

# CT SCANNER

Connecticut Chapter — Healthcare Financial Management Association  
April 2008



## Calendar of Upcoming Events in 2008

### CT-HFMA Events

April 23	CT-HFMA Annual Golf Tournament Fox Hopyards, East Haddam, CT
April 24-25	HFMA Region 1 Annual Conference Mohegan Sun, Uncasville, CT
April 29	Compliance Program CHA, Wallingford, CT
June 13	Annual Meeting and Medicaid Update Program Lyman Orchards, Middlefield, CT
July 13	Rock Cats Baseball Game New Britain, CT

### National HFMA Events

May 5-8	HFMA's Spring Seminar Series Seattle, Washington
June 23-26	HFMA ANI, Las Vegas, Nevada

### President's Corner

As hard as it is to believe, my two-year term as Chapter President is ending on May 31. I would like to take this opportunity to thank the Board, Committee Chairpersons and Committee members for their support and hard work in making my job enjoyable. In addition, I would like to thank the HFMA members for their suggestions, assistance and participation in various programs that enriches our association. It has been a pleasure and an honor to serve you.

I want to also remind everyone about our upcoming HFMA Region One Conference, which is being held at the Mohegan Sun Resort and Casino on April 24 and 25. This event, which is being chaired by CT Chapter's own, Kathy Pajor, is shaping up to be another super event. All vendor slots are sold and we are hoping for the same with participant's registration spaces. In response to the overwhelming attendance we have experienced in the past few years we have secured larger rooms to accommodate the increasing number of registrants. If you have not yet signed up there is still time.

Our own CT Chapter Golf Tournament being held at the Fox Hopyard in East Haddam, CT precedes this event on April 23 (a short ride from the Mohegan Sun). This tournament has sold out in each of the past two years and we fully expect this year to be sold out as well, so contact Mike Rosadini to secure your spot.

Sign up information and more details for either or both of these events are available on our CT Chapter Web site [www.cthfma.org](http://www.cthfma.org).

We are also getting ready to offer another family oriented social event. We have just worked out a deal with the New Britain Rock Cats to offer our members discounted group tickets to one of their July games against the Red Sox Farm Team. Details of this event are in this issue.

Your Board Executive Team is preparing to attend the Leadership Training Conference (LTC) being held in San Antonio Texas on April 13, 14 and 15. Yes one of those dates is a Sunday... one's work is never done. We hope to come back with new ideas to make your membership in HFMA more rewarding. In conjunction with this please remember that we are always available to listen to your needs and wants to enhance the value of your membership. Just contact any of us on the Board with your suggestions.

As always, please support our Chapter activities and once again, it has been an honor to serve with, and for all of you.

Go in Peace.



### Web Site Information

Chapter – [www.cthfma.org](http://www.cthfma.org)

National – [www.hfma.org](http://www.hfma.org)

Submit comments to:

Andy Czerniewski  
(203)238-6880

[aczerni@rushford.org](mailto:aczerni@rushford.org)

# The 2008 Election Process and Results

By Mary Lou Sanders

This year our Chapter elected its officers and five directors who will serve from June 1, 2008 through May 31, 2010. In order to reach as many members as possible, we downloaded the Chapter roster from National HFMA and electronically sent ballots to those members with email addresses. We then mailed hard copy ballots to those members with no email addresses. In addition, we sent two reminders to vote by email in order to get as many responses as possible.

Through these efforts we did receive more responses than we did last year. However, the disappointing fact is that less than 50% of the membership took the time to vote.

It is our responsibility to provide the membership with quality candidates to lead the Chapter. The six officer candidates are active committee and/or board members. The candidates for the board are all active as well. We elect five board members annually for two-year terms in order to maintain a smooth transition.

In addition, there are a few interesting facts we noted for future reference.

- Four people did not vote for the officers. One commented that there was no point in doing so because there was no choice.
- There was one write-in vote for president. It was not a self-nomination.
- One member voted twice. More than likely because of all the reminders. However, we only counted the first ballot received.
- One ballot was disqualified because it was not signed.
- One ballot was disqualified because the vote was for six directors and not five.
- Two ballots were disqualified because they were received after the deadline.

Thank you to the members who took the time to vote. I encourage you to continue to be active participants in the Chapter by volunteering to serve on a committee, assist in suggesting programs and taking advantage of the offerings by our Chapter, Region 1 and the HFMA National.

The slate of Officers and Board members elected by the membership for 2008-2010 are:

President	Jim Harris
President-Elect	Joe Pajor
Treasurer	Steve Beaulieu
Secretary	Jacqui Gorin
Vice-President, Programs	Barbara Durdy
Vice President, Membership	Steve Vargo

Board Member	Gary Bergenty
Board Member	Cassandra Mitchell
Board Member	Kathy Pajor
Board Member	Janet Roemer
Board Member	Sue Stanley



Connecticut Chapter — Healthcare Financial Management Association

## CT HFMA OFFICERS AND DIRECTORS

### OFFICERS

Lou D' Auria, *President*  
 Jim Harris, *President-Elect*  
 Steve Beaulieu, *V.P. – Membership*  
 Gary Bergenty, *V.P. – Programs*  
 Sue Stanley, *Treasurer*  
 Jacqui Gorin, *Secretary*  
 Mary Lou Sanders, *Past President*

### BOARD OF DIRECTORS

Andy Czerniewski	Doug Payne
Barbara Durdy	Mike Rosadini
Bob Halko	Todd Theisfeldt
Joe Pajor	Steve Vargo
Kathy Pajor	Bill Wollman

Kathy Pajor is also the 2007-2008 Regional Executive

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Steve Vargo, (203) 679-5359 or email svargo@masonicare.org

## Save the Date

Joint CT HFMA & CHA  
Annual Corporate Compliance Program

### When

April 29, 2008  
8:30 a.m. to 3:00 p.m.

### Where

CHA, Wallingford, CT

# Connecticut Chapter Responds to CT Scanner Survey

By John Ruocco

In our January, 2008 issue we announced that the membership would be invited to provide feedback on our efforts to provide you with a more meaningful newsletter. A questionnaire was then electronically sent to all members (350+) and, while we were not overwhelmed with responses,

we did receive enough feedback to evaluate our progress and to report the results to you. There were no responses that said the survey took longer than the 2 minutes we promised so I guess we were not that far off with our estimate. Kudos to those who took the time to help us!

Overall, the respondents to the survey were overwhelmingly positive in their evaluation of the design, content and benefit of the revitalized version of the Connecticut Chapter's newsletter, *CT Scanner*. The overwhelming majority (over 85%) indicated that they regularly read most of the material presented and all respondents (100%) reported that they read at least part of every issue. Over 90% reported that the *CT Scanner* was "just right" in terms of its length. Similar positive assessments were given the newsletter in terms of its format, informational currency and accuracy, its usefulness as a professional tool and its value to members of the Connecticut Chapter as a well-written and pertinent document.

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***Overall, the respondents to the survey were overwhelmingly positive in their evaluation of the design, content and benefit of the revitalized version of the Connecticut Chapter's newsletter, CTScanner.***

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As to the *CT Scanner's* regular columns and features, all respondents (100%) found its news articles to be professionally beneficial. The vast majority (percentages ranged from 75% to over 90%) found similar benefit in the newsletter's technical articles, president's message, educational session notices and

reviews, and social event announcements and reviews.

In addition to an invitation to assess the revised *CT Scanner*, the survey invited member feedback as to the topics that should be emphasized or increased. Responses to this invitation indicate that articles on chapter activities were most appreciated followed by topics covering HFMA resources, legal and regulatory matters, member news and profiles, job postings and technical matters. There were no suggestions as to other columns or features that we could consider for inclusion.

The distribution of the *CT Scanner* electronically was almost unanimously approved, with only about 4% preferring regular mail. The current distribution is about 4% mailed due to members not having an email address in their HFMA profile. Comments as to format of the electronically transmitted version included a suggestion that we try to keep articles on one page, (i.e., that while print formatting requires the breakup of an article to physically fit on a printed version, an electronic publication does not have similar limitations). We will try to keep that in mind in future editions. We welcome any additional suggestions as to alternative formatting that we may consider.

None of the members responding reported an "unsatisfactory" overall assessment of the revised *CT Scanner*. The vast majority (over 87%) assessed the publication as being "extremely" or "very" satisfactory with the balance rating the newsletter as "satisfactory."

There were several suggestions for improvement that we will be evaluating over the next couple of months to see how we can incorporate them into the *CT Scanner*. To all of our members that participated in the survey we extend our sincere thanks for your honest responses and feedback.

If anyone has any comments that they may not have included in the survey or was unable to complete the survey please send them to us. Your feedback is our best source of ideas for continued improvement.



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# ANI

## June 23-26, 2008

Although ANI 2008 is not coming to a location near us, it still remains the premier educational event of the year for healthcare financial executives. At ANI, you'll have the opportunity to choose from over 80 education sessions covering the hottest topics in financial management; revenue cycle; payment, reimbursement, managed care; and compliance.

- What's Next in Medicare, RACs, Policy, Tax and Legal
- Accounting, Audit and Tax-Exempt Issues
- Physician Relationships and Compensation Models
- Pricing Strategies and Patient Communication
- Medicare, Managed Care and Revenue Strategies
- Charge Capture and Documentation Best Practices
- Financial Performance and Analysis Models
- Supply Chain and Cost Management

Attendees will walk away with ideas, tools, and results to help their organization achieve outstanding financial and operational results, as well as move their own career forward. The nation's leading experts will enlighten you with information and provide answers to your most pressing questions. Networking opportunities will allow you to exchange experiences and valuable knowledge with your peers. Besides the great educational opportunities, ANI offers take aways such as:

- A CD containing many of the session handouts, tips and tools
- Access to the ANI Idea Exchange Exhibit that offers:
  - Access to more than 400 top industry suppliers
  - Ideas and solutions for your organization
- Ability to network with your peers from across the country
- Access to your e-mail in our Internet Café
- Career coaching and Certification study and exams
- Registration to win great prizes

### **Make Plans to Register by May 19 and receive the Early Bird Price!**

Please submit your registration early in order to allow ample processing time. You will receive an e-mail confirmation as soon as the registration process is completed. Any registrant who has not received an email confirmation should call HFMA's Member Services Center at (800) 252-4362, extension 2, to confirm that the registration has been received. For more information or to register on-line go to <http://www.hfma.org/tools>.

HFMA stands behind the quality of our programming; therefore, if you are not satisfied, we will gladly refund your money, or provide you with a credit certificate toward any future HFMA National educational programs or select products.

## A Special Announcement for All Chapter Past Presidents

*By Kathy Pajor, FHFMA, Regional Executive, HFMA Region 1*

The Past Presidents Dinner is being hosted in conjunction with Region 1's Seventh Annual Healthcare Conference, which will take place on April 24-25, 2008. It is a great opportunity for you to reconnect with old friends, catch up on what's been going on with HFMA — locally, regionally, and nationally, and enjoy a wonderful evening of excellent food and fellowship.

Start your evening on April 24 by joining us for the conference reception from 4:30 p.m.-6:30 p.m. This will provide you an opportunity to not only socialize with other Past Presidents, but with all conference attendees including friends and acquaintances from your chapter and Region 1. Dinner is planned for 6:30 p.m. with special guests National HFMA Chairman-Elect Robert Broadway, FHFMA and National HFMA 2006-07 Past Chairman Joe Fifer, FHFMA.

**There is no charge to you for the reception and the dinner.** Don't delay, confirm your participation as our guest for the Past Presidents Dinner and bring your spouse or guest for just \$50. If you have questions regarding the Past Presidents Dinner or the conference, do not hesitate to contact me at [administrator@beechwoodrehab.net](mailto:administrator@beechwoodrehab.net).

I look forward to seeing all of the Chapter Past Presidents on April 24, 2008, at Mohegan Sun.

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# **HFMA Day** **at New Britain Stadium**



**SUNDAY, JULY 13<sup>TH</sup>, 2008**

**VS. PORTLAND SEA DOGS**  
(AA AFFILIATE OF THE BOSTON RED SOX)

**Gates Open: 12:05pm**

**Game Time: 1:35pm**



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THIER FAMILY AND FRIENDS AT THE BALLPARK**



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# Hospital-Physician Relations Program

By Eric Wetherell

On February 26, 2008, approximately 25 people attended the Hospital-Physician Relations program held at the Courtyard by Marriott in Cromwell. This program was divided into two sections, the first of which focused on providing an overview of pay-for-performance and quality of care, the national trends in hospital-physician alignment, and demonstrated sustainable models and approaches to hospital-physician alignment. The second half of the program provided a review of the various legal matters related to hospital-physician alignment models.

Geoff Coffman and Jeff Short, both from PricewaterhouseCoopers' health care advisory practice, co-led the first section of the program.

First up was a discussion of pay-for-performance, a response to the call for cost reduction, improved service, quality and transparency, and increased accountability. Competition is no longer just about market volumes. Rather, providers need to be the best clinical performers in order to maximize their reimbursement and protect or grow their market share. Pay-for-performance is expected to account for a significant portion of what the Federal government pays providers over the next five to ten years.

Hospital and physician partnership alternatives were also discussed. The cornerstone of any hospital-physician alignment strategy must be patient quality and service improvements, while also making prudent strategic and financial sense. The various hospital-physician alignment models discussed included the equipment leasing model, management services agreements, the under arrangement model, the traditional equity ownership joint venture model, and the joint venture management company model.

The joint venture management company model was discussed in further detail, and a case study that demonstrated this model in action was also presented.

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***“providers need to be the best clinical performers in order to maximize their reimbursement . . .”***

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After the break, Tom Dutton, Esq., a partner in the national law firm of Jones Day and co-chair of its health care practice, discussed the legal aspects related to hospital-physician alignment models.

He began his presentation by explaining the changes in the Stark Law Phase III regulations, including the change in the



From left Tom Dutton (Jones Day), Jeff Short and Geoff Coffman (PricewaterhouseCoopers).

definition of a Stark Law Entity and the in-office ancillary services exception. With regard to the definition of a Stark Law Entity, a person or entity is considered to be furnishing designated health services (“DHS”) if it has performed the DHS, or presented a claim or caused a claim to be presented for Medicare benefits for DHS.

There are currently no changes to the in-office ancillary services exception. However, the Stark Law Phase III preamble commentary suggests potential significant changes on the horizon.

Next, Tom discussed the proposed and final regulations related to the Medicare physician fee schedule related to Stark Law Phase III. This included a discussion on several of the final regulation points including:

- prohibiting the mark-up of diagnostic tests performed by an outside supplier,
- the proposed regulation that would impose a set-in-advance requirement (no per-click payments) for the rental of office space, equipment, and personal services arrangements, and
- the proposed regulation that an independent diagnostic treatment facility involved with another Medicare-enrolled individual or organization cannot:
  - share space or equipment,
  - lease or sublease its operations or its practice location, or
  - share diagnostic testing equipment used in the initial diagnostic test.

Finally, Tom spent a considerable amount of time discussing several of the legal matters related to the various hospital-physician alignment models that were presented during the first half of the program.

Given the range of hospital-physician alignment models available and the complicated regulations surrounding each of these models, any organization considering implementing any of these models should seek proper guidance. This will ensure that the right model for hospital-physician integration is chosen that best fits within the strategic objectives of the organization. It will also mitigate risk and reduce the potential exposure related to these models.

The program was very informative, was well received and generated a significant amount of pertinent discussion, demonstrating the significance of this matter in today's healthcare environment.



## CT HFMA New 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.

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# Inpatient, Outpatient, or Observation?

## Avoid Denials with These Strategies from Industry Experts

Scenario: A hospital transfers a patient in semi-urgent status to a second hospital. The second hospital admits him to its observation ward. After the first two days, staff decide that he needs a pacemaker, so he undergoes surgery. He spends a total of four days in the second hospital.

Unfortunately, the second hospital never changed the patient's status to inpatient. This scenario occurred over a holiday weekend, which added to the confusion and inappropriate assignment. Also, surgery/case management staff failed to consult with the physician immediately upon the decision to perform the pacemaker surgery.

Because four-day observation stays aren't allowed, the hospital loses the entire stay, which includes a pricey pacemaker procedure.

"The patient got a free pacemaker and a free four-day stay," says **DeAnne Bloomquist, RHIT, CCS**, chief consultant of Mid-Continent Coding, Inc., in Wichita, KS. "It is up to individual fiscal intermediaries [FI] to approve a stay longer than 48 hours, and I have never seen that happen."

### Denied Stays Grow More Frequent

Bloomquist says the issue of denied stays is growing larger. "FIs can save more money by denying entire stays than quibbling over a complication/comorbidity," she says.

Bloomquist says that's true of both scenarios — patients inappropriately admitted to inpatient status and outpatients who undergo a procedure that warranted an inpatient stay.

One example of the former is an uncomplicated inguinal hernia procedure. The patient is otherwise healthy, yet he has a two- or three-day stay for the repair without any documented complications or comorbidities.

"Surgery [staff] should be catching these cases and discussing them with the physician at the time of scheduling," Bloomquist says.

A common scenario of an outpatient whom the hospital should have admitted as an inpatient happens during a percutaneous transluminal coronary angioplasty with a drug-eluting stent placement.

Guidelines clearly state that when a procedure such as a heart catheter becomes more complex (i.e., the physician's intent is for the patient to stay 24 hours or longer), the patient should be converted to inpatient status at that time, Bloomquist says.

Nurse reviewers and case managers who rely solely on the fulfillment of a criteria set (e.g., InterQual® clinical criteria) to the exclusion of CMS guidelines or local coverage determinations (LCD) can make scenarios such as the ones above more likely to occur, she says. "What matters is the physician's intent, above everything else," she says.

Communication breakdowns are sometimes the culprit, explains **Terri Rinker, MHA**, reimbursement manager for Community Hospital Anderson in Anderson (IN).

"We had a denial after scheduling told the physician office the procedure needed to be done inpatient. The surgeon did the

procedure, but wrote the orders for outpatient [23-hour observation]," she says. "Communication between the surgeon's office staff and the surgeon didn't take place."

### Inpatient-only List a Problem

Sometimes, entire-stay denials occur when a surgeon begins a scheduled surgery and performs a second procedure based on a subsequent finding, and the second procedure is on the Medicare inpatient-only list, Rinker says.

Keeping scheduling, coding staff, and physicians aware of the inpatient-only list is a challenge. Regular education is necessary because the list is updated annually in the outpatient prospective payment system (OPPS) final rule, but unfortunately it's not always a high priority for physicians.

"This is even more true because the inpatient-only list applies only to Medicare patients," Rinker says. "Commercial payers will sometimes allow a 23-hour stay for these types of patients before they go home."

But Medicare has a strict policy with this list, and if you submit an inpatient-only procedure on an outpatient claim, Medicare will deny the claim. "There's no appeal rights with Medicare," Rinker says. "With commercial payers, you at least have appeal rights where you can ask them to look at the age or health of the patient, comorbidities, etc."

### Combat Denied Stays

What can you do to prevent future costly billing mistakes? Try these five strategies in your facility:

**1. Clarify the physician's intent.** Do so before the hospital discharges the patient.

For example, sometimes physicians write only "admit" on the order, rather than "admit to observation" or "admit to inpatient."

"It's imperative that the level of care is documented in the record," says **Patricia Woods, RN**, clinical director of case management for Community Hospital Anderson. "When physicians write 'admit' and are retrospectively asked to clarify their intent, their response may be, 'Yes, I meant admit to observation, or admit to inpatient.'"

"Ask the physician after [he or she] opted for surgery whether [his or her] intent was to make the patient an inpatient," adds Bloomquist.

**2. Train surgical staff / designate a surgical staff representative to take responsibility for the inpatient-only list.** CMS publishes an inpatient-only list every year in the OPPS final rule. These are procedures that physicians can only perform on an inpatient basis, and if a staff physician performs the procedure on an outpatient, Medicare denies the claim.

"Our case management staff educated surgery staff on the inpatient-only list, including surgery assessment nurses," Woods says. This included making sure that the inpatient-only list was readily available and posted prominently where staff could quickly check it.

*Continued on page 9*

## Inpatient, Outpatient, or Observation? \_\_\_\_\_

*Continued from page 8*

Before you begin education, weed out any procedures your hospital doesn't perform to keep the list down to a manageable size.

"Brain surgery and heart transplants are procedures our hospital doesn't perform. We took them out so there aren't as many codes to look through," adds Rinker.

**3. Consider software that flags inpatient-only surgeries.** When surgical registration staff at Community Hospital Anderson schedule a surgery and it's an inpatient-only procedure, a prompt on the computer screen tells them so.

**4. Dedicate a coder to surgery.** In 2005, Community Hospital Anderson put a coder in its medical surgery unit, to both improve coding and watch for inpatient-only surgeries "This coder worked closely with case managers," Woods says. "It's pretty cumbersome to ask a nurse to check for these procedures."

**5. Change patients' status postdischarge and prebill.** Bloomquist notes that in some instances you can change a patient's status postdischarge, before billing staff send off the claim for processing. This all depends on whether your FI allows it in its LCD, so make sure to read the regulations.

For example, Riverbend is the FI for rural health clinics in Alaska, Alabama, Arizona, California, Colorado, Florida, Georgia, Hawaii, Iowa, Idaho, Illinois, Indiana, Kansas, Kentucky, Michigan, Minnesota, Missouri, Mississippi, North Dakota, Nebraska, North Carolina, Ohio, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Utah, Washington, and Wisconsin. It states the following in its LCD:

*If the physician's written order is ambiguous or inconsistent with behavior that suggested a different intent, the physician may clarify that order (intention) at any time prior to initial facility billing.*

"The clarification is supposed to be made prior to discharge, but you can definitely still discuss the patient's status prior to billing if your sole intent is to clarify what the physician's intent was," Bloomquist says.

*This article was originally published in the June 2006 issue of HCPro's Patient Access Advisor, part of the Patient Access Resource Center. For more information, visit [www.hcmarketplace.com](http://www.hcmarketplace.com).*

# Founders Awards Recipients

*By Steve Vargo*

The Founders Awards Program was established by HFMA to recognize members who volunteer their time for Chapter, Region and National committees and events. It is a personal incentive program designed to encourage, monitor, and recognize individual involvement in HFMA. The three basic award levels involve reaching designated milestones for the points earned through the member's efforts.

Volunteer activities which earn points include committee involvement, serving as an officer or board member, presenting a program to the chapter, participating in a panel presentation, writing newsletter articles and mentoring a new member, to mention a few.

The Connecticut Chapter members have earned

63 - Follmer Bronze

36 - Reeves Silver

22 - Muncie Gold

awards over the course of the Chapter's existence.

This year the Connecticut Chapter has 5 members that have reached one of these milestones and earned the right to be part of this elite group. The Board expresses its sincere thanks to each of these recipients and looks forward to them continuing their volunteer efforts to HFMA.

### **Follmer Bronze Award**

Earned upon attaining 25 Founders Points

Steven D. Beaulieu

Gary D. Bergenty

Jacquelyn A. Gorin

### **Reeves Silver Award**

Earned upon attaining 50 Founders Points

Janet F. Roemer, FHFMA

Stephen W. Vargo

The Founders Awards will be presented at the Chapter's Annual Meeting on Friday, June 13, 2008 at Lyman Orchards. Please join us in congratulating these members on their achievement.

# Save the Date

## Annual Meeting & Medicaid Update Program

### **When**

June 13, 2008

8:30 a.m. to 2:00 p.m.

### **Where**

Lyman Orchards, Middlefield, CT

- Installation of Officers and Directors
- Presentation of Members Awards
- Update on Medicaid Activity

## Term Ends on CT HFMA Board

By Mary Lou Sanders

Being a long time volunteer for CT HFMA has been a fulfilling experience for me. I have had the opportunity to serve in a variety of capacities including that of Chapter President in 2004 and 2005, and currently as Immediate Past President. I have chosen not to seek another term on the Board of Directors in order to provide an opportunity for others to participate in the governing and decision making process.

Although this is a difficult decision, I am confident that the Chapter will continue to grow, since in the last two elections we had more volunteers wanting to be on the Board than there were openings. While I will no longer be a Board member, I intend to take an active role in Chapter activities and be an active committee participant.

Over the past several years I have seen numerous improvements in member services. We instituted a ballot that provided a short candidate bio that allowed members to know a little about the person(s) for whom they were voting. The number of nominees exceeded the openings, providing more choices for our membership. We worked to increase the number and quality of our educational programs. The newsletter has grown to communicate more information to our members. All of the Region 1 Chapters have combined their resources to offer an award winning conference that has and continues to grow in attendance. The responses to these initiatives have been positive.

There is not enough space to thank all those who worked with me during my years on the Board and as President. If I start naming names, I will certainly take up all the newsletter space and still omit someone's name. Therefore, to all who stepped up to the plate, despite their busy schedules, please accept my sincere gratitude for all you have done to assist me and do all you can do to contribute to the continued growth and success of this great CT HFMA Chapter. I would be remiss if I failed to also thank the Regional Executives and volunteers from Region 1 and the personnel at HFMA National who came to offer advice and work with us in extraordinary times.

**LAST CHANCE TO SIGN UP**

### CT HFMA GOLF TOURNAMENT

**Fox Hopyard Golf Club  
East Haddam, CT**

**April 23, 2008**

CT HFMA is again sponsoring its annual golf tournament to coincide with the HFMA Region 1 Conference.

The tournament will start with Registration and Lunch at 11:30 and the Games will begin with a shotgun start at 12:30 pm. After the tournament a reception will be held in the Gazebo and prizes awarded.

For more information on registration or sponsoring opportunities, contact Mike Rosadini at (860) 524-3510 or michael.rosadini@ey.com

**LAST CHANCE TO SIGN UP**

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

By Kathy Pajor, FHFMA, Region 1 Executive

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. To register for the golf tournament and the conference information go to [www.cthfma.org](http://www.cthfma.org). It's that simple!

We have also scheduled a reunion dinner for all Past Presidents serving a Region 1 Chapter for the evening of April 24th (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.

*See you at the conference!*



There's still time to take part in HFMA's Member-Get-A-Member Program. Encourage a non-member or a former\* HFMA member to join before the **April 30, 2008, deadline!**

Success starts with you...Members are the best resource for attracting new members to the HFMA. As a current HFMA member, you are in the best possible position to share your experience as a member and help impact HFMA's future; no one knows the value of membership better than you!

**MEMBER-GET-A-MEMBER HOME-STRETCH PRIZE:** Whenever someone you refer becomes a new member who begins their membership between March 1, 2008, and April 30, 2008, or a former member who reactivates their membership between March 1, 2008, and April 30, 2008, you will be entered into a drawing to win the **iPod Touch**; the more members you recruit the better your chances to win.

In addition, all members you recruit will be included in your overall MGAM program total, which ends April 30, 2008. Please make sure your name appears in the "sponsor" area of their application in order to receive proper credit.

For complete information on HFMA's 2007-08 Member-Get-A-Member Program, or if you have any questions please contact our Member Service Center at (800) 252-4362, extension 2, or email at [memberservices@hfma.org](mailto:memberservices@hfma.org).

**You are the strongest recruitment link to new members!**

\*Details of the MGAM program are available on-line. Sponsors will receive credit in the Member-Get-A-Member campaign for former members who reinstate (reactivate) their memberships between August 1, 2007, and April 30, 2008. Sponsors will also continue to receive credit in the Member-Get-A-Member campaign for new members who join (or have joined) between June 1, 2007, and April 30, 2008.

# Save the Date

## Region 1 Conference

**Place**

Mohegan Sun, Uncasville, CT

**Date**

Wednesday, April 23, 2008  
CT Chapter Annual Golf Outing

**Conference Dates**

Thursday & Friday, April 24-25, 2008



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

**Gold Sponsors**



**Bronze Sponsor**

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