



# NEWSbyte

January 2012

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## Legislative links

<http://www.le.state.ut.us/>  
*Official web page of the Utah State Legislature*

<http://utahhospitals.org/advocacy.html>  
*UHA's online advocacy center*

## Corporate sponsors

[www.key.com](http://www.key.com)  
<http://www.goldcrossambulance.com/>  
<http://lancasterpollard.com>  
[www.molinahealthcare.com](http://www.molinahealthcare.com)  
<http://www.besmith.com>

## Other useful links

<http://www.aha.org/>  
<http://www.healthinsight.org/>  
<http://carelearning.org/>

## Contact us

<http://www.utahhospitals.org>  
[jill@utahhospitals.org](mailto:jill@utahhospitals.org)

## UHA returns to previous name with a new look

Effective January 1, 2012, the Association has returned to the name "Utah Hospital Association," with the acronym "UHA" as an alternative abbreviation for the organization. The Association has been known as Utah Hospital Association for most of its existence. However, during the transitional years of the 1990s, the organization changed its name to Utah Association of Healthcare Providers, later revising this name to UHA, Utah Hospitals and Health Systems Association in 1998. Earlier last year it was decided that the Association's brand could best be enhanced by returning to the shorter, more succinct name of Utah Hospital Association.

In addition to the name change, UHA is sporting a new logo (see masthead above) and a new, more easily navigated web site. Check out our new look at [www.utahhospitals.org](http://www.utahhospitals.org). All of the same information is included in the new version of the website but arranged to be more visually appealing and easier to browse.

The UHA board and staff have been working with Love Communications to reposition UHA as Utah's leading voice in healthcare. As a part of this effort, the Association will take a more pro-active stance on healthcare issues of interest to Utah opinion leaders and the community at large. A targeted media campaign will also be launched in concert with the beginning of the 2012 Utah State Legislature in late January.

UHA members will notice a new look for the Association's newsletter and other publications in the coming year as well.

Any comments or suggestions on UHA's rebranding campaign may be directed to Jill Vicory ([jill@utahhospitals.org](mailto:jill@utahhospitals.org)) or UHA CEO Rod Betit ([rod@utahhospitals.org](mailto:rod@utahhospitals.org)).

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## Legislative events approaching

UHA members and their boards are invited to participate in two events during the 2012 legislative session to discuss hospital issues with our elected representatives. UHA's **Legislative Reception** will take place Tuesday, January 31<sup>st</sup>, 5-7 p.m. in the Sun Valley Room at Little America Hotel. A selection of heavy hors d'oeuvres and beverages will be served, providing UHA members with an informal setting in which to discuss healthcare issues with legislators. UHA's **Hospital Day Luncheon** is set for Wednesday, February 15<sup>th</sup>, Noon -2 p.m. at Little America Hotel, Ballroom C. Little America Hotel is located at 500 South Main in Salt Lake City. Free covered parking is available on-site.

Hospital CEOs will be receiving invitations to these events in early January, with a request for RSVPs for those members of your leadership team that will be in attendance. If you have questions about these events please contact Dave Gessel, [dave@utahhospitals.org](mailto:dave@utahhospitals.org) or Kelly Apgood, [kelly@utahhospitals.org](mailto:kelly@utahhospitals.org), 801-486-9915.

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## Regulatory update

Several federal changes to the CMS Manual System affecting hospitals became effective in December 2011. The following is a brief overview of each section that has changes to the State Operations Manual. For a detailed list of the changes and how they will affect your facility, go to [www.cms.gov](http://www.cms.gov) and visit the [Internet-Only Manuals](#) section.

- **Preparation and administration of drugs** (Transmittal 77; Effective December 22, 2011) *Drugs and biologicals must be prepared and administered in accordance with Federal and State laws, the orders of the practitioner or practitioners responsible for the patient's care as specified under §482.12(c), and accepted standards of practice.* (Updates CMS Manual System Pub. 100-07 State Operations Provider Certification)
- **Credentialing** (Transmittal 78; Effective December 22, 2011) *Determine, in accordance with State law, which categories of practitioners are eligible candidates for appointment to the medical staff. Also includes standards for agreements for credentialing and privileging of telemedicine physicians and practitioners.* (Updates State Operations Manual Appendix A—Survey Protocol, Regulations and Interpretive Guidelines for Hospitals)
- **Anesthesia Service** (Transmittal 74; Effective December 2, 2011) *§482.52 Condition of Participation: Anesthesia Services. If the hospital furnishes anesthesia services, they must be provided in a well-organized manner under the direction of a qualified doctor of medicine or osteopathy. The service is responsible for all anesthesia administered in the hospital.* (Updates State Operations Manual Pub. 100-07 State Operations Provider Certification under Appendix A; Interpretive Guidelines for Hospitals)
- **Patients Rights** (Transmittal 75; Effective December 2, 2011) *§482.13(a)(1) A hospital must inform each patient, or when appropriate, the patient's representative (as allowed under State law), of the patient's rights, in advance of furnishing or discontinuing patient care whenever possible.* (Updates State Operations Manual Pub. 100-07 State Operations Provider Certification under Appendix A, Interpretive Guidelines for Hospitals, and Appendix W, Interpretive Guidelines for Critical Access Hospitals.)

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## UHA 2012 events calendared

Please note the following UHA activities and events for 2012:

January 31—**UHA Legislative Reception**, 5-7 p.m., Little America Hotel  
February 15—**Hospital Day at the Legislature Luncheon**, Noon-2 p.m., Little America Hotel  
April 25-27—**UHA Annual Meeting**, Courtyard by Marriott, St. George  
May 6-9—**AHA Annual Meeting**, Washington Hilton, Washington, D.C.  
June 13-15—**Western Regional Trustee Symposium**, Big Sky, Montana  
June 18—**Utah HOSPAC Golf Tournament**, Thanksgiving Point  
August 6-8—**UHA Board Retreat**, The Canyons, Park City  
September 12-14—**UHA Fall Leadership Conference**, Zermatt Resort, Midway

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## ICD-10 transition update from CMS

Is your facility prepared for the change from ICD-9 to ICD-10 diagnosis and procedure codes? The switch to ICD-10 takes effect on October 1, 2013. Leading up to the October 1, 2013 compliance date are two other important deadlines:

- Beginning January 2011, providers should begin testing Version 5010 transaction standards with their trading partners
- January 1, 2012 is the date for Version 5010 compliance

Prepare now to avoid potential reimbursement delays. If your facility does not use Health

Insurance Portability and Accountability Act (HIPAA) Version 5010 transaction standards starting January 1, 2012, and ICD-10 codes when submitting claims with dates of service on or after October 1, 2013, your claims may not be paid.

### **What's Changing and Who Is Affected?**

Unlike ICD-9 codes, ICD-10 diagnosis codes are alphanumeric, have 3 to 7 digits, and are much more descriptive. ICD-10 will affect diagnosis and inpatient procedure coding for everyone covered by the HIPAA, not just those who submit Medicare claims. This change does not affect Current Procedural Terminology (CPT) coding for outpatient procedures.

In addition to the code set changes, standards for electronic administrative transactions (such as eligibility inquiries and remittance advices) are being updated from the current Version 4010/4010A1 to Version 5010 on January 1, 2012. Version 5010 accommodates both the ICD-9 and the ICD-10 code set structures. To allow adequate time to meet the January 2012 implementation date, providers should begin testing Version 5010 with their trading partners starting in January 2011. Providers who use practice management software, a clearinghouse, third-party biller, or some other way to transmit information between themselves and a health care plan, will need to upgrade their software or work with a clearinghouse or billing service whose systems can accommodate both the Version 5010 standards and the ICD-10 code sets.

### **Preparing for the Version 5010/ICD-10 Transition**

Start with a gap analysis to determine the impact on your organization of both Version 5010 and ICD-10. Use that information to develop an implementation plan, with a detailed timeline, and estimate of costs. Providers should take the following steps now:

1. **Check with your billing service, clearinghouse, or practice management software vendor.** Your third-party biller and clearinghouse need to make sure that you will be compliant by the deadlines. Software vendors should be developing and testing products that will enable Version 5010 testing with your payers and billing services starting January 2011. Testing with ICD-10 should start sometime after Version 5010 implementation in January 2012, to allow for full ICD-10 implementation on October 1, 2013.
2. **Start planning to implement the ICD-10 transition.** Meet with your professional and support staff. Discuss where codes are used within your organization to help you assess impact. Assign roles and responsibilities for addressing the transition.
3. **Identify needs and resources.** Consider changes that might be required. Develop a budget and timeline that take into account specific workflow needs, vendor readiness, and staff knowledge and training.

### **Version 5010/ICD-10 Resources**

There are many professional, clinical, and trade associations offering a wide variety of Version 5010 and ICD-10 information, educational resources, and checklists. Check the Web sites of your associations and other industry groups, or call them, to see what resources are available.

The Centers for Medicare & Medicaid Services (CMS) Web site, [www.cms.gov/ICD10/](http://www.cms.gov/ICD10/) has official CMS resources to help you prepare for Version 5010 and ICD-10. CMS will continue to add new tools and information to the site throughout the course of the transition.

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## **Happenings around the state**

**Brent James, M.D.**, Intermountain Healthcare, has been recognized as one of the top 25 clinical informaticists by *Modern Healthcare* magazine. The publication recognizes those individuals who successfully employ data-driven improvement strategies and who lead and support others that are new to the profession.

UHA welcomes **Lancaster Pollard** as a new silver level corporate sponsor for the Association

for 2012. The firm specializes in financing projects for hospitals nationwide by developing low cost, creative financial solutions as part of a strategic financial and capital allocation plan, and providing funding solutions for renovations, expansion and replacement projects.

UHA welcomes **Key Bank** as a returning platinum level sponsor for the Association. Key Bank's offers a variety of financial services to its healthcare clients. For more information, contact Drew Yergensen, [drew\\_yergensen@keybank.com](mailto:drew_yergensen@keybank.com)

**Dixie Regional Medical Center**, St. George and **St. Mark's Hospital**, Salt Lake City were included in the *50 Top Cardiovascular Hospitals* study recently conducted by Thomson Reuters. St. Mark's was recognized in the "Teaching Hospitals without Cardiovascular Residency Programs" category while Dixie was recognized in the "Community Hospitals" category.

Intermountain Healthcare's **Homer Warner Center for Informatics Research** was named as the best hospital information technology department in the nation for hospitals with more than 351 beds, according to a study commissioned by *Healthcare IT News*, a medical informatics journal. The study measured employee satisfaction in seven categories: daily work, immediate team, workplace culture, senior managers, training/development, direct supervisors and compensation.

**Intermountain Healthcare** will participate as the lead organization for a group of seven health systems contracted to develop and share a national learning experience, which will be accessible to all interested U.S. hospitals. CMS awarded the \$2.7 million contract as part of its Partnership for Patients Hospital Engagement Networks initiative. The aim is to make healthcare safer and less costly by targeting and reducing preventable injuries and complications to patients.

**Have news to share?** Email your announcement to Jill Vicory, [jill@utahhospitals.org](mailto:jill@utahhospitals.org) by the 20<sup>th</sup> of the month for inclusion in the next month's issue of *Newsbyte*.

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## Educational update

The **2012 Western Regional Trustee Symposium** is set to take place June 13-15 at the Big Sky Resort and Montana Conference Center in Big Sky, Montana. Registration materials will be available in early spring 2012. For more information, go to [www.trusteesymposium.org](http://www.trusteesymposium.org).

The **American College of Healthcare Executives (ACHE)** has opened registration for the 2012 Congress on Healthcare Leadership, taking place March 19-22 at the Hyatt Regency Chicago. For more information, visit [ache.org/Congress](http://ache.org/Congress).

**Carelearning Webinar Calendar**—UHA continues to partner with Carelearning to provide a variety of educational sessions online for the convenience of our members. Go to <http://carelearning.com/> to view the available programs.

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## UHA calendar of events

### January 2012

- 1 Happy New Year!
- 2 New Year Holiday Observed; UHA offices closed
- 4 UDAC Executive Committee meeting, Noon-2 p.m., UHA Board Room
- 11 Government Relations Committee, Noon-2p.m., UHA Board Room
- 20 UHA Board of Trustees Meeting, 9-11:30 a.m., UHA Board Room
- 23 2012 Utah Legislature begins
- 31 UHA Legislative Reception, 5-7 p.m., Little America Hotel, Sun Valley Room

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## News from HealthInsight



### The Outpatient Prospective Payment System (OPPS) Final Rule

The OPPS Final Rule revises requirements for the Hospital Outpatient Quality Reporting (OQR) program, and makes changes to the provisions of the Value-based Purchasing (VBP) program for the Fiscal Year (FY) 2014 which impacts the Hospital Inpatient Quality Report (IQR) program. The rule is effective on January 1, 2012 but may be amended pending the outcome of the comment period which was extended to January 3, 2012.

Ultimately the goal is to align the measure requirements of the Hospital OQR program, the Hospital IQR program, and the proposed Ambulatory Surgery Center (ASC) reporting program, with the reporting requirements implemented under the Health Information Technology for Economic and Clinical Health (HITECH) Act, to reduce the burden of reporting. Detailed information is available on the [CMS Website](#).

### Current Measures Included in CY 2013 and CY 2014 Payment Determinations

- OP-1 Median Time to Fibrinolysis
- OP-2 Fibrinolytic Therapy Received Within 30 Minutes
- OP-3 Median Time to Transfer to Another Facility for Acute Coronary Intervention
- OP-4 Aspirin at Arrival
- OP-5 Median Time to ECG
- OP-6 Timing of Antibiotic Prophylaxis
- OP-7 Prophylactic Antibiotic Selection for Surgical Patients
- OP-8 MRI Lumbar Spine for Low Back Pain
- OP-9 Mammography Follow-up Rates
- OP-10 Abdomen CT – Use of Contrast Material
- OP-11 Thorax CT – Use of Contrast Material
- OP-12 The Ability for Providers with HIT to Receive Laboratory Data Electronically Directly into their Qualified/Certified EHR System as Discrete/Queryable Data
- OP-13 Cardiac Imaging for Preoperative Risk Assessment for Non Cardiac Low Risk Surgery
- OP-14 Simultaneous Use of Brain Computed Tomography (CT) and Sinus Computed Tomography (CT)
- OP-15 Use of Brain Computed Tomography (CT) in the Emergency Department for Atraumatic Headache

### New Measures Adopted for Calendar Year 2013 and 2014 Payment Determinations

- OP-16 Troponin Results for Emergency Department acute myocardial infarction (AMI) patients or chest pain patients (with Probable Cardiac Chest Pain) Received Within 60 minutes of Arrival
- OP-17 Tracking Clinical Results between Visits
- OP-18 Median Time from ED Arrival to ED Departure for Discharged ED Patients
- OP-19 Transition Record with Specified Elements Received by Discharged Patients\*\*
- OP-20 Door to Diagnostic Evaluation by a Qualified Medical Professional
- OP-21 ED- Median Time to Pain Management for Long Bone Fracture
- OP-22 ED- Left Without Being Seen
- OP-23 ED- Head CT Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke who Received Head CT Scan Interpretation Within 45 minutes of Arrival

### Validation

The number of hospitals that will be selected for calendar year CY 2013 validation has been reduced from 800 to 450, with the potential for an additional selection based on the quality of the data submissions from previous validation years. Up to 48 cases (12 per quarter) are

eligible for selection, with a 75% reliability threshold to pass.

*HealthInsight* staff will assist all Utah hospitals reporting the Hospital OQR measures to meet the reporting requirements and to improve performance on these measures and related patient care. For questions or assistance contact Linda Johnson at 801-892-6677 or [ljohnson@healthinsight.org](mailto:ljohnson@healthinsight.org).

*This material was prepared by HealthInsight, the Medicare Quality Improvement Organization for Nevada and Utah, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.*

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