

HTS3 Working for YOU!



Can it possibly be the 4th Quarter of 2017 and that the holidays are fast-approaching? Regardless, we have our last quarter webinar schedule planned, and hope you join us for topics that are in the forefront of health care today, and some that address near future endeavors that will affect everyone. Hope you will join us! In addition, do check out our recent blogs posted on the HTS3 website.

Upcoming HealthTechS3 Webinars: October – December 2017

<p>Hiring Executive to Fit the Outcomes Needed – Moving Way Beyond The Title Host: Peter Goodspeed, Vice President of Executive Search, HealthTechS3 Date: October 06, 2017 Time: 12:00pm CT Register Here: http://bit.ly/2rkJCfS</p>	<p>Optimizing the Revenue Cycle Hosts: Derek Morkel, CEO of HealthTechS3 and GAFFEY Healthcare Date: October 10, 2017 Time: 12:00pm CT Register Here: http://bit.ly/2rRAGDh</p>
<p>National Patient Safety Goals – Improving Hospital Safety and Quality – Part II Host: Carolyn St.Charles, RN, BSN, MBA, Regional Chief Clinical Officer Date: October 13, 2017 Time: 12:00pm CT Register Here: http://bit.ly/2wUy6Kb</p>	<p>Creating a Culture of Performance to Support Continual Improvement Host: Diane Bradley, PhD, RN, NEA-BC, CPHQ, FACHE, FACHCA, HealthTechS3 Regional Chief Clinical Officer Date: October 27, 2017 Time: 12:00pm CT Register Here: http://bit.ly/2fxaecY</p>
<p>Un-complicating Swing Beds – Is it Really Possible? Host: Carolyn St.Charles, RN, BSN, MBA, Regional Chief Clinical Officer Date: November 3, 2017 Time: 12:00pm CT Register Here: http://bit.ly/2wRzGS1</p>	<p>Transforming Case Management for the Future; the Future is Now Host: Diane Bradley, PhD, RN, NEA-BC, CPHQ, FACHE, FACHCA, Regional Chief Clinical Officer Guest Presenter: Ann Marie Tripp, Director, Clinical Care Coordination Adirondack Health Date: November 10, 2017 Time: 12:00pm CT Register Here: http://bit.ly/2y6riOP</p>
<p>Passing the Baton: Transitional Care Management and Beyond Host: Faith M Jones, MSN, RN, NEA-BC, Director of Care Coordination and Lean Consulting Date: November 16, 2017 Time: 12:00pm CT Register Here: http://bit.ly/2xyMN7B</p>	<p>Interim Leadership as a Career Path Host: Mike Lieb, Vice President - Interim Services HealthTechS3 Date: November 30, 2017 Time: 12:00pm CT Register Here: http://bit.ly/2wjZBgK</p>
<p>Challenges/Opportunities in Population Health Management IT Host: Diane Bradley, PhD, RN, NEA-BC, CPHQ, FACHE, FACHCA, Regional Chief Clinical Officer Date: December 08, 2017 Time: 12:00pm CT</p>	<p>Community Health Needs Assessment – Are You Ready for 2018? Host: Carolyn St.Charles, RN, BSN, MBA, Regional Chief \ Clinical Officer Date: December 15, 2017 Time: 12:00pm CT Register Here: http://bit.ly/2yrF2Qn</p>

Register Here: http://bit.ly/2hxXG26	
Understanding Team Based Care in the Primary Care Setting Host: Faith M Jones, MSN, RN, NEA-BC, Director of Care Coordination and Lean Consulting Date: December 21, 2017 Time: 12:00pm CT Register Here: http://bit.ly/2xDMAIf	Happy Holidays!

Regulatory Report



Majority of House Urges CMS to abandon 340B Proposal ... In a September 27 letter to CMS Administrator Seema Verma, 228 members of the House of Representatives urged the agency to "abandon this proposal and redirect its efforts toward actions to address the cost of drugs via other policies that would not harm our constituents."

221 House Members Urge Congress to Delay Medicaid DSH Cuts ... Two hundred twenty-one members of the House of Representatives September 28 urged congressional leaders to delay for at least two more years cuts to hospitals that serve a disproportionate share of Medicaid and uninsured patients. Source: AHA News. September 30, 2017



CMS, through the Medicare Administrative Contractors (MACs), recently mailed letters to all Medicare Fee-For-Service providers about our work to assign new numbers (known as Medicare Beneficiary Identifiers or MBIs) and issue **new Medicare cards** to all people with Medicare beginning in April 2018.

Our top priorities are to make sure:

- Your Medicare patients have continuous access to care.
- You have the tools and information you need for a smooth transition. Starting in June 2018, you can look up your patients' new Medicare numbers through your MAC's secure web portal.
- Carefully review the letter and accompanying fact sheet and find out how to prepare to accept the new number beginning in April 2018. Your letter will contain specific information for your MAC.

Medicare recently unveiled the new Medicare card design.

CMS announced it will not update overall hospital quality **star ratings on Hospital Compare** in October. "CMS decided not to proceed with the October update to continue its examination of potential changes to the Star Rating methodology based on public feedback," the agency said. The star ratings released last December will remain on the Hospital Compare website until the next update, CMS said. The AHA has repeatedly urged CMS to suspend and explore alternative approaches to the star ratings, which have been broadly criticized by quality experts and Congress as inaccurate and misleading to consumers.

You can now look up your current and prior years' **Value Modifier and PQRS payment adjustments**, and find out which feedback reports are available for your practice (Annual, Mid-Year and Supplemental QRURs, PQRS Feedback Reports).

The 2018 PQRS and Value Modifier payment adjustments shown in the 2016 reports are based on proposals included in the 2018 Medicare Physician Fee Schedule Proposed Rule. We will notify practices if there is a change in their PQRS or Value Modifier payment adjustments based on policies in the final rule. The 2018 proposals included:

1. Reducing by half the automatic downward Value Modifier payment adjustment for practices that did not meet the minimum quality reporting requirements.
2. Holding all practices that met the minimum quality reporting requirements harmless from downward Value Modifier payment adjustments.
3. Reducing the maximum upward Value Modifier payment adjustment for performance for large practices to align with the adjustment for small and solo practices.
4. Reducing the number of measures that must be satisfactorily reported for the 2016 PQRS to avoid the 2018 downward payment adjustment from 9 measures across 3 National Quality Strategy domains to 6 measures with no domain requirement. Source: cms.gov. September 21, 2017

Clinicians: Medicare Part B Crossover Claims Issue Tied to Error Code H51082

In recent weeks, you may have received a notice from your Medicare Administrative Contractor (MAC) containing error code H51082—"The ICD-10 code (e.g. M4806) must be coded to the highest specificity." The notice indicated that the claims listed could not be crossed over due to claim data errors. Most of the Part B claims that received the H51082 code were rejected in error; the ICD-10 diagnosis codes that received the H51082 were still valid through September 30, 2017. On September 20, CMS asked the MACs to repair these claims and resend them to the Benefits Coordination & Recovery Center. Direct your vendors not to bill your patients' supplemental insurers for balances remaining until October 6 to allow the claims to be crossed over. Source: cms.gov

Congress fails to reauthorize CHIP funding by deadline

Congress missed the September 30 deadline to reauthorize federal funding for the Children's Health Insurance Program, but an aide for the House Energy and Commerce Committee said the panel will examine a funding bill this week. Three states and Washington, D.C., are expected to exhaust CHIP funding by December, and most states will run out of money by March, the Medicaid and CHIP Payment and Access Commission found. Source: ANA Smart Brief. September 29, 2017



The FDA on Wednesday approved a device that monitors blood sugar levels without needing to draw blood via a finger prick. Called the "FreeStyle Libre Flash Glucose Monitoring System," continuously monitors a person's glucose level via a sensor that's stuck on the body. It's the first device of its

kind that doesn't require users to calibrate the system with a traditional finger-prick blood draw twice a day. Source: Ramsey, L. Business Insider. September 28, 2017



The CDC is launching ***Rx Awareness***, a powerful communication campaign featuring real-life accounts of people recovering from opioid use disorder and people who have lost loved ones to prescription opioid overdose.

With the tagline, "It only takes a little to lose a lot," the Rx Awareness campaign uses testimonials to educate the public, focusing on the dangers of prescription opioids whether used for medical or non-medical purposes. The campaign materials include videos, audio ads, social media ads, internet banners, web graphics, billboards, and posters highlighting the importance of knowing the risks associated with prescription opioids to prevent misuse and overdose.

Rx Awareness and CDC's Overdose Prevention in States efforts are part of the Department of Health and Human Services' five-point strategy to fight the opioid epidemic by:

- Improving access to prevention, treatment, and recovery services, including the full range of medication-assisted treatments.
- Targeting availability and distribution of overdose-reversing drugs.
- Strengthening our understanding of the crisis through better public health data and reporting.
- Providing support for cutting-edge research on pain and addiction.
- Advancing better practices for pain management. Source: cdc.gov News Release September 25, 2017

CDC reports record high STD cases in the US in 2016

New cases of sexually transmitted diseases such as chlamydia, gonorrhea and syphilis in the US reached a record high of more than 2 million in 2016, more than 1.6 million of which were from chlamydia, according to a CDC report. Data also showed that syphilis prevalence among newborns increased by 28% between 2015 and 2016. Source: ANA Smart Brief. September 28, 2017



The Joint Commission

Communication failures in U.S. hospitals and medical practices were at least partly responsible for 30 percent of all malpractice claims resulting in 1,744 deaths and \$1.7 billion in malpractice costs over five years, according to a 2015 study.¹ The Joint Commission has issued a new Sentinel Event Alert to provide hospitals and other health care settings with seven recommendations to improve

¹CRICO Strategies. Malpractice risk in communication failures; 2015 Annual Benchmarking Report. Boston, Massachusetts: The Risk Management Foundation of the Harvard Medical Institutions, Inc., 2015 (registration required for download).

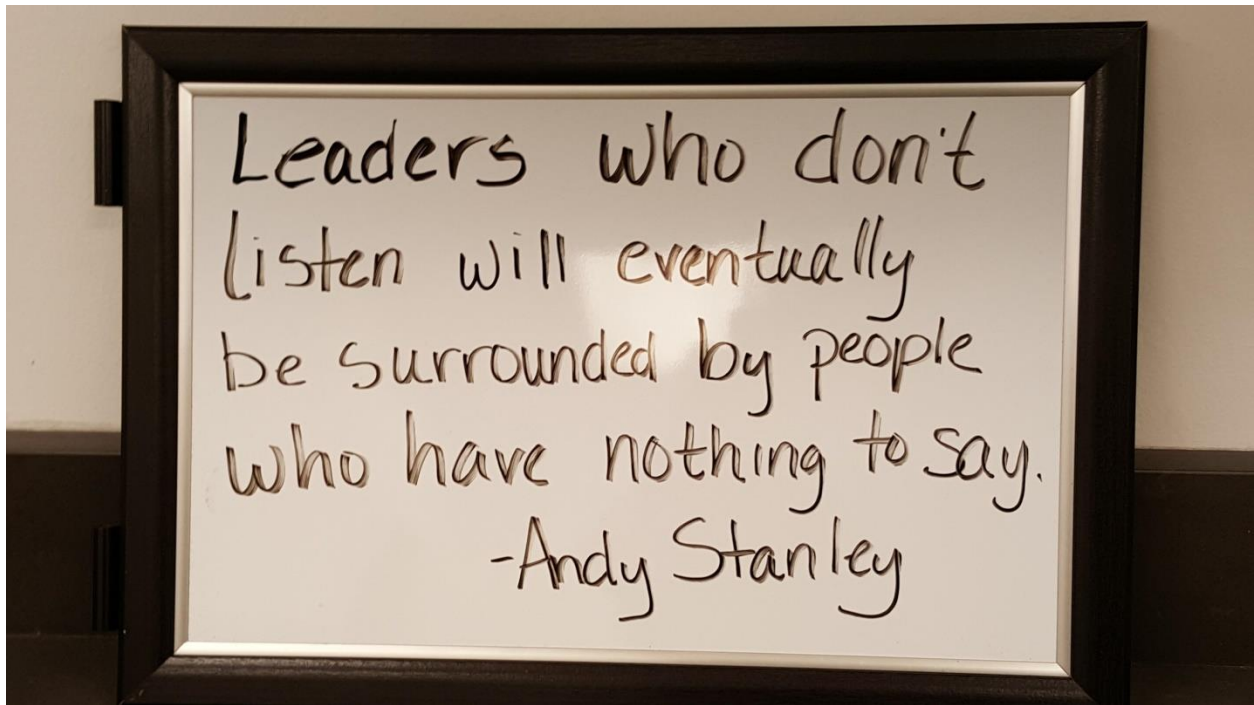
communication failures that occur when patients are transitioned from one caregiver to another or from one team of caregivers to another. The seven recommendations to improve hand-off communication include:

1. Demonstrate leadership's commitment to successful hand-offs and other aspects of a safety culture.
2. Standardize critical content to be communicated by the sender during a hand-off—both verbally and in written form.
3. Conduct face-to-face hand-off communication and sign-outs between senders and receivers in locations free from interruptions—include multidisciplinary team members, the patient and family, as appropriate.
4. Standardize training on how to conduct a successful hand-off.
5. Use electronic health record capabilities and other technologies to enhance hand-offs.
6. Monitor the success of interventions to improve hand-off communication and use the lessons to drive improvement.
7. Sustain and spread best practices in hand-offs and make high-quality hand-offs a cultural priority. Source: jointcommission.org. News item.



AHRQ Updates TeamSTEPPS with New App and Focus on Online Training

For those who have used one of AHRQ's hallmark programs, change is coming to the 10-year-old flagship teamwork and communications program called TeamSTEPPS® by focusing on online training, with continuing education credits and a mobile app available at no charge. While AHRQ will no longer offer in-person training, the Agency offers ready-to-use curricula, including the base curriculum as well as specialty modules for office-based care providers, long-term care settings, and rapid response teams. In addition, private-sector organizations draw from these publicly available resources for in-person training they offer to the field. This interest underscores the important contribution AHRQ and TeamSTEPPS are making to safe, high-quality care and enables AHRQ to shift attention to identifying additional ways to support better teamwork in health care. TeamSTEPPS case studies provide examples of how health systems and offices have benefited from TeamSTEPPS to improve wait times, reduce provider burdens, and improve communication among health care professional teams and patients.



HealthTechS3 is an award-winning healthcare consulting and hospital management firm based in Brentwood, Tennessee with clients across the United States. We are dedicated to the goal of improving performance, achieving compliance, reducing costs and ultimately improving patient care. Leveraging consultants with deep healthcare industry experience, HealthTechS3 provides actionable insights and guidance that supports informed decision making and drives efficiency in operational performance.

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