

Critical Access Hospital Constituency Group Resource List

Designation of Stroke/STEMI Centers

[House Bill 1790](#) authorizes the creation of a “time critical diagnosis” system for the initial emergency treatment of stroke and STEMI patients. During an ST-elevation myocardial infarction, a cardiac artery is completely blocked. STEMIs account for nearly 10 percent of heart attacks.

The premise of the legislation is that clinical research shows that patient outcomes improve significantly if appropriate treatments can be administered within specified time frames. The bill would permit ambulance transport protocols to direct stroke and STEMI patients to hospitals with the capabilities to deliver the appropriate treatments within time deadlines. If distance or other factors are such that transport to a designated center could not be completed in time, the patient would go to the nearest hospital, as under the current law. The transport standards would be driven by clinical research and implemented through state regulations or a community or regional stroke/STEMI plan.

The legislation authorizes stroke and STEMI systems by revising current state laws designating levels of trauma centers and directing trauma patients to them. However, a hospital would not need to be designated as a trauma center to receive stroke or STEMI patients; the systems of designation are independent. The Missouri Department of Health and Senior Services will designate hospitals as stroke or STEMI centers of various levels, as defined in state regulations.

The department is to compile and assess peer-reviewed and evidence-based clinical research that provides recommended treatment standards and assesses the capacity of the emergency medical services system and hospital to deliver the recommended treatments in a timely fashion. The information will help develop protocols for transporting patients to designated centers with the capacity to deliver the recommended treatments within the time deadlines.

House Bill 1790 allows for consideration of various private sector standards, such as the American Heart Association’s guidelines for heart attack care or the Joint Commission’s designation of stroke centers, without mandating the use of any particular one in establishing criteria for center designation.

The bill includes language to promote the creation of regional or community-based plans developed by area hospitals, physicians and emergency medical services providers. The regional or community-based plans would be based on assessments of area hospitals’ capacity to provide the needed treatment within time limits suggested by clinical research. Departmental approval of a regional or community-based plan would waive state regulations inconsistent with the regional plan.

Resources concerning the development of the time critical diagnosis system may be accessed at the [DHSS time critical diagnosis site](#) or the [Missouri Foundation for Health dedicated site](#).

Quality Health Indicators (QHi)

Quality Health Indicators is a web-based benchmarking tool developed by the Kansas Hospital Association and the Kansas Office of Rural Health Policy. This system is designed to allow critical access hospitals to benchmark its performance against other critical access hospitals. All users of this system agree to report on eight core measures and have numerous others in the domains of clinical quality, employee contribution, financial/operational, patient satisfaction and hospital characteristics.

The full list of indicators is attached. More information about QHi can be found at the [Kansas Hospital Association website](#).

Relocation Guidance

CMS issued detailed relocation guidance last January. The guidance can be located in [transmittal 32](#) to the State Operations Manual. The new guidance clarifies the 75 percent tests for a necessary provider critical access hospital and redefines secondary roads and mountainous terrain for the purposes of CAH location relative to other hospitals and CAHs.

National Drug Code Identifiers

The Missouri Department of Social Services' MO HealthNet Division has completed the modifications to its claims processing system, creating two pathways for billing outpatient drug claims. Effective Monday, Nov. 3, all hospitals may begin submitting outpatient drug claims under either pathway. Claims containing any of the identified "Top 20" multiple source physician-administered drugs must be accompanied by the exact 11-digit National Drug Code administered to the patient. All other drug claims may be submitted using the most appropriate Health Care Common Procedure Coding System or Revenue code.

Recovery Audit Contractors

CMS announced the names of the new national Recovery Audit Contractors. Missouri is located in Region D. The Region D RAC, HealthDataInsights, Inc., will begin work in Missouri on Aug. 1, 2009 or later, according to the updated RAC expansion schedule. The RAC is limited to requesting 10 percent of monthly inpatient Medicare claims and no more than 200 combined inpatient and outpatient records in a 45-day period.

Joint Commission Deeming Authority

The Centers for Medicare & Medicaid Services conditionally re-approved the Joint Commission authority as a national accreditation organization for critical access

hospitals, but is requiring the organization to fix “significant” gaps in its standards for “distinct part units” that provide rehabilitation or psychiatric services.

With an announcement in the Oct. 24 [*Federal Register*](#), CMS conditionally re-approved the Joint Commission's three-year deeming authority through May 20, 2009. But the agency included a 180-day probationary period to give the Joint Commission time to address issues regarding distinct part units (DPUs), which CMS defines as separate sections of critical access hospitals, certified to provide rehabilitation or psychiatric care. CMS said Joint Commission's CAH standards revealed that “significant gaps” remain between those standards and Medicare's conditions of participation for DPUs.