out, leaving the Department about \$37.7 million short. The Governor recommended using one-time state funds for this shortfall in his budget, but the JAC denied that request.

Further, committee members indicated that the Department should cut its own budget to absorb the loss of the federal funding.

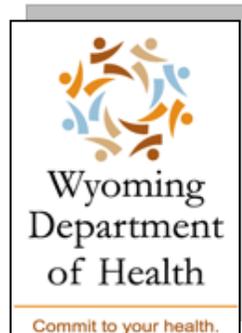
Last week, Gov. Mead said at a press conference that restoring that \$37.7 million to the Medicaid budget is his chief legislative priority.

Meanwhile, the Department faces an \$8.5 million obligation to pay for Title 25 emergency detentions, but the JAC denied that request as well.

In total, under the current scenario, the Department

must find about \$46 million in cuts from within its own budget.

That figure represents about 5 percent of its general fund budget. Department officials must also present plans to the Appropriations Committee next winter for 4 percent in additional cuts, as well as 4 percent more at the start of the next biennium.



Department of Health Director Tom Forslund said he has asked his senior staff to prepare plans for 5 percent cuts that can be presented to the Governor in April, and that can be implemented on July 1.

Those plans will include reviews of all programs within the Department, as well as the facilities it operates.

Even so, Forslund said there will not be enough administrative savings from within the Department to make up for the \$46 million shortfall.

Forslund said his goal is to minimize the impact of cuts to providers, but that cuts of this magnitude will ultimately impact providers.

During its hearings in January, the Joint Appropriations Committee indicated that it would provide Forslund with the flexibility to move budgeted dollars around inside the Department, as well as to adjust program benefits where appropriate.

However, Forslund said the JAC completed its work without granting him that flexibility.

The Committee also set aside \$25 million to help deal with Medicaid budget issues, but it isn't currently clear whether that money is available to help deal with the current \$37.7 million shortfall.

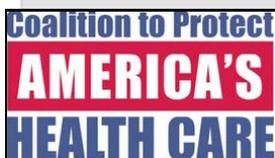
As a result, Forslund said he and his team are planning as though that \$25 million is not available.

"Adding the \$37.7 million is not an increase in government; this is keeping services where they were," Gov. Mead said.

"Just because the Department of Health is one of our bigger agencies, I don't want to say that is the place to make up all of our shortfalls."



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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Banner Hospitals Achieve Stage 6 of EMR Adoption

Sixteen Banner Health facilities have been acknowledged by HIMSS Analytics, a wholly owned nonprofit subsidiary of the Healthcare Information and Management Systems Society, for achieving Stage 6 of electronic medical records (EMR) adoption.

As of the third quarter in 2011, only 4.4 percent of hospitals across the country have reached this stage. All three Banner hospitals in Wyoming have reached Stage 6 status:

- Community Hospital - Torrington

- Platte County Memorial Hospital - Wheatland
- Washakie Medical Center - Worland

Criteria for obtaining Stage 6 require the implementation and meaningful use of technology that Banner has implemented to support patient care. These technologies and meaningful use include:

- implementations of computerized physician order entry
- using bar-coding technology for patient identification and medica-

tions administration (PPID)

- nursing and physician documentation of care, electronic radiology imaging (PACS)

“Banner can have the technology in place, but without our clinicians and support staff utilizing these technologies, we would not have obtained this level of recognition,” said Lee Lemelson, vice president of Clinical Applications for Banner Health.

Coalition to Protect Healthcare Launches New Ad

The Coalition to Protect America's Health Care has launched a new television ad urging Congress not to cut Medicare and Medicaid funding for hospital care as part of any agreement to extend the Social Security payroll tax holiday and emergency unemployment benefits, and fix the Medicare physician payment system.

The ad continues the real-life story of Deborah, a worried daughter caring for her ailing father.

Like the earlier ad, which will continue to run in rotation with the new ad on national cable and key broadcast markets, the new ad warns that cutting Medicare and Medicaid payments to hospital care will mean fewer doctors and nurses, longer

waits in emergency rooms and less access to the newest treatments.

Both ads can be viewed at www.protecthealthcare.org.

AHA is a founding member of the coalition, a broad-based group dedicated to educating the public about issues affecting hospitals' financial situation, and what this means for patients and their families.

CMS Adds CLABSI Data to Hospital Compare

The Centers for Medicare & Medicaid Services (CMS) has announced that Hospital Compare will now include data about how often these preventable central line associated bloodstream infections occur in hospital intensive care units across the country.

“Including central line-associated bloodstream infections information on Hospital Compare will

save lives and cut costs,” said acting CMS Administrator Marilyn Tavenner.

The Centers for Disease Control and Prevention (CDC) estimates that in 2009, there were about 41,000 CLABSIs in U.S. hospitals.

Caring for a patient with a CLABSI adds about \$17,000 to a hospitalization. These infections prolong hospitalizations and can

cause death.

Hospital Compare is one of Medicare's most popular web tools.

The site receives about 1 million page views each month and is available in English and in Spanish.

More information about Hospital Compare is online at <http://www.hospitalcompare.hhs.gov>.