CT SCANNER

Connecticut Chapter — Healthcare Financial Management Association
January 2008

MAKE A DIFFERENCE

Newsletter Survey

By Steve Vargo

The Board of Directors of CT HFMA has discussed distributing a survey to gauge the Connecticut Members satisfaction with the current quarterly newsletter — ***CT Scanner***. The time is finally here!

If you have not already received the email with instructions for completing the survey it should be in you mailbox shortly. We know your time is valuable and have attempted to keep the response time under 2 minutes. (Yeah, we have all heard that one before!)

If you choose to write a few comments the survey will take longer than 2 minutes to complete. There are several sections of the survey that give you the opportunity to pass along your thoughts. These sections are optional, but we want to be sure everyone has the chance to convey his or her opinion of the newsletter. It's very important for us to know if our newsletter meets the needs of our membership.

I want to remind everyone that if you have a topic that you would like to see addressed in the newsletter or have an idea for a feature story you can call any committee member or me. We are all identified in each issue in the box along with the Board and Officers. All of our contact information is available either on the National HFMA Web site or in the New Electronic Membership Directory provided to all Chapter members.

All of the members of the newsletter committee hope you enjoy every issue. Please use this opportunity to let us know how we are doing. Also, please let us know how you think the newsletter can be improved.

Since all data will be compiled anonymously if you have a burning desire to be part of the newsletter committee you do need to contact us separately.

Thanks in advance for your response to the Survey. Results will be in the next issue.

President's Corner

By Lou D'Auria

As all of you know, fall in Connecticut is a beautiful time of year. Couple it with the holidays and you have a colorful, beautiful, exciting but hectic and tiring experience.

Fall is also a very busy time for the leadership of our HFMA CT Chapter.

Under the leadership of our Regional Executive (CT Chapter Board member), Kathy Pajor, the Region One leaders have been teleconferencing every week to plan the April 24 and 25, 2008, Region One, HFMA Seventh Annual Healthcare Conference which will be held at the Mohegan Sun Resort and Casino.

In addition, the Special Events Committee, under the leadership of CT HFMA Board member Michael Rosadini, has been planning for what is expected to be another sold out golf tournament to be held at the prestigious Fox Hopyard Golf Club in East Haddam, Connecticut on April 23, 2008.

Our Program Committee, led by Gary Bergenty, VP of Programs, successfully hosted our annual Medicare Update Educational Session at CHA in December at which 70 persons attended and reported back, via our evaluations, a very favorable rating.

Under the direction of our new Chairperson, Cassandra Mitchell, the Scholarship Committee is working hard to develop the questions and get the applications out for our 2008 CT HFMA scholarship awards. Do you have a college student in your family that could use a couple of thousand dollars to help with tuition, books, etc.? Check out the details on the CT HFMA Web site.

Steve Beaulieu, VP of Membership, led a team in assembling and mailing out our CT Chapter membership directory. This is the first time we have accomplished the distribution of the membership directory in electronic format.

And of course, this newsletter, which I believe to be one of the best in the nation, is published under the direction of CT HFMA Board member and Newsletter Chair, Steve Vargo.

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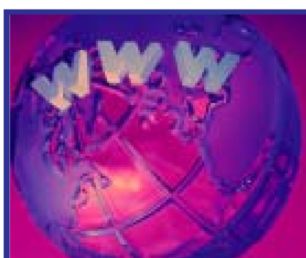

Web Site Information

Chapter – www.cthfma.org

National – www.hfma.org

Submit comments to:
Andy Czerniewski
(203) 238-6880
aczerni@rushford.org

HFMA Region 1 Seventh Annual Healthcare Conference April 24-25, 2008

By Kathy Pajor, FHFMA, Region 1 Executive

Get ready for the HFMA Region 1 Seventh Annual Healthcare Conference! Once again, and based on membership survey results, this year's conference is at Mohegan Sun, a world class resort and casino in Uncasville, CT. These exciting, one-and-a-half days of education, scheduled for April 24 and 25 are being presented by Region 1 Chapters: Connecticut, Maine, Massachusetts-Rhode Island and New Hampshire/Vermont.

More than 30 national and local speakers will address participants. Bob Broadway, National HFMA's 2008-09 Chairman of the Board will provide the opening remarks "Exercising Financial Leadership in Today's Healthcare Environment." Our keynote speaker, Tom Davenport, is providing a timely topic "Competing on Analytics: How Fact-Based Decisions and Business Intelligence Drive Performance."

HFMA's Connecticut Chapter will host a pre-conference golf tournament on April 23. For more information on the golf tournament go to www.cthfma.org.

We have also scheduled a reunion dinner for all Past Presidents serving a Region 1 Chapter for the evening of April 24 (by advance invitation only). Bob Broadway and National's Past Chairman 2006-07, Joe Fifer, will be providing opening remarks and topics for attendees.

Last year close to 400 people attended this national-level conference. Of the surveyed participants, 95% rated the quality of this conference good to excellent with 17 out of our 18 speakers/panels rating better than 3.5 on a 1 to 5 scale with 5 being exceptional.

Region 1's conference has won four HFMA Yerger awards for collaboration within the Region's chapters. With input from chapter representatives another outstanding program has been assembled this year with a newly added IT track which includes peer review and case studies of products and services.

This conference has more than doubled in attendance since the first year due to repeat attendance of prior year participants plus an increase in first time attendees. The suggestions from prior participants have guided changes to what is truly a member-driven educational experience.

The conference's proximity to Mystic provides family entertainment at the Aquarium, Olde Mystic Village and the Seaport. Additionally, CT vineyards and major shopping outlets are close by. All of these venues are only 20 minutes away from the Mohegan Hotel. Available at the Hotel are The Spa, indoor pool and exercise rooms as well as the Kidsquest entertainment area.

The conference brochure with complete details will be sent to all Region 1 members by the end of January. When you review the brochure you will see that the conference volunteers have provided educational and vendor opportunities directly from your requests. On page 6 of this issue of the *CT Scanner* you will find the session at a glance for the Conference.

Please contact the HFMA Region 1 Office at (781) 647-7004 or email us at hfmareg1@camihq.com if you have any questions about the conference or registration.

See you at the conference!

CT SCANNER

Connecticut Chapter — Healthcare Financial Management Association

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President's Corner

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We can not forget Jim Harris, President –elect, who with your confirmation will be taking over the reigns in June. Jim has been hard at work putting together the leadership team for the next 2 years. If you have an interest in being part of the team contact Jim directly.

These are just some of the activities that are being conducted throughout the Chapter each week. If one of them catches your eye as being something you would be interested in helping us with, please contact the person(s) identified above to ask what you could do to help. As they say, the more hands the less work for everyone . . . and by the way . . . it will undoubtedly lead to an awesome networking experience.

Have a great winter . . . drive carefully.

Connecticut Golf Outing

Come Join The Fun!!!

As part of the kickoff to the New England HFMA's Annual Healthcare Conference at Mohegan Sun Casino on April 24 and 25, 2008. The Connecticut Chapter is holding its Golf Outing on **Wednesday April 23, 2008** at the prestigious **Fox Hopyard Golf Club** in East Haddam, Connecticut, a short drive from Mohegan Sun. Fox Hopyard is one of Connecticut's finest courses and promises to be an exciting event.

Sign up early as last year's tournament was Sold Out.

Event Sponsor - $5,000 ☐

Platinum Sponsor - $2,000 ☐

Gold Sponsor - $1,000 ☐

Reception Sponsor - $1,000 ☐

Lunch Sponsor - $1,000 ☐

Silver Sponsor - $500 ☐

Bronze Sponsor - $300 ☐

For More Information Contact:

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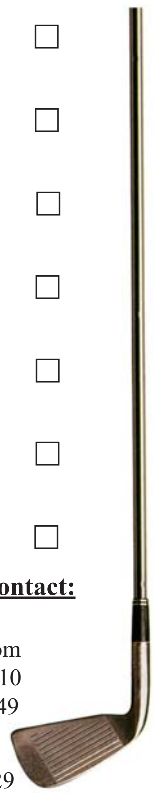
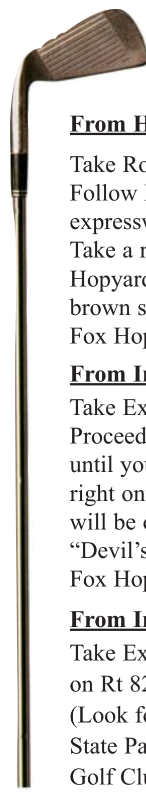


Event Details

- Scramble Format
- Shot Gun Start
- Prizes for Gross and Net , plus closest to the pin and longest drive
- Entry fee of $200 Includes:
  - ❑ Lunch
  - ❑ Golf with cart
  - ❑ Roving refreshment cart
  - ❑ Cocktail hour
  - ❑ Driving Range / Practice Facility

Schedule of Events

11:30am - Registration / Lunch
12:30pm - Golf Play Begins
6:30pm - Cocktail Hour, Awards & Prizes



Directions to Fox Hopyard

From Hartford

Take Route 2 east to Exit 19 - (Rt 11) Follow Rt 11 until the end of the expressway (about 8 miles) at Rt 82 Take a right onto Rt 82. Take a right onto Hopyard Rd. (about 4 miles Look for brown sign "Devil's Hopyard State Park") Fox Hopyard Golf Club is your first left.

From Interstate 95 North or South

Take Exit 70 to Rt 156 North. Proceed on Rt 156 for about 8 miles until you merge with Rt 82. Take a right onto Rt 82 and Hopyard Rd. will be on your left. (Look for brown sign "Devil's Hopyard State Park") . Fox Hopyard Golf club is your first left.

From Interstate 395 North or South

Take Exit 80 west (Rt 82). Proceed on Rt 82 about 14 miles to Hopyard Rd. (Look for brown sign "Devil's Hopyard State Park") on your right. Fox Hopyard Golf Club is your first left

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Registration Form

Company ______________________
Address ______________________
Phone ____________ Fax ____________
Players Name Handicap #
1. ______________________
2. ______________________
3. ______________________
4. ______________________

☐ **I can't make the tournament but will attend the Reception (must be registered for Annual Conference)**

Please Check One

Visa ☐ Card Holder's Name: ____________
MasterCard ☐ Card #: ____________
Discover ☐ Expiration Date: ____________
American Express ☐ Signature: ____________

Return With Check Payable To:

HFMA Conn. Chapter
c/o Michael Rosadini
Ernst & Young LLP
225 Asylum St.
Goodwin Square
Hartford, CT 06103

Medicare Update Education Program

By Jacqui Gorin

Steve Hartmann opening the session.

On Tuesday December 4, 2007, the Connecticut chapter of the Healthcare Financial Management Association (HFMA) hosted representatives from National Government Services (formerly Empire Medicare Services) for the annual Medicare Update educational program. This program is always one of the most popular, and attendance this year did not disappoint, with about 70 individuals who came out to hear about changes to Medicare impacting hospital Finance and Patient Financial Services departments. Steve Hartmann, National Government Services (NGS) Director of Audit and Reimbursement opened the program by recognizing that this was the eighth year his organization had presented this program and acknowledging how collaboration between NGS and Connecticut hospitals has improved over the years.

The first speaker was Christine Chamberlain, NGS Senior Reimbursement Analyst. Christine reviewed important tips for Cost Report filing including requirements for formats, documentation, overpayment checks, as well as specific information about reporting of DSH days, bad debts, GME/IME, and some changes to the cost report this year. Steve Hartmann added that NGS encourages electronic submission of supporting documentation whenever possible, "we are on the ground floor of an initiative to get away from paper," he said. Steve indicated that while there are no defined formats at the moment, he and his team encourage providers to recommend formats they prefer.

Christine Chamberlain presenting the changes to the Medicare Cost Report

Ms. Chamberlain also announced that NGS is consolidating their Web site. There will no longer be separate pages for each contractor and the area they support. She indicated that we can expect to see more consolidated guidelines and policy information in the future. Also on the horizon, hopefully for early next year, is a redesigned PS&R system. The new system combines centralized technical processing with increased security and improved accuracy and functionality. The Web-based system will allow providers to submit and receive report requests online in various formats. The existing system will remain in effect until the new system is implemented, and will continue to be used for PS&R reports applicable to cost report years prior to the implementation year. Lastly, Christine reported that the Centers for Medicare and Medicaid Services (CMS) has selected two Enterprise Data Centers (EDCs) to service all of the Fiscal Intermediaries (FIs) and Medicare Administrative Contractors (MACs) in the country. NGS will transition Connecticut providers to Companion Data Services (CDS) effective December 17, 2007. Other than minor changes to FISS/DDE access, the transition impacts only the physical location where claims are processed and should be seamless for providers.

Drugs and supplies was a topic that Allan Pinard, Connecticut Hospital Association Assistant Vice President, Finance had asked NGS to address. Al noted that hospitals, within the regulations, can report drugs and supplies in different cost centers, which in turn can have an impact on cost-based DRG weights. For assistance with this issue, NGS recommends providers refer to the August 22, 2007 Federal Register, and an HFMA article published August 24, 2007. Copy and paste the following to view the article (http://www.hfma.org/hfmanews/PermaLink,guid,0ccb21dc-a286-40c5-8f43-ca5168e0ba61.aspx).

Christine Oberlander, NGS Lead Auditor from the Connecticut Office, reviewed issues surrounding the Bad Debt Moratorium. In 1990 CMS agreed to allow those providers who write-off bad debts prior to sending them to a collection agency to continue to do so, provided the intermediary reviewed and accepted that

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Preconference Networking with speakers and members.

One on one discussions between Warren Willis form NGS and CT HFMA President-elect Jim Harris.

Medicare Update Education Program

Continued from page 4

The NGS presentation team. From left Ken Schusterman, Thomas Casagrande, Christine Oberlander, Steve Hartmann, Christine Chamberlain and Warren Willis.

write-off policy for the cost reporting period audited on or before August 1, 2007. Provisions of this policy stipulated that there be no change in intermediary, provider type, ownership, or bad debt policy. Due to the change in intermediary from Anthem to Empire (now NGS), no Connecticut hospital is currently eligible for protection under the moratorium. Therefore, if a provider uses a collection agency, that provider cannot claim an amount as a bad debt until the agency notifies the provider that the account is worthless and returns the account to the provider. While, from a financial reporting standpoint, it does not matter when the provider writes-off the bad debt, it can only be claim for Medicare reimbursement in the cost reporting period in which it is returned from the collection agency.

Throughout the program there was plenty of time for beneficial interaction between the speakers and the audience. Many audience members also took advantage of time before and after the meeting, and during breaks to speak directly with NGS representatives and to chat with colleagues. All in all, it was a half day well spent on learning and networking.

Spread the Word!

The Connecticut Chapter of HFMA will be awarding scholarships again in 2008. Detailed information and an application package will be available on the Chapter Web site in late January 2008. Cash scholarships of $2,000.00 each, will be awarded to a graduate and undergraduate student studying healthcare or financial management in June 2008. The winners will be eligible for additional benefits such as membership in HFMA, attendance at educational sessions and being a member of next year's Scholarship Committee. Visit the CT HFMA Web site by copying and pasting the address (http://www.cthfma.org/site/epage/18079_473.htm) for information about the 2007 award winners and to read their winning essays and view the 2008 criteria. Our goal for this year is to increase the number of applicants and to continue to increase exposure to this wonderful scholarship program. Word of mouth and email travels fast!

Davis Chapter Management System

By Jacqui Gorin

All HFMA chapters are required to participate in the Davis Chapter Management System (DCMS). The purpose of the Davis Chapter Management System (DCMS) is to guide chapter and regional volunteer leaders in supporting HFMA's strategic goals, while enriching the volunteers' experience.

HFMA has developed a Chapter Balanced Score Card (CBSC) to aid in goal setting and performance monitoring related to key chapter activities. Chapters are required to set short- and long-term goals for CBSC performance. Goals are documented on the

Goal Setting form, which is submitted to HFMA National by June 1 of each year. The goals of chapter performance monitoring are to:

- raise the overall value of services delivered by chapters to HFMA members
- improve the quality of members' experiences by reducing performance variation among chapters
- identify struggling chapters in order to secure needed resources and support to improve performance.

The HFMA Regional Executive Council identifies key chapter performance metrics based on HFMA National strategic priorities and establishes minimum threshold performance levels that all chapters must achieve in order to be eligible to receive awards. The Regional Executive Council reviews chapter performance periodically, and at the end of the year, chapter performance is summarized in an Overall Performance Score based on achievement of the weighted goals.

The Connecticut Chapter goals for this involve increased registrant hours for educational programs, higher level of member retention, and overall improvement in membership satisfaction.

HFMA Region 1 Seventh Annual Healthcare Conference - April 24 – 25, 2008 - Mohegan Sun Casino, Uncasville, CT

Presented by HFMA Region 1: Connecticut, Maine, Massachusetts-Rhode Island and New Hampshire-Vermont Chapters

Register today! For more information call the HFMA Region 1 Office at (781) 647-7004 or email HFMAReg1@camihq.com.

April 23 11:30	**Pre-Conference Golf Tournament – Hosted by the Connecticut Chapter Fox Hopyard Golf Course, East Haddam, Connecticut Followed by Golf Awards Reception**			
April 24 8:30-10:00	**(T1) Opening Remarks Robert L. Broadway, FHFMA, Chairman-Elect, HFMA Keynote Address Tom Davenport, PhD, MA, BA, President's Distinguished Professor of Management and Information Technology, Babson College Competing on Analytics: How Fact-Based Decisions and Business Intelligence Drive Performance**			
	Revenue Management Track	**Capital Finance and Planning Track**	**Reimbursement Track**	**Peer Reviewed Technology Track**
April 24 10:30-12:00	**(T2A) Consumer Directed Chargemasters: A Patient Centric Approach** Day Egusquiza AR Systems, Inc.	**(T2B) Executive Exchange: Building the Analytical Team** Tom Davenport, PhD, MA, BA Babson College	**(T2C) Mastering Managed Care to Drive the Overall Performance and Success of Your Hospital** Howard Green QHR Consulting	**(T2D) ClearContracts - Concuity, a Healthcare Division of Trintech** Matt Blackmore Providence Health & Services WA/MT Region
April 24 1:00-2:30	**(T3A) Restructuring Hospital Pricing Systems - A Call to Action for Hospital Financial Leaders** Joseph J. Fifer, FHFMA, CPA Spectrum Health	**(T3B) Understanding the Capital Assessment Process and How Best to Present Your Story** Martin Arrick Standard & Poor's	**(T3C) Advanced Medicare Cost Reporting** Mike Nichols, FHFMA RSM McGladrey	**(T3D) Chargemaster Toolkit™ and Chargemaster Corporate Toolkit™ (Bill Analyzer, Online Reference Toolkit™ and Interface Scripting Module) - Craneware, Inc** Kathleen Barry St. Joseph's Hospital
April 24 3:00-4:30	**(T4A) The Outsourcing Dilemma: A Strategic Model to Determine When, Why and How to Outsource** Alex McFadden West Virginia University Hospitals and Sandra J Wolfskill, FHFMA Wolfskill & Associates, Inc	**(T4B) Capital Allocation Decisions to Achieve Strategic Objectives** Carol Dozier, RN, MBA Ivinson Memorial Hospital and Hubert U. King, CPA, MBA QHR Consulting	**(T4C) Washington Update** Brad Bowman PricewaterhouseCoopers LLP	**(T4D) Suite of Tools (CDM Master, CRM.Net, CCA.Net, Defensible Price Modeling and KnowledgeMaster) - MedAssets, Inc.** Joe Pajor Norwalk Hospital
April 24 4:30-6:30	**Networking Reception Sponsored by Berry, Dunn, McNeil & Parker**			
April 24 6:30-8:30	**Past Presidents Dinner (Invitation Only) Sponsored by Principal Healthcare Inc.**			
April 25 8:30-10:00	**(F1A) RAC's and Takebacks: Strategies for Dealing with Recovery Audit Contractors and Medicare's Payment Error Program** Nancy Hirschi Hirschi & Associates and Hospital Representative TBD	**(F1B) CAH Replacement Study** Brian R. Haapala, FACHE and Jeffrey B. Sommer, MPP Stroudwater Associates	**(F1C) MedPAC and CMS Wage Index Proposals & Occupational Mix Survey** Dale E. Baker Baker Healthcare Consulting, Inc	**(F1D) The Patient Compass™ - RelayHealth, a McKesson Company** Lesa Klepper, FHFMA Novant Health
April 25 10:30-12:00	**(F2A) Leading the Charge: University Medical Center of Tucson's Self Pay Discount Program** Kevin Burns and Marjorie Sisson University Medical Center, Tucson	**(F2B) Alternative Financing Arrangements A Case Study** Kerwin Brandt Accelltech LLC, Scott D. Milligan Accelltech LLC and Paul D. Storiale Hospital of Saint Raphael	**(F2C) Critical Access Hospital - Reimbursement Update** Bradley Brotherton, CPA and Tim Walters, CPA BKD, LLP	
April 25 12:00	**Box Lunch Available (to take with you) Sponsored by Bank of America**			

National's Treasurers – HFMA Forums

By Steve Vargo

HFMA has created seven members-only professional, interactive Forum communities with topics designed exclusively for HFMA members and lead by members. Each group is dedicated to specific areas of expertise. Four of these Forums have been around for several years and three have been developed over the past couple of years. The cost to join any of the Forums is relatively inexpensive and they are prorated based upon when you join. The full year (June-May) cost of each Forum is:

CFO	Managed Care	Healthcare Compliance	Revenue Cycle	Medicare Payment	Small/Rural Provider	Future Leaders
$95	$80	$90	$85	$96	$94	$60

The focus of the Forums is to create opportunities for peer interaction. Peer interaction for each Forum is realized in a number of ways:

- **Member Directory** – Reach out to colleagues and enhance your networking opportunities
- **Forum List Serves –** Join the listserv and share with others the issues important to you
- **Free Forums Audio Webcasts –** These periodic events have a peer interaction component to discuss your learning needs and share your expertise on these calls.
- **Roundtable Events –** When you attend ANI or the Executive Summit, you are eligible to participate in Forum Members Only events and programs to meet and share with others. You just might meet your next boss, or next all-star employee across the table.
- **Contribute to Publications –** Quarterly Insights publications feature contributions from participants, so you can put your name in front of thousands of your peers.
- **Contribute and share resources and projects –** Each Forum Web site features a number of articles, presentations and other samples contributed by Forum members. You can contribute your expertise with your other peers.

Each Forum will undergo an enhancement with the CoP tools and management process, using a phased in approach over the course of the next three years. The enhancements will start with the establishment of a design team who will set the mission and values of the Forum. They will then determine the tools and collaboration opportunities to be available for that Forum and solicit Forum Member feedback on the enhancements. The Forums Leadership Council has selected the Revenue Cycle Forum as the first of the Forums to be enhanced during this time period. By joining one or more of the Forums now you can be part of the change to offer more value to being an HFMA Member.

CFO Forum

- RAC Audits
- Service Line Financial Management and Analysis
- Stark III
- Clinical Alignment
- Benchmarking Institutional Performance
- Board Education
- Budgeting for Marketing and Community Relations
- Staff and Personal Leadership Development

Managed Care

- Impact of New DRGs on Managed Care Contracts
- Pay-for-Performance
- Consumer Driven Health Plans
- Negotiating and Operationaliizing Managed Care Contracts
- Trends in Commercial Payment Practices
- Building Effective Relationships with Commercial Payers
- Payer Report Cards

Healthcare Compliance

- MS-DRG Compliance
- Measurable Goals for Compliance Staff
- RAC Audits
- The Quality Initiative and Present on Admission Coding
- CMS Probe Process
- New Legislative Developments
- OIG Work plans
- Staff Compliance Training

Revenue Cycle

- Self-Pay Risk Segmentation
- Self-Pay Financing Options
- Front End Job Descriptions
- Front End Staff Training
- Bad Debt and Charity Care
- MS-DRG Readiness, implementation challenges
- Structuring the Revenue Management Department
- Medicare's Important Message Notification
- Handling Issues with Workers Compensation
- Technology to Enhance Billing and Collections

Medicare Payment

- Bad Debt and the Cost Report
- Geographic Reclassification of Wage Index
- ASC Fee Schedule
- Disproportionate Share Hospitals
- Effect of MS-DRGs on Case Mix
- Physician Time Studies
- Graduate Medical Education
- Medicare Payment Regulations

Small & Rural Providers

- Critical Access Hospital Issues
- IT Strategic Planning and Financing
- Access to Capital
- Facility Space Planning
- Physician Retention and Recruitment
- Financial Education for Non-financial Managers
- Financial Benchmarking

Future Leaders

- Leadership Skills and Career Progression
- Future Leader's Guide to the Revenue Cycle
- Future Leader's Guide to Treasury Management
- Mentoring
- Future Leader's Guide to Silent PPOs
- Future Leader's Guide to Strategic and Financial Planning
- Working with a Recruiter

Medicare Deductible, Coinsurance and Premium Increases for 2008

By Bob Halko

Medicare Beneficiary Cost-Share responsibilities change every year. These require changes to our systems and any posted notifications we choose to do for the convenience of our patients. The following was published in various CMS publications and outlines the basic changes for 2008.

Medicare Part A Cost-Share Amounts

Deductible $1,024 per benefit period

Coinsurance $256 per day for days 61-90 each benefit period
$512 per day for days 91-150 for each "Lifetime Reserve" day (LTR) used in a benefit period (non-renewable-up to 60 days over beneficiary's lifetime)
$124 per day in a Skilled Nursing Facility (SNF) for days 21-100 each benefit period

Medicare Part B Cost-Share Amounts

Deductible $135 per year

Coinsurance 20% of the Medicare approved amount

Monthly Premium

As of January 1, 2007, the Part B premium calculations are determined based on the income of the beneficiary instead of a flat rate. The new table for 2008 is as follows:

	Income Parameters for Determining Part B Premium	
Premium/month	Individual Income	Combined Income (married)
$96.40	$ 82,000 or below	$164,000 or below
$122.20	$82,001-$102,000	$164,001-$204,000
$160.90	$102,001-$153,000	$204,001-$306,000
$199.70	$153,001-$205,000	$306,001-$410,000
$238.40	Above $205,000	Above $410,000

Medicare Part A Coinsurance Amounts:

Inpatient Hospital Stay	– First 60 days	Deductible applicable equal to national average cost per day
Inpatient Hospital Stay	– 61st thru 90th day	Coinsurance per day always equal to 1/4 of inpatient hospital deductible
Inpatient Hospital Stay	– 91st thru 150th day 60 Lifetime Reserve Days (LTR)	LTR coinsurance always equal to 1/2 of inpatient hospital deductible
Skilled Nursing Facility	– 21st thru 100th day	Coinsurance always equal to 1/8 of inpatient hospital deductible
Home Health Agency		No Deductible. No Coinsurance (except for 20% coinsurance for DME and prosthetics/orthotics)
Blood		1st 3 pints (or equivalent units of packed red blood cells) in a calendar year - combined Part A and B
Hospice	a. Drugs and Biologicals	a. 5% of the cost determined by the drug copayment schedule (may not exceed $5 per prescription)
	b. Respite Care	b. 5% of the payment for a respite care day (may not exceed the inpatient deductible for the year in which the hospital coinsurance period began)

Addressing Patients' Financial Responsibilities in Pre-Access

By The Academy of Healthcare Revenue

Requesting full or partial payment of patients' financial responsibilities at point of service has become a practice vital to healthcare providers' financial health. Specifically, insured patients' out-of-pocket costs — which are significantly more difficult to collect after patients' discharge — continue to rise. The second most-prominent strategy that most businesses employ to contain their health insurance costs is increasing cost sharing with employees, in the form of larger premiums and benefit amounts. Research has found that approximately two-thirds of surveyed businesses increased their insured employees' co-pay or co-insurance responsibilities in 2006, while more than half of the businesses have increased individuals' deductibles as well.

Academy research consistently shows that between 60-70 percent of surveyed providers do actively collect patient balances at point of service. However, some patients may be unprepared to pay when out-of-pocket costs are requested at POS, which may potentially cause surprise, reduce collections, and negatively impact patient satisfaction. In response to this concern, many best-performing hospitals are proactively addressing patients' financial responsibilities prior to patients' appointments. Following are several tips that these providers have found important.

- **Optimize Pre-Registration Rates and Activities.** During pre-access, revenue cycle staff members can certainly advise patients that payment will be requested on the date of their appointments. However, in order to provide patients with their actual deductible or co-pay amounts, staff members will need to verify patients' insurance coverage — often requiring an initial conversation with patients, followed by calling patients' payers or verifying benefits through an online mechanism. Academy research shows that best performers currently pre-register 95 percent or more of scheduled patients — ensuring their benefits are verified and requests of deductibles and co-pays can take place at point of service.

  Some hospitals have begun to obtain patients' insurance information during scheduling by asking referring physicians or patients to provide their insurer's name and group number, as well as fax insurance cards to the hospital. Then insurance can be verified *before* patients are called by pre-registration staff — and at that time, pre-registration staff can inform patients of their actual benefit amounts, such as remaining deductibles.

- **Begin Financial Counseling Prior to Patients' Appointments.** During pre-registration phone calls, pre-registration staff members can also explain the payment options available to patients (e.g., credit cards and payment plans), while also informing patients that financial assistance is available for those who qualify. Pre-access also serves as an excellent opportunity for financial counselors to proactively call patients, set up meetings on patients' appointment dates, and encourage patients to bring specific documentation (e.g., tax returns) that will help in determining their eligibility for aid.

  Based on patient volume and the size of hospitals' financial counseling departments, patient access leaders can identify criteria for determining which patients will be contacted about financial assistance before service. The Academy's research found one facility that pre-registers most patients 14-21 days in advance of their scheduled appointments, enabling financial counselors to identify which patients are registered as self-pay patients and begin the counseling process before the date of service. If a patient is registered for a visit as a self-pay patient, the hospital sends a welcome packet to them, which includes information in four languages about the resources available for individuals who are unable to afford the care they're about to get. The packet also encourages the patients to bring certain documentation to their appointment, and to arrive early to see one of the hospital's financial counselors.

  Alternatively, Academy research has found that financial counselors at another facility are responsible for collecting in pre-access. In this case, the hospital's counselors receive a daily census of patients with high-dollar accounts over $200 whom they should contact to make financial arrangements before each patient's date of service.

- **Utilize Multiple Means of Outreach.** The informational packet sent to self-pay patients by the hospital cited earlier illustrates a very important point: informing patients of hospitals' point of service collections and financial assistance policies does not solely need to be the responsibility of pre-registration staff. In fact, creating multiple outreach materials are vital in that they enable hospitals to convey their policies to patients who are not scheduled or pre-registered before service. For example, hospital brochures in local physician offices can explain why payments are requested at point of service, and how patients can apply for charity care. Communications such as advertisements or articles in local news media can also help to drive these points across, while firmly emphasizing hospitals' commitment to serving all patients and helping them to afford the cost of medical care.

With patients' personal financial responsibilities on the rise, many hospitals have recognized the need to collect at point of service. Furthermore, best-performing hospitals are adopting several strategies to ensure patients are aware that payments may be requested before care is provided, and that financial counselors are available to help those who may not be able to afford paying for services.

You can reach The Academy of Healthcare Revenue
at (888) 700.5223 or contact@healthcarerevenue.org

CT HFMA New and Transferred Members

We extend a sincere welcome to the following individuals who have chosen to join the Connecticut Chapter of HFMA. We hope our new members will contact any of the Officers with questions and let us know if you have an interest in becoming involved or participating on one of our Committees.

Megan Budd
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Handel You
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Email: handelyou@vivaxmedical.com

Elections

By Mary Lou Sanders

2008 will be an exciting year in the political arena. National as well as local elections will be taking place. In November we will elect a new President, Members of Congress and State Senators and Representatives. These elected officials will guide the country through the next 4 years.

CT HFMA will also be electing members to guide the Chapter through the next two years! Our Chapter elections will be held in February! It will be an exciting time for us. We will be electing a new president to lead us, as well as, a president elect and several board members.

Now is the time to consider whether you want to become more involved in the direction that the Chapter will be taking. We are accepting nominations for the positions that will be up for election for the 2008 — 2009 Chapter year. As Chairperson of the Nominating Committee I would ask each of you to consider volunteering for the Chapter. It is only through the interest and dedication of the members that the Chapter can continue to achieve the strides it has made over the past years.

If you have an interest contact me — I do want to hear from you!

The election returns last year were the best since I've been involved with the process. This year, please take a few minutes from your busy schedules and **VOTE.** Our chapter leaders are so very important to keep us on track with the mission of our organization.

It would be a great day if 50% or more of our members voted and returned their ballots. We would know that the membership really cares about the leadership of this great group.

CT HFMA Sponsors

By Mary Lou Sanders

Living in New England we understand that predicting the weather is always a challenge. We have learned to adapt on a day to day basis to the ever changing weather as well as the ever changing and challenging health care arena.

One thing that is constant is our list of sponsors. Each time we receive the CT Scanner, the last page is devoted to our sponsors and features their logos. As the new year gets underway, it is fitting for us to say a special thank you to our sponsors. It is through their support that we are able to fund our scholarships.

Our Sponsors do provide products and services to the healthcare industry. As each of you identify needs that your organization has, don't forget to see if any of the sponsors have products or services that could meet your needs. Support them as they have supported the Chapter.

Once again, thank you to our Gold Sponsors: Century Financial Services, Inc., Ernst & Young, Kreg Corporation and RBC Capital Markets and to our Bronze Sponsor: Saslow, Lufkin & Buggy, LLP. Without their help and support, we would not be able to accomplish some of our activities.

Lets not forget the opportunity for other healthcare organizations to become sponsors for our Chapter. Does your organization have products or services that the industry uses? Do you know any of the companies that provide these products and services that are not sponsors? Name recognition is the best way to keep your company in the forefront of the industry. Think about becoming a sponsor or referring a company to be a sponsor. Contact me if you are or know someone who might be interested in being a Connecticut Chapter sponsor.

HFMA's Certification Program

By: Bill Wollman

Many members inquire from time to time about the certification program and the fellowship recognition in HFMA. Past newsletters included frequently asked questions and answers about the requirements and preparation steps to take the certification exam and the certification exam and its contents. This is the third in the series and will focus on achieving fellowship recognition once you have become certified and the requirements for maintaining your fellowship recognition.

Bill Wollman, FHFMA – Chair, Certification Committee
(860) 852-0008; bwollman@choiceonemail.com

Joe Pajor, FHFMA, Committee member
Andrew Czerniewski, FHFMA, Committee member

Fellow of HFMA (FHFMA)

Q: What are the requirements for becoming a FHFMA?

A: To become an FHFMA, you must be a member of HFMA for at least a total of five years; hold the CHFP designation; have a bachelor's degree or 120 semester hours of college credit from an accredited education institution; meet the volunteer activity requirement, and provide favorable references. You must then submit to HFMA National a conforming, notarized application with the processing fee.

Q: I've been a CHFP and am interested in becoming a Fellow. What do I need to do?

A: First, determine if you have met all of the requirements for becoming a Fellow. If you have, submit a notarized application with the processing fee. HFMA National reviews the application to ensure all requirements have been met. This application is available at hfma.org under the Fellow section of the certification area. Applicants not meeting the requirements will be refunded the processing fee.

Q: What volunteer activities would meet that requirement to earn the FHFMA designation?

A: You must meet ***one*** of the following to fulfill the volunteer requirement for becoming a FHFMA within three years prior to submitting the FHFMA application:

- Earn the Follmer Bronze award
- Using the current Founders point system, earn a minimum of two points per year in two consecutive years and within three years prior to submitting the FHFMA application.
- Volunteer service for two years in a healthcare industry organization such as a state hospital association committee or task force; a local, state or federal government healthcare committee or task force; a professional association (e.g. ACHE, MGMA, etc.) committee or task force — within three years prior to submitting the FHFMA application. A written report of the activities and verification are required.

Q: How can I earn the Founders Points toward achieving the volunteer activity requirement?

A: Founders points are earned for completing volunteer activities within HFMA such as being an HFMA chapter or National committee member or officer, writing or reviewing HFMA articles/ publications, speaking at HFMA chapter or National events, or proctoring HFMA certification exams. Founders Point categories and point allocations are listed on the HFMA Web site at hfma.org.

Maintaining Designations

Q: Once I earn my CHFP or FHFMA designation, how long will I retain this designation?

A. You will retain the designation as long as you remain an active member of HFMA and meet professional development maintenance requirements every three years after earning the designation. The requirements include earning 90 contact hours every three years (based on 50-minute contact hour) for a three-year cycle, with a minimum of 20 contact hours per year and a minimum of 45 contact hours per reporting period in the field of healthcare finance. The reporting period begins June 1 the year after the designation is earned and ends May 31, three years later.

One contact hour is 50 continuous minutes of an educational activity covering topics in healthcare, finance, management skills, and professional development, less breaks, meals and social activities. Only structured education activities count toward the maintenance requirement and include those listed at hfma.org under the Maintaining My Certification section of the certification area.

Q: How do I determine the number of contact hours for a program?

A: Add the total length of the education event in minutes, subtract breaks, meals, networking activities, etc. and divide that total by 50. Round that number down to the nearest half hour.

Q: How will HFMA National know that I have met these requirements?

A: You are responsible for keeping current your online record of all eligible activities that you participate in with the exception of HFMA National sponsored education events for which you received a CPE letter from HFMA National. You are also responsible for entering into your record activities that you attend locally through your chapter and programs sponsored by your employer, other professional activities, etc. Your chapter is not responsible for this. Enter your education activities into your education record at hfma.org under the Maintaining My Certification section of the certification area.

Q: How do I know when I need to maintain my designation?

A: Your online record indicates your next maintenance due date. It is labeled as your "good thru" date. Also, the year in which you are due to maintain, HFMA National will send email notices to you requesting you to ensure accuracy and completeness of your education record.

Q: Do I also need to send in an application of evidence of meeting the maintenance requirements?

A: A hard copy application does not need to be sent to HFMA National. By updating your online education record, you are attesting to the accuracy and completeness of your record and agreeing to abide by the HFMA Code of Ethics. HFMA National reserves the right to audit records and require that all deficiencies be removed in order to retain the designation.

For more information . . .

Q: Whom should I contact for more information about the HFMA Certification Program?

A: Send inquiry to certification @hfma.org, call your local chapter certification contact person., or contact a member of the HFMA National Certification team at (800) 252-4362, ask for certification, or send an email to certification@hfma.org.

Newsletter Committee

By Steve Vargo

The Newsletter Committee is responsible for the coordination and publication of a minimum of 4 member newsletters per chapter year as defined by HFMA National. The Committee establishes and publishes a listing of newsletter publication dates and submission deadlines for articles for the year. The publication of the newsletter must meet all applicable Davis Chapter Management System requirements and is one of the key components of Chapter eligibility for receiving certain National Awards. It is also a key component in the new Balanced Scorecard approach the National HFMA is using to recognize Chapter performance and improvement.

The Committee is responsible for collecting and editing the identified articles. CT HFMA uses Association Resources to layout the articles, but the Committee is responsible for content, flow and overall readability. We currently have 6 members on the Committee. Lyn Wyskiel, Reimbursement Analyst for 3-M, Jim Moylan, CFO for Griffin Health Services, Kathy O'Shaughnessy, Manager of Accounting for The Hospital of St. Raphael, John Ruocco, Healthcare Consultant, Janet Roemer, Sr. Reimbursement Specialist for Yale New Haven Health System and myself, Director of Reimbursement for Masonicare.

The focus of the newsletter is many faceted. It should inform members about changes in the industry, both from a federal, as well as, a state perspective. The newsletter will also inform members of upcoming educational opportunities, as well as, recapping recent educational sessions. The Newsletter is also a vehicle for keeping members informed about Chapter events, other member's achievements and enhancing the personal and social aspects of the membership.

Each newsletter is distributed to all CT HFMA members, as well as, HFMA members from other Chapters who request copies. The Newsletter will primarily be distributed via email as an Adobe (.pdf) attachment. The Connecticut Hospital Association (CHA) performs this role on our behalf. Members without email capability will have a hard copy mailed to them at their requested official HFMA Mailing address.

The Committee is responsible for contacting all Officers, Board Members and Committee Chairs to gather data on possible articles based upon changes in the healthcare environment in which each Committee is responsible.

Over the years we have tried to enhance the quality of the newsletter. As we proceed through this year we are going to ascertain what members" expectations are and the areas of importance that they would like to see in the newsletter. We hope this effort can make the *CT SCANNER* a more useful publication for all of our members.

Membership Directory

By Kathy O'Shaughnessy

The Connecticut Chapter of the Healthcare Financial Management Association has released the membership directory for 2007-2008 in a new electronic format. All members should have received the electronic directory in an email from Steven Beaulieu on December 4, 2007. We hope you find the new format convenient and easy to use. There were a few members that had compatibility issues with the file that were resolved easily. If you have a issue with using the file please contact us. The membership committee welcomes your comments and suggestions. Please email us at sbeaulieu@mchct.org.

The membership directory is an important resource used by our members to contact each other throughout the year. The information published in the directory was obtained from HFMA's National Database. Please check the directory for the accuracy of your personal information. If anything needs to be changed, you may use the following link to update your personal information, http://www.hfma.org/membership/account/. Once you log in, simply follow the link and click on your name/ profile to review your membership profile and edit any information that is not correct. If you have difficulty logging on, you may call HFMA at (800) 252-4362, ext 2.

Besides the listing of the Chapter members the Directory also contains information about the Chapter and your membership in HFMA.

It is important that we all remember that this directory is to be considered a confidential document and is intended only for our personal use. It is never to be shared with anyone, even another HFMA member.

Save the Dates!

For: **Program for Physician/Hospital Relationships**
Date: February 26, 2008
Time: 8:30 a.m.-12:30 p.m.
Place: Courtyard by Marriott, Cromwell, CT

For: **CT HFMA Annual Golf Tournament**
Date: April 23, 2008
Time: 11:30 a.m. – Lunch; 12:30 p.m. Tee-Off
Place: Fox Hop Yard, East Haddam, CT

For: **HFMA Region 1 Conference**
Date: April 24 & 25, 2008
Place: Mohegan Sun, Uncasville, CT

For: **Annual Compliance Program**
Date: April 29, 2008
Time: Full Day program
Place: Connecticut Hospital Association, Wallingford, CT

The Connecticut Healthcare Financial Management Association proudly thanks the sponsors below for their contributions to our Chapter

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