

CEO Update

June 2015

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Medicare (MSSP) Final Rule Released

Special points of interest:

- MSSP Final Rule
- TJC Revised Standard for CAHs
- National Time Out Day
- IT and Security
- Hackers setting pump drug dosages
- Cost of Security Attacks
- From the Hill

On June 4, CMS released its final rule for the Medicare Shared Savings Program (MSSP), intended to both encourage provider participation and bolster the program's long-term viability.

The Medicare Shared Savings Program was created by Section 3022 of the Affordable Care Act to promote better health for Medicare fee-for-service beneficiaries by encouraging physicians, hospitals, and other health care providers to improve patient health and experience of care and to reduce growth in costs. The program is voluntary and accepts applications on an annual basis in which organizations agree to participate for three years.

As expected, the regulations adopt a third-track option with higher risks and rewards; they allow providers to enter a second three-year period in the first track where they can receive rewards for hitting targets, but will not be penalized for missing them.

The rule also includes a provision that re-sets benchmarks in the second agreement period to reflect performance during the first agreement period for all tracks.

On the finalized third track, CMS Deputy Administrator Sean Cavanaugh stated that this track is "very much modeled" after the Pioneer ACO model, but shares some commonalities with the Next Generation ACO which CMS proposed earlier this year. According to CMS, the risk for this model would be equally-weighted for savings or loss at 75%. This metric remains unchanged since the December proposal. Track three ACOs will also have a fixed population of beneficiaries.

Later this year there will be adjustments to benchmarking and rebasing methodology, widely called for (and expected) by providers to account for regional population differences. Source: cms.gov



The Joint Commission (TJC)

CMS recently published changes to its Conditions of Participations (CoPs) for critical access hospitals (CAH). These revisions were part of CMS's efforts to remove unnecessary, obsolete, or excessively burdensome requirements. One of the revisions made by TJC was on the standard MS.03.01.03, EP 11 (review of outpatient records). Effective July 1, 2015, the following changes occurred:



The management and coordination of each patient's care, treatment, and services is the responsibility of a practitioner with appropriate privileges.

Element of Performance for MS.03.01.03

A 11. *When state law requires outpatient record reviews or co-signatures or both by a collaborating physician, a doctor of medicine or osteopathy periodically reviews and signs a sample of outpatient records of patients cared for by nurse practitioners, clinical nurse specialists, certified nurse midwives, or physician assistants.*

Please Note: *When state law requires review of such outpatient records, the critical access hospital determines by policy the size of the sample reviewed and signed.*

“Patients don't care how much you know until they know how much you care.” —Unknown



National Time Out Day

June 10, 2015

National Time Out Day is a powerful tool that supports surgical nurses' ability to speak up for safe practices in the operating room. Initiated as an annual awareness campaign by AORN in 2004, it has been consistently supported by The Joint Commission, the World Health Organization, and the Council on Surgical and Perioperative Safety (CSPS) for its ability to increase awareness of safe practices that lead to optimal outcomes for patients undergoing surgery and other invasive procedures.

This year, AORN urges members to evaluate how their time out fits into broader efforts to provide high quality care to every patient, every time. A poorly executed time out or lack of team communication may indicate areas for improvement within a safety culture.

Source: AORN.org

From the Hill



Senators introduce one-year moratorium on direct Supervision

Sens. John Thune (R-SD), Maria Cantwell (D-WA), Jerry Moran (R-KS) and Jon Tester (D-MT) have introduced S. 1461, bipartisan legislation to extend through calendar year 2015 the enforcement delay on direct supervision requirements for outpatient therapeutic services provided in critical access hospitals and rural prospective payment system hospitals with 100 or fewer beds. Since S. 1461 applies only to CY 2015, Congress is being urged to enact the Protecting Access to Rural Therapy Services Act (S. 257/H.R. 1611), which would adopt a default standard of “general supervision” for outpatient therapeutic services. Contact legislators to express your point-of-view.

CMS to host call June 24 on proposed methodology for overall star ratings

The Centers for Medicare & Medicaid Services will host a national provider call on June 24 on its proposed methodology for determining the overall star ratings for measures on Hospital Compare, which the agency will make publicly available soon. On the call, from 1:30 to 3 p.m. ET, CMS says it will discuss the proposed methodology, a dry run of the methodology and hospital specific reports. In April, CMS added star ratings for hospitals reporting consumer perception survey measures at Hospital Compare. Hospitals are encouraged to register and submit questions in advance for the June 24 call. **Don't wait, participate!**

House Ways and Means Committee clears LTCH, MA, other Medicare legislation

On June 2 the House Ways and Means Committee passed bills to repeal the Affordable Care Act's (ACA) medical device tax and Independent Payment Advisory Board (IPAB), and approved a host of other healthcare-related bills, including legislation that would provide certain exceptions to the moratorium on new long-term care hospital (LTCH) beds and facilities, and a package of bills to revamp the Medicare Advantage (MA) program. The bills are expected to go to the House floor this month. The committee voted to repeal the 2.3% tax on many medical devices that took effect in 2013. Repealing the tax would cost \$26 billion over the next decade, according to the Joint Committee on Taxation.

Source: AHA News. June 2015