



NEWS BRIEFS

Informational Newsletter for Wyoming Hospitals

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WHA Calendar

HFMA Spring Meeting Casper	5/22- 5/23
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Inpatient PPS: The Proposed Rule for FY 2020 AHA Regulatory Advisory

The American Hospital Association (AHA) has released a detailed summary of the Centers for Medicare & Medicaid Services' hospital inpatient prospective payment system proposed rule for fiscal year 2020.

More than three-quarters of the nation's inpatient acute-care hospitals are paid under the inpatient prospective payment system, while nearly a quarter are paid based on costs and are called Critical Access Hospitals. The IPPS pays a flat rate based on the average charges across all hospitals for a specific diagnosis, regardless of whether that particular patient costs more or less. Everything from an aspirin to an artificial hip is included in the package price to the hospital.

Under the IPPS, each case is categorized into a diagnosis-related group to determine the base rate. Payment also is adjusted for differences in area wage costs -- and depending on the hospital and case -- teaching status, high percentage of low-income patients, the use of new technology and extremely costly cases.

The Centers for Medicare & Medicaid Services (CMS), on April 23, issued its hospital inpatient prospective payment system (PPS) and long-term care hospital (LTCH) PPS proposed rule for fiscal year (FY) 2020.

Comments on the proposed rule are due to CMS by June 24. The final rule will be published on or around Aug. 1 and take effect Oct. 1.

AHA Comments are below:

We are pleased that CMS has increased the new technology add-on payment rate, including for CAR-T therapies. Hospitals and health systems have been taking on this financial burden to ensure access to these life-saving treatments for patients, and while this proposal is not a permanent solution, it will help in the short-term.

We also are strongly supportive of the proposed 90-day reporting period for attestation for the Promoting Interoperability Programs, a move that will reduce regulatory burden on hospitals. In addition, the AHA appreciates CMS's recognition of the wage index's shortcomings. At the same time, improving wage index values for some hospitals -- while much needed -- by cutting payments to other hospitals, particularly when Medicare already pays far less than the cost of care, is problematic. CMS has the ability to provide needed relief to low-wage areas without penalizing high-wage areas.

Key Takeaways:

CMS proposes policies to:

- Increase inpatient PPS payments by 3.2 percent in FY 2020.

- Use a single year of uncompensated care data from Worksheet S-10 to determine the distribution of Disproportionate Share Hospital uncompensated care payments for FY 2020.
- Increase the new technology add-on payment from 50 percent to 65 percent of the marginal cost of the case.
- Increase the wage index values for those hospitals with a wage index below the 25th percentile and decrease the wage index values for those hospitals with a wage index above the 75th percentile.
- No longer include wage index data from urban hospitals that reclassify as rural when calculating each state's rural floor.
- Implement a reporting period of a minimum of any continuous 90 days for the calendar year 2021 reporting period for the Promoting Interoperability Programs.
- Replace the claims-only hospital-wide readmission measure in the Inpatient Quality Reporting program with a hybrid hospital-wide all-cause readmissions measure.

2019 PAC Contributions

Barry Burkart
Bren Lowe
Margie Molitor
Doug Faus
Andy Fitzgerald
Maureen Cadwell



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

Sheridan Memorial Hospital Earns 4-Star Rating

The Centers for Medicare and Medicaid Services (CMS) recently announced on their Hospital Compare website that Sheridan Memorial Hospital has earned a 4-star rating.

The rating is based on a series of quality indicators CMS measures in their 5-star rating system. This puts SMH in the top 20% of all hospitals across the country.

According to hospital Chief Nursing Officer Barb Hespen, the hospital achieved this 4-star rating ahead of schedule.

“Originally we had a goal of attaining 4-Star status later in 2019 or early 2020. This shows the efforts we are put-

ting into improving our processes is working,” Hespen said. “This rating is a testament to all of the hard work and dedication that is put in by our staff and physicians every day.”



Wyoming Healthcare Preparedness Program

The mission of Wyoming’s Healthcare Preparedness Program (HPP) is to enhance community and healthcare preparedness, improve medical surge capacity, and support healthcare organizations during emergency response and recovery through regional healthcare coalitions.

After the events of 2001, the Wyoming Department of Health has received funding to help prepare hospitals for disaster response. Since then, the program has expanded to include the larger medi-

cal community, including emergency medical services, long term care facilities, community clinics, hospice and home care. The HPP works closely with our public and private partners, including WDH’s Public Health Preparedness and Response Unit and local Emergency Managers.

Each of the five regional Healthcare Coalitions (HCC) receive funding to improve disaster planning, response, mitigation and recovery. Each HCC determines how best to spend its funds to improve the preparedness of its medical community. Dur-

ing times of crisis, the HCCs help coordinate emergency medical response and care of the sick and injured.

The Wyoming Healthcare Preparedness Program works with hospitals and other healthcare agencies as well as ambulance services to ensure that Wyoming’s medical community is as prepared as we can be!

For additional information, contact: David Edwards, MA, CHEP, CEM Healthcare Preparedness Program Coordinator, david.edwards@wyo.gov or call (307) 777-6904.



Wyoming Quality Health Care Conference

Plan to attend the Wyoming Quality Health Care Conference: Quality of Care and Life Across All Settings.

The conference will be held June 24-25, 2019 at the Hilton Garden Inn, Casper.

Topics will include

- Nursing Home Quality

- Palliative Care
- Behavioral Health
- Patient Advocacy and more!

The registration fee is \$30/day and includes lunch, refreshments and contact education hours. Registration is required by June 17, 2019 and no refunds will be allowed after June 17th, 2019.

Hotel rooms available at the Hilton Garden Inn. To receive the conference hotel room rate, please reference “Wyoming Quality Conference.”

Visit www.uwyo.edu/wycoa/ to learn more. Questions can be sent to Kristen Franke with Mountain-Pacific at 307-472-0507 or kdf Franke@mpqhf.org.

