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November 10, 2011

NMHA 2011 - 2012 Board of Directors

The 2011-2012 Board of Directors was announced at the NMHA Annual Meeting. We appreciate the continued support of these individuals in representing their hospitals, communities, and NMHA.

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| Chairman: | Sylvia Kelly , CEO, HealthSouth Rehabilitation Hospital, Albuquerque |
| Chairman-elect: | David Shaw , CEO, Nor-Lea General Hospital, Lovington |
| Secretary- | |
| Treasurer: | Bo Beames , Administrator, Socorro General Hospital, Socorro |
| Immediate Past | Christina Campos , Administrator, Guadalupe County Hospital, Santa Rosa |
| Chairman: | |
| Directors-at-Large: | |
| | Troy Greer , CEO, Lovelace Westside Hospital, Albuquerque |
| | Jim Heckert , CEO, Gerald Champion Regional Medical Center, Alamogordo |
| | Peter Hofstetter , CEO, Holy Cross Hospital, Taos |
| | Karen Lautermilch , CEO, Rehoboth McKinley Christian Health Care Services, Gallup |
| | Stephen McKernan , CEO, University Hospital, Albuquerque |
| | Rod Schumacher , CEO, Roswell Regional Hospital, Roswell |
| | Rick Wallace , CEO, San Juan Regional Medical Center, Farmington |
| | Alex Valdez , CEO, CHRISTUS St. Vincent Regional Medical Center, Santa Fe |
| | Sheri Milone , CEO, Lovelace Women's Hospital, Albuquerque |
| | Paul Herzog , CEO, Memorial Medical Center, Las Cruces |
| | Donya Conine , Gerald Champion Regional Medical Center, Alamogordo |
| AHA Delegate: | |
| AHA Alternate: | |
| NMHA Auxiliary/Volunteer Service President | |
| HFMA Representative: | Bret Goebel , Consultant, Bret Goebel Consulting, Albuquerque |
| NMONE Representative: | Lynn Arnold, RN , Memorial Medical Center, Las Cruces |

The NMHA Auxiliary/Volunteer Service installed their 2011-2012 Board of Directors at their annual meeting, held in conjunction with NMHA's annual meeting.

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|----------------------------------|--|
| President: | Donya Conine , Gerald Champion Regional Medical Center, Alamogordo |
| President-Elect: | Leda Evert , Gila Regional Medical Center, Silver City |
| Secretary: | Judy Menning , San Juan Regional Medical Center, Farmington |
| Treasurer: | Joyce Martinez , CHRISTUS St. Vincent Regional Medical Center, Santa Fe |
| Immediate Past President: | Paula Johnston , Plains Regional Medical Center Clovis |
| District Chairs: | |
| District I Chair: | Sandra Ames , CHRISTUS St. Vincent Regional Medical Center, Santa Fe |
| District II Chair: | Kay Wehlage , San Juan Regional Medical Center, Farmington |
| District III Chair: | Maxine Roberson , Lincoln County Medical Center, Ruidoso |
| District IV Chair: | Peter Romero , Socorro General Hospital, Socorro |

Appointed Officers:
Years of Service/ **Le Ann Smith**, Miners' Colfax Medical Center, Raton
Scrapbook Chair:
Newsletter Chair: **Vicki Rogers**, Gerald Champion Regional Medical Center,
Alamogordo
Parliamentarian/
Bylaws/Historian: **Jean McClary**, Los Alamos Medical Center, Los Alamos
Salute to Excellence/
Youth Volunteers: **Anna Weybrew**, Miners' Colfax Medical Center, Raton
Director of Volunteer
Services Representative: **Teresa Becker**, San Juan Regional Medical Center,
Farmington

NMHA appreciates the commitment of these individuals to serve and to represent the Association and the State Auxiliary. We thank you!!

TrailBlazer Jr MAC – Provider Enrollment Revalidation Plan

In accordance with the Patient Protection and Affordable Care Act, Section 6401, all new and existing providers (who enrolled in the Medicare program prior to March 25, 2011) must be re-evaluated under the new screening guidelines in Section 6028 by no later than March 23, 2013.

CMS has mandated all revalidation efforts be conducted in phases. TrailBlazer began mailing both Part A and Part B revalidation letters to providers and suppliers the week ending September 30, 2011. Phase 1 continues through December 31, 2011 and will include only 10% of the total revalidation letters to be mailed.

Providers and suppliers can enroll in the Medicare program using either the Internet-based Provider Enrollment, Chain and Ownership System (PECOS) or the paper application process. With the exception of physicians, non-physician practitioners, physician group practices and non-group practices, providers and suppliers who are revalidating their enrollment information must submit with their application an application fee in the amount of \$505 and/or a request for a hardship exception to the application fee.

TrailBlazer has notified that all providers and suppliers have been notified and should be reminded that the Medicare provider enrollment revalidation effort does not change other aspects of the enrollment process. Providers and suppliers should continue to submit routine changes such as address updates, reassignments, additions to practices, changes in authorized officials, information updates, etc., as they always have.

However, note, it is imperative that providers and suppliers do not submit revalidation applications until they receive the TrailBlazer letter requesting the information.

Failure to submit complete enrollment application(s) and all supporting documentation within 60 calendar days of the postmarked date of the TrailBlazer revalidation request letter may result in a provider's or supplier's Medicare billing privileges being deactivated.

If providers or suppliers have any questions once they receive the revalidation request letter, they may contact TrailBlazer Provider Enrollment Revalidation Customer Service staff at:

Part A: 866/528-1603, or 866/640-9202

Part B: 866/539-5596

CMS Reminder: 5010/ICD-10 Implementation

The CMS wants to remind State Medicaid Agencies of upcoming deadlines for 5010 conversion and ICD-10 implementation and the availability of Federal resources to assist states. On January 16, 2009 the Department of Health and Human Services published the final regulation on ICD-10. (74 FR 3328) This rule requires all "covered entities" as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to adopt ICD-10 codes for use in all HIPAA transactions related to services provided on or after the October 1, 2013 compliance date. The compliance deadline is October 1, 2013.

Prior to processing ICD-10 claims, states must first implement the "Version 5010" electronic health care transaction standards required by HIPAA, as the existing HIPAA "Version 4010/4010A1" transaction standards do not support the use of the ICD-10 codes. States must install Version 5010 in their systems and test with all vendors and trading partners by January 1, 2012. Coordination is necessary between the Version 5010 and ICD-10 implementations to identify impacted transactions and systems to support Version 5010 and ICD-10. If states are not prepared to accept 5010 claims by the compliance date, they may experience a large increase in provider customer service inquiries affecting their operations. In addition, it will cause financial hardships for providers since it will increase the likelihood of delayed payments. For more information on Version 5010, go to the CMS website at <https://www.cms.gov/ICD10> and click on the left side of the page.

CMS understands the magnitude of work involved in implementing ICD-10 and is offering a variety of technical assistance resources. For example, CMCS developed the ICD-10 Implementation Assistance Navigation Tool to help states understand and implement ICD-10. The ICD-10 Implementation Assistance Navigation Tool is located at <https://medicaidicd10.noblis.org/>. There are two types of assistance material on this site: 1) the Medicaid ICD-10 Implementation Assistance Handbook and 2) the training modules presented at the Regional Office ICD-10 Training Workshops.

The Medicaid ICD-10 Implementation Assistance Handbook contains information on the following core topics:

- Limitations of the current ICD-9-CM code set and benefits of implementing ICD-10;
- Strategies and activities to implement ICD-10 during the five implementation phases; and,
- ICD-10 milestones, key activities, inputs, and outputs.

States should already be underway with their ICD-10 implementation. As of the end of June 2011, each state should have completed the assessment phase, which includes planning activities, performing an impact analysis, developing a remediation strategy, and establishing both internal and federal funding levels. States should be starting the remediation phase, which includes developing requirements; implementing policy, process, and system updates; and executing system testing. A high-level ICD-10 implementation timeline and a more detailed timeline can be found in the ICD-10 Implementation Assistance Navigation Tool.

NOTE: Hospitals DO have to convert for the bulk of business by January 1, 2012.
NO GRACE PERIOD, NO DELAY.

Section 1011 Providers NOT Required to Convert to ANSI X12N version 5010

HMS received question from Section 1011 customers who submit payment requests via electronic data interchange (EDI) regarding the upcoming HIPAA-mandated upgrade to version 5010 of the ANSI X12N transactions used by healthcare plans. Section 1011 is a grant program and not a healthcare plan, and therefore is not a covered entity under HIPAA. As such, the Section 1011 Program will not upgrade in January 2012 to the ANSI X12N v5010 format of the electronic transactions used in the administration of the Section 1011 Program. The majority of providers in the Section 1011 Program submits their payment requests via Direct Data Entry (DDE) and are not impacted by this issue. While this may be inconvenient for some, the decision is based on the low volume of payment requests submitted using the 8371 transaction vs. the high cost of transition to version 5010 for the Section 1011 Program.

Customers currently using the v4010A1 8371 transaction have two options:

1. Continue using v4010A1 of the 8371 transaction until September 30, 2013. (As of October 1, 2013 the ICD-10 diagnosis codes must be reported on all payment requests, and these codes are not compatible with v4010. Therefore, support of v4010A1 must be discontinued at that time and all customers will be required to submit via DDE.)
2. Submit inpatient hospital payment requests using DDE, as most Section 1011 providers do today. If you do not currently have a RACF ID# and LOGON ID for DDE, you may register through the Section 1011 website at:

<https://www.highmarkmedicareservices.com/section1011/enrollment/dde-enroll.html>

An Invitation to Join Jonathan Blum, CMS' Deputy Administrator and the Director of the Center for Medicare for an Overview of the Medicare Shared Savings Program Final Rule and Other Opportunities to Improve Care

Join CMS on November 21, 2011 for an in-person meeting with Jonathan Blum, CMS' Deputy Administrator and Director of Center for Medicare to discuss the final rule that includes new incentives for providers to work together through Accountable Care Organizations when caring for people with Medicare. There are also new tools to help doctors and other health care providers improve the quality of care for all patients.

This meeting is intended to help you understand what CMS wants to achieve through the various ACO models, and questions are welcome in advance.

WHO: Jonathan Blum, CMS' Deputy Administrator & Director of the Center for Medicare
Dr. Richard Wild, CMS Atlanta Chief Medical Officer
Dr. David Nilasena, CMS Dallas Chief Medical Officer

WHEN: November 21, 2011
1:00 – 2:00p.m. EST (11:00-12:00 MTN)

A conference line will be available for those not able to attend (Listen Only)

DIAL: 877/267-1577 Meeting ID: 4494

WHERE: Centers for Disease Control
Tom Harkin Global Communications Center
1600 Clifton Road
Atlanta, GA

Instructions for submitting questions:

- *Please submit your questions to Teresa Wilson, Health Insurance Specialist, Teresa.wilson@cms.hhs.gov by November 15th. If there is time at the meeting, there will be an open microphone.*

25th Annual Rural Health Care Leadership Conference February 5 -8, 2012 Phoenix, Arizona Pointe Hilton Squaw Peak Resort Conference Agenda & Speakers

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- Make progress toward meaningful use goals
- Revitalize leadership and improve board expertise and skills

General Sessions

"A Call to Action: Patient Experience as a Top Strategic Priority"

M. Bridget Duffy, MD, Chief Executive Officer, ExperiaHealth, San Francisco, CA

“The Governance Challenge: Jumping the Curve to Deliver Value”

James E. Orlikoff, President, Orlikoff & Associates, Inc., and Senior Consultant, Center for Healthcare Governance, Chicago, IL

“The Unfolding Impact of Health Care Reform on Rural Providers”

Tom Morris, executive Secretary, National Advisory Committee on Rural Health and Human Services, Director of the Federal Office of Rural Health Policy, Rockville, MD

A. Clinton MacKinney, MD, MS, Assistant Professor, RUPRI Center for Rural Health Policy Analysis, University of Iowa, College of Public Health, Iowa City, IA

Keith J. Mueller, PhD, Gerhard Hartman Professor and Head, Department of Health Management and Policy, College of Public Health, University of Iowa and Director, Rural Policy Research Institute, Center for Rural Health Policy Analysis, Iowa City, IA

“Influential Leadership: change Your Behavior, Change Your Organization, Change Health Care”

Michael Frisina, PhD, Elgin, SC

“The Rural Hospital Federal Update”

Lisa Kidder Hrobsky, Vice President, Legislative Affairs, American Hospital Association, Washington, DC

Joanna Kim, Senior Associate Director, Policy, American Hospital Association, Washington, DC

“Changing Relationships Within the Provider Community”

Joseph s. Bujak, MD, FACP, author of “Inside the Physician Mind: Finding Common Ground with Doctors”, Coeur d’Alene, ID

“Get Off the Employee Engagement Roller Coaster: Management Strategies to Transform Your Workplace”

Vicki Hess, RN, MS, CSP, Principal, Catalyst consulting, LLC, Owings Mills, MD

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