

CT SCANNER

Optimizing Employee Productivity Tools for Identifying and Addressing Staff Variances

by Laura Nicoletti, M.S.A, C.S.S.B.B.

Human resources are the most valuable and expensive components of the healthcare budget. Having a practical method to measure staffing variances is useful in the salary-management process. A simple tool for recording and graphing staffing and patient volume will be provided. This tool will help managers identify time frames when staffing variances occur. Once variance periods are identified, managers have the greatest challenge in designating a plan to manage them. Practical methods, already used successfully, will be outlined.

Exhibit A is the tool for recording staff time and patient volume. Refer to step 1. Each hour in the day shift is keyed in the first column. Eight random work days are noted in the headings. The recorder keys the number of patients in a department at the top of the hour. A number of different methods can be considered for obtaining the patient volume. A reconciled schedule can be used in ambulatory treatment areas. Inpatient unit staff can record the number of patients on the floor at the top of each hour.

For step 2, the recorder keys in the number of staff members who are delivering and/or contributing to providing service for each hour in the grid. Payroll records can be used as a starting point. However, caution must be taken. If employees are not available to provide or contribute to service, they should not be counted on the grid. For example, do not count employees on break or meals. Do not count employees away from the department due to training. The goal in this step is to record employees who are in the service area contributing to service. The manager can use one grid to record all staff from different job types. Another option is to use one grid per each job types so variances by job type are readily identified.

Simple calculations are done in step 3. Divide the number of patients in step 1 for each hour and day by the number of employees in step 2 for each hour and day. For example, there were 10 patients on 3/19/10 at 8:00 and 3 employees on the same day and hour. Divide 10 by 3 to get 3.33 patients per each employee in that hour. Rounded numbers are used so 3.33 is represented as 3 in the bottom grid. The last calculation is in the column headed, "Avg Pts per Hr per Staff." This is an average of the numbers in each line. For example from 8:00 to 9:00 on the days represented, there is an average ratio of 2 patients to 1 employee.

A key piece of any staffing analysis is establishing the volume range that one employee can reasonably manage. Here are some options for establishing a range. Research if benchmark data is available for the service. For example, some inpatient specialty units and most diagnostic tests are guided by expert or credentialing organizations. Review how your department staffing ratios compare to those recommendations. Another option is to consider doing a prospective time study. This study is best conducted by a person who has a record of delivering quality service in a timely fashion. As the sub-heading in step 3 notes, the target ratio for this example is 3 to 5 patients per employee per hour.

Refer to graph, Exhibit B. The x axis, hour of the day, is from the first column in Exhibit A. The y axis is from "Avg Pts per Hr per Staff" from step 3 in Exhibit A. The target range of 3 to 5 patients per hour per employee is the area between the purple and red lines. In this example only one point, between 9:00 and 10:00, is plotting in the target range. During this hour, each employee is managing 3 patients on the average for the days represented.

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President's Corner

by Joe Pajor, Chapter President

Yo, How We Doing?

HFMA will be sending out a survey to each Chapter member in the next few months. My message to you is that our Chapter Board takes this survey very seriously. I think our recent national recognition supports this fact as well as the results of last year's survey.



You should be receiving the next survey in October. Before you complete the next survey, I want you to focus on four key points when taking the survey. To help you remember these points, I have linked them with some famous song lyrics world so they will be easier to remember come October:

1. Honesty is hardly ever heard, but mainly what we need from you. [Elton John]

We want to hear from a majority of Chapters members and we want your honest evaluation of how the Connecticut Chapter is supporting your professional growth. Last year's survey was completed by 69 Chapter members representing 26% of our Chapter. Since this survey weighs heavily on major board actions, the greater the number of respondents, the greater validity we can assign to the Chapter membership feedback.

2. If you like us and want to show it, "clap your hands." [Or at the very least, check *very satisfied* in the survey].

On a Chapter survey, the percentage of very satisfied or extremely satisfied responses indicate to national our Chapter is listening to our members. So if you think we are going a good job, and check satisfied, *that counts against the Chapter in the survey*. So if you think we are going a good job, check either very satisfied or extremely satisfied.

3. I Can't Get No Satisfaction – Rolling Stones [Well, yes you can if you are a Connecticut Chapter member.]

The 2009 survey saw a jump in membership satisfaction. Fifty-one percent of our members indicated they were either very satisfied or extremely satisfied with our Chapter activities. This was a huge increase from the previous survey which indicated only a 39% high satisfaction rating.

So we like to think that all the new educational programs including the Medicare Boot Camp and the new Annual meeting format will continue to provide increased satisfaction to our membership.

4. I'm Moving On Up – Diana Ross [At least, the Chapter is moving on up.]

At this year's HFMA ANI [Annual National Institute], the Connecticut Chapter received four awards. One for membership growth and retention, one for certification efforts, one for educational performance , and one for member satisfaction improvement.

Connecticut was one of a handful of the 79 HFMA Chapters who received awards in all four of these categories.

I hope you now understand the importance and value that the Board places on your survey.

So, "Yo, how we doing?"

HFMA will be sending out a survey to each Chapter member in the next few months. My message to you is that our Chapter board takes this survey very seriously.

CT SCANNER

Connecticut Chapter — Healthcare Financial Management Association

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Summary of Major Fraud and Abuse Regulations

by Timothy Cleary, FHFMA

False Claims Act (FCA): This Act imposes civil penalties on individuals and organizations that knowingly submit a false claim or statement to a federally-funded program or otherwise conspire to defraud the government in order to receive payment. It also protects people who report suspected fraud, “whistle blowers.” The FCA applies to billing and claims sent from the hospital to any government payor program, including Medicare and Medicaid.

The FCA does not require the hospital to have knowledge that the information it provides to the government is false. It is sufficient that a hospital provides the information to the government either in “deliberate ignorance” or “reckless disregard” of the truth or falsity of the information. Thus, if a hospital should have known that its representations to the government were not accurate it may constitute a violation of the Act. Likewise, if a hospital deliberately ignores information which may have revealed the falsity of the information submitted to the government, it may also constitute a violation of the Act.

Violations can result in penalties up to \$11,000 per false claim plus three times the amount of damages sustained by the government. Also, the government can exclude violators from participation in government healthcare programs (Medicare and Medicaid).

Anti-Kickback Statute: This felony criminal statute prohibits the intentional offer, payment, solicitation, or receipt of any form of remuneration for the referral of Medicare/Medicaid patients. Violators may be punished by fines of up to \$25,000 per violation plus imprisonment of up to five years, additional civil penalties, and exclusion from participation in Medicare and Medicaid. However, regulatory safe harbors exist.

Stark (Physician Self-Referral Law): Stark is a complex law that prohibits physicians from making certain Medicare referrals to entities with which they or their family have a financial relationship.

Though exceptions exist, sanctions include refund of payment, civil monetary penalties, and exclusion from participation in Medicare and Medicaid.

HIPAA & ARRA: Through its privacy and security rules, Health Insurance Portability and Accountability Act (HIPAA) requires a hospital to maintain the confidentiality of Protected Health Information (PHI). A hospital must appoint a privacy officer and a security officer. The American Recovery and Reinvestment Act (ARRA) significantly expands the scope of the privacy and security requirements under HIPAA pursuant to the Health Information Technology for Economic and Clinical Health Act (HITECH Act) provisions within the ARRA.

The HITECH Act increases civil penalty amounts based upon the level of intent and neglect (i.e., whether the violation was made without knowledge, due to reasonable cause, or due to willful neglect). For violations determined to be made without knowledge, penalties start at \$100 per violation and are not to exceed \$25,000. For violations based on reasonable cause, penalties start at \$1,000 per violation and are not to exceed \$100,000. For violations due to willful neglect, penalties start at \$10,000 and are not to exceed \$250,000. For violations due to willful neglect that are not corrected, penalties start at \$50,000 and are not to exceed \$1.5 million.

Emergency Medical Treatment and Labor Act (EMTALA): Known as the “anti-dumping law,” this law prohibits hospital emergency departments from delaying care, refusing treatment, or transferring patients who cannot pay for services to another hospital.

Compliance Corner will be a recurring article in the *CT Scanner* which will focus on compliance and privacy matters that affect healthcare organizations.

Connecticut Chapter HFMA FY2010/2011 Education Programs

September 9, 2010	October 14, 2010	October 2010	November 2010	December 2010
Healthcare Financial Accounting and Reimbursement 101	Health Reform	Medicare Changes	Leadership Skills	Medicare Update

January 2011	March 2011	April 2011	April 2011	April 2011
Medicare / OHCA 101	Revenue Cycle	Mini Leadership Training Conference	Corporate Compliance	Medicare Boot Camp



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CT Chapter Healthcare Financial Management Association Presents:

The Impact of Federal Healthcare Reform on the Connecticut Healthcare Industry

A New Landscape for Connecticut Providers, Insurers, Employers and the Patient Public

Date & Time: Thursday, October 14, 2010, 9:00 a.m. - 4:00 p.m. (social hour to follow)

Location: Crowne Plaza Hotel, Cromwell, CT., Exit 21 off I-91

Program Agenda:

8:30 a.m. - 9:00 a.m.	Registration / continental breakfast
9:00 a.m. - 12:15 p.m.	Presentation
12:15 p.m. - 1:15 p.m.	Lunch
1:15 p.m. - 4:00 p.m.	Presentation (speakers' panel from 3:00 p.m. - 4:00 p.m.)
4:00 p.m. - 5:00 p.m.	Social Hour

Program Summary:

The Connecticut healthcare and employer benefits landscape will never be the same after the recent healthcare reform legislation takes effect. A full day will be devoted to painting the picture of the diverse implications of this new law on various stakeholders and how it will affect Connecticut specifically. This includes a current snapshot of the failings and successes of Massachusetts Healthcare Reform which the federal program was in great part modeled after. Our program will conclude with a panel discussion in which participants' questions will be addressed by a diverse panel of speakers.

Speakers:

- **Gerard A. Vitti, President & CEO, Healthcare Financial, Inc.:** Breaking Down Massachusetts Healthcare Reform and Taking a Look at the National Model
- **Chad Mulvany, Technical Director, HFMA:** Healthcare Reform: The Value Imperative
- **Ann K. Edwards, Director, PricewaterhouseCoopers LLP:** Cost Structure Improvements – Realigning Costs in Light of Healthcare Reform
- **Robert B. Davis, Director, Deloitte Consulting LLP:** Impact of Healthcare Reform on Employers
- **Cristine Vogel, Special Advisor to the Governor for Healthcare Reform:** Healthcare Reform from the State of CT Perspective
- **Christine Cappiello, Director, Government Relations Division, Anthem Blue Cross/Blue Shield:** Healthcare Reform from the Insurers' Perspective

Target Audience: Senior Leadership of the Connecticut Healthcare Industry, Employer Benefit Specialists

Registration Fees: HFMA Members \$130
Non-HFMA Members \$230

Registration Contact: Cynthia Henry, Association Resources, (860) 586-7510, Fax (860) 586-7550
Email: chenry@associationresources.com

Program Contact: Eric Wetherell, (860) 241-7168, eric.wetherell@us.pwc.com

Response Date: Friday, October 11, 2010



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**CT HFMA Member-Guest Social
and
"Lessons we can learn from America's top CEOs"**

**Thursday, October 28, 2010
Happy Hour: 4 pm to 8 pm**

Location:



270 Farmington Ave.
Farmington, CT 06032
P: 860.676.0252 |
[Click for Directions](#)

CT HFMA is proud to present our first annual Member— Guest social event. Please join us at Murphy’s and Scarletti’s in Farmington, CT for a chance to meet other CT HFMA members throughout the State. You will receive 2 free drink coupons, appetizers and a copy of "Golf & the Art of Customer Service" co-authored by Robert Reiss who will give a light speech on lessons learned from the nation’s top CEO’s at 6 pm.

Registration:

**Guest (non-member) = FREE
Member who registers with a guest = FREE
Members Only = \$10**



Guest Speaker — Robert Reiss

Robert Reiss is founder and host of The CEO Show, broadcast through 40 markets with over 600,000 listeners a week, where he has interviewed over 150 top CEOs. The Show is also presented in print in Reiss’ monthly column with *Forbes*.

Reiss’ work with CEOs over the past two decades has been featured in the *Harvard Business Review*, where Reiss was cited as, “An expert in executive communications.” He is also co-author of ‘*Golf and the Art of Customer Service*’ a business fable about hospital customer service, which is being made into a film.

In his not-for-profit work, Reiss is a Board Director of Kingsbrook Jewish Medical Center, where he was awarded the Distinguished Trustee Award by the United Hospital Fund in 2008. He is also a Director of Griffin Health Services Corporation (*Fortune Magazine’s* # 4 Best Company to Work for in America in 2006), and a Board member for Planetree.

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**Registration and payment
may be completed online
at myCTHFMA**

or see the attached file for
a registration form.



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 one of the Chapter Officers or Directors with any questions they may have and also let us know if they have an interest in becoming involved or participating on one of our committees.

Doris Alicea
Chargemaster Analyst
Yale New Haven Health Services

Anne M. Diamond
Chief Operating Officer
John Dempsey Hospital

Greg Morris
President & CEO
TransEngen, Inc.

Members Transferred In from Other Chapters

Veda Bak
Senior Financial Analyst
Univ. of CT Health Center

Jennifer Ingerson
Business Office Manager
St. Francis Hospital

Ronald Nyman
President, CEO
Medi Star Billing

Tracy M. Hoffman
Senior Associate
Dubraski & Associates
*Transferred from Massachusetts
– Rhode Island Chapter*

Peter Binder
Director of Marketing
TransEngen, Inc.

Stephen Keep
Director
Conning

Pamela Nole
Director of Business
Development
Medi Star Billing

Members Transferred Out to Other Chapters

Michael Contahis
Business System Analyst
Univ. of CT Health Center

Gail E. Kinkaid
Associate Director
Protiviti

Nancy M. Swierczynski
Director Supply Chain Services
VHA, Inc.

Chad G. Forbes
VP Managed Care
Robert Wood Johnson Univ.
Hospital
*Transferred to New Jersey
Chapter*

Geeno Carlone
Juran

Zhemil (John) Koliiani
CPA/ABV
Kostin, Ruffkess & Co., LLC

Volunteer Opportunity – Region 1 Conference

We're hoping to recruit new volunteers for the 2011 Conference and are asking for your help in reaching out to your own Chapter members. Would you please send this message to your Chapter members through your newsletter, at Chapter meetings, or however you prefer to communicate?

There are many opportunities for participating in the production of the Region 1 Conference which next year will be held on May 23 and 25, 2011. One way that provides a good introduction is joining the Registration and Hall Monitor team.

Registration Volunteers are individuals willing to volunteer time at the registration table on the evening before the conference and the morning of the first day of the conference. Volunteers are not scheduled during conference sessions because our paid administrative personnel cover those time periods. There are approximately 12 one-hour time slots for registration volunteers. Some individuals volunteer for more than one time slot.

Hall Monitors are individuals willing to volunteer time greeting guests and directing them to the registration table or to sessions. Hall monitors arrive at their designated area 10 minutes before the session or registration period begins, and are asked to stay at their post for approximately 20 minutes. Usually individuals ask to be scheduled for the session they are attending so they can join the session as soon as most of the attendees have arrived. There are approximately 26 time slots for hall monitors.

Volunteer Incentive Plan (related to Registration Volunteers). An individual who works the registration desk for three hours or more will receive a reduction of \$100 in conference tuition and reimbursement of mileage costs.

These two jobs are a lot of fun. You get to greet old friends, meet new ones, and mostly you feel good about keeping the conference running smoothly.

Sign up now! Please email Reggie Albert at ralbert@penbayhealthcare.org. Further details will be provided as the conference draws near.

CT Chapter of HFMA Hosts: Core Skills for Charge Master Management

by Jacqueline Gibbons

On August 5, 2010 over 40 HFMA members and guests attended the Core Skills for Charge Master Management seminar at CHA headquarters in Wallingford. Rosemary Holliday, Principal of Holliday and Associates, presented the day long training session.

The presentation was divided into morning and afternoon sessions focusing on core skills and advanced CDM management.

The program started with an overview of what is a charge master and what is its role in hospital reimbursement. More complex issues were also discussed, including charge master data elements, CPT and HCPCS codes and charge code edits.

The afternoon session included topics such as, strategies for updating and maintaining a current CDM and who within the hospital should be represented on the CDM team.

Among the most valuable information presented were the locations of resources, including various websites (Medicare, FI/Carrier), AMA CPT books as well as transmittals and MLN Matters articles.



Shannon St. Hillaire is introducing the speaker



Rosemary Holliday is the presenter



Joyce Harris and Jackie Wrinn, attendees



Leonora Matthews, Mayra Rosa and Doris Alicia, attendees

Optimizing Employee Productivity Tools for Identifying and addressing Staff Variances

Continued from page 1

below the red line, indicating too many employees for the patient volume. The one point at 1:00 to 2:00 shows too many patients for the available staff. Quality indicators and patient safety could suffer in this situation.

The grid below offers ideas from real action plans. Managers were successful in moving their staffing variances to the optimal range by implementing these strategies listed by issue.

Issue	Strategy
Large volume of patients at beginning or end of shift	Spread scheduling of patients or change shift start time for some employees
Employees are scheduled on 2nd or 3rd shift when volume is very light	Analyze minimally-acceptable staffing for environment and transition to that plan Explore potential of moving evening patients to day if ambulatory service
High level of no-show or last-minute cancellations causes gaps in schedule	Establish a daily huddle to fill openings in schedule Do analysis of when no-shows occur to identify and address patterns
Staffing to demand analysis illustrates too many employees scheduled	Modify staffing plan Discontinue PRN staff if used Cross-train staff and float to other departments with demand
Staff lunches are not adequately staggered	Devise firm schedule for staggering lunches and adhere to plan

The strategies in the grid are not complicated. Any organization can be successful in managing labor expense when it practices a few key principles. There must be an environment that holds managers accountable for budgets. This environment is possible when standard reports illustrating staffing and patient volumes are provided on a regular basis. These regular reports are an essential part of a "Control Plan." This assures that once improvement is achieved, there is constant monitoring and addressing of variances. Managers must have the tools, skills and resources to research and analyze variances. This can be done by training managers in basic quality tools such as work flow maps, trend identification, analyzing customer needs and cause and effect analysis. Some organizations use in-house experts or outside consultants to provide quality training and analysis of high-level problems.

A successful organization must promote a culture that encourages trying different techniques to reduce expense. The attempt outcome must be quickly analyzed. If the technique does not

produce the desired effect, then a different strategy is used. Most of the grid options are intuitive solutions given the issues. If there is a high volume of patients that must be scheduled early in the day, then of course the manager must staff to meet that demand. Changing shift start times can be a monumental goal that never gets implemented, or it can be a reasonable solution that occurs in a reasonable time frame. The difference between success and failure in managing labor costs lies with the organization's ability to change in a timely fashion.

Exhibit A
Tool To Identify Staffing Demand

Step 1 - Key in Number of Patients in Department at Top of the Hour
Number of Patients in Department By Date and Hour

Hr of Day	3/19/2010	3/23/2010	3/24/2010	3/26/2010	4/28/2010	5/3/2010	5/4/2010	5/5/2010
0800-0900	10	8	9	7	6	5	7	5
0900-1000	9	8	5	9	9	9	10	10
1000-1100	5	6	2	8	9	7	5	4
1100-1200	7	7	4	6	9	7	7	3
1200-100	1	0	2	0	1	0	2	0
100-200	7	7	2	9	3	11	8	7
200-300	10	7	1	6	5	6	6	7
300-400	8	6	2	6	8	0	7	1
400-500	0	3	0	0	0	0	0	0

Step 2 - Key in Number of Employees in Department at Top of the Hour
Number of Employees Working in Department By Date and Hour

Hr of Day	3/19/2010	3/23/2010	3/24/2010	3/26/2010	4/28/2010	5/3/2010	5/4/2010	5/5/2010
0800-0900	3	3	3	3	3	3	3	3
0900-1000	3	3	3	3	3	3	3	3
1000-1100	3	3	3	3	3	3	3	3
1100-1200	3	3	3	3	3	3	3	3
1200-100	1	1	1	1	1	1	1	1
100-200	1	1	1	1	1	1	1	1
200-300	3	3	3	3	3	3	3	3
300-400	3	3	3	3	3	3	3	3
400-500	3	3	3	3	3	3	3	3

Step 3 - Divide Number of Patients by Number of Employees. Determine Avg Pts per Hr per Staff Ratio Patients to Employees By Date, Hour - Target is 3 to 5 Patients Per Hr to 1 Employee

Hr of Day	3/19/2010	3/23/2010	3/24/2010	3/26/2010	4/28/2010	5/3/2010	5/4/2010	5/5/2010	Avg Pts Per Hr Per Staff
0800-0900	3	3	3	2	2	2	2	2	2
0900-1000	3	3	2	3	3	3	3	3	3
1000-1100	2	2	1	3	3	2	2	1	2
1100-1200	2	2	1	2	3	2	2	1	2
1200-100	1	0	2	0	1	0	2	0	1
100-200	7	7	2	9	3	11	8	7	7
200-300	3	2	0	2	2	2	2	2	2
300-400	3	2	1	2	3	0	2	0	2
400-500	0	1	0	0	0	0	0	0	0

Step 4 - Identify Hours Where Staffing is Above or Below Target of 3 to 5 Patients Per Hour
Key to Staffing Quality
Numbers in black - in range of target staffing
Numbers in green - staffing low compared to patient volume (not enough staff)
Numbers in red - staffing high compared to patient volume (too much staff)



Brief Synopsis of the Final Rule of ONC Standards and Certification Regulation

by Janet F. Roemer, FHFMA

On July 13 CMS announced that final rules are published that will define “meaningful use” objectives that providers must meet to qualify for bonus payments and a second regulation identifies the technical capabilities required for certified EHR technology. CMS issued the rule which defines the minimum requirements to qualify for payment and ONC issued the rule that identifies the standards and certification criteria for the certification of EHR technology so that eligible EPs and hospitals can be assured that the systems they adopt are capable of performing the required functions.

The final ONC rule set standards, implementation specifications and certification criteria. It also coordinates the standards required of EHR systems with the meaningful use requirements of eligible hospitals and EPs.

The HITECH Act states that payments for MCR providers may begin no sooner than October 2010 for eligible hospitals and January 2011 for EPs.

Timetable:

- ONC began accepting applications from entities that seek approval as an ONC-Authorized testing and Certification body on July 1, 2010.
- ONC projects that certified software will be available for purchase by hospitals and EPs by fall 2010.
- Registration by eligible hospitals and EPs for both MCR and MCD incentive payments will begin in January 2011. The registration process will be handled by CMS.
- For the Medicare program, attestations may be made starting in April 2011 for eligible hospitals and EPs.
- Medicare incentive payments will begin mid May 2011.
- States will be initiating their programs on a rolling basis, subject to CMS approval of the State HIT plan.

Key Points for Healthcare Providers:

- Under the MCR incentive program, eligible healthcare providers must adopt and meaningfully use certified EHR technology [complete EHR or EHR modules that have been certified by an Office of the National Coordinator for Health Information Technology-Authorized testing and Certification body (ONC-ATCB)].
- Under the MCD incentive program, eligible healthcare providers may first adopt, implement or upgrade to certified technology in their first year to receive an incentive payment **before** having to meaningfully use certified EHR technology.

Key Points for Developers of EHR Technology:

- The final rule established the required capabilities and related standards and implementation that Certified EHR Technology will need to include, at a minimum, to achieve Stage 1.

- Complete EHR refers to EHR technology that has been developed to meet, at a minimum all applicable certification criteria. The criterion does not preclude Complete EHR developers from including additional capabilities that are not required for the purpose of the certification.
- EHR Module refers to any service, component, or combination thereof that meets at least one certification criteria adopted by the Secretary. EHR Modules, by definition, must provide a capability that can be tested at the present time to be certified. CMS stresses at the present time because new criteria can be adopted by the Secretary.
- CMS has specified a number of quality measures must be included in order to be certified. An ambulatory setting must be tested using nine quality measures — all six core (three core and three alternate core) and at least three of the additional measures. For an inpatient setting all quality measures must be included.

In a perfect world

Your whole organization would realize that being fiscally responsible isn't a "Finance against the world" thing. Each patient would actually increase revenue. In a perfect world, payers would never audit you. If they did, you'd never have to give back a dime. The whole operation would be buttoned-up compliant. No more under-charging for services. Generating every allowable dollar.

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CT HFMA Announces New Fellows Congratulations to

Gerald J. Boisvert, FHFMA
Executive Vice President & CFO
Connecticut Children's Medical Center
who became a fellow on June 10, 2010

Timothy F. Cleary, FHFMA
Compliance & Privacy Officer
Greenwich Hospital
who became a fellow on July 10, 2010

We are proud to welcome you to this elite group!

HFMA Certification Program
Frequently Asked Questions
August 2010



HFMA Certification Program New Program Features Frequently Asked Questions Updated: August 30, 2010

New Program Features

Q: I have heard that the certification program was revised. What are the changes?

A: The HFMA Board of Examiners has restructured the program as summarized in the following chart:

Existing Certification Program	New Certification Program (effective January 2011)
Successful completion of two (2) certification examinations required: the Core and a Specialty (Accounting & Finance, Patient Financial Services, Managed Care, Physician Practice Management)	Successful completion of one (1) comprehensive certification examination is required
Candidates must be regular members of HFMA for a minimum of two (2) years.	Candidates must hold HFMA membership. No time duration prior to becoming certified is required.
Preparation materials are available as printed hard copy	Preparation materials will be available online

Q: At what career level is the certification program designed?

A: The intended audience for certification is mid-level healthcare finance professionals who aspire to the executive level and/or who desire confirmation of financial management expertise. Candidates should have a minimum of 3- 5 years healthcare finance management experience.

Sample Certification Exam Questions:

Which of the following is not a component of an investment policy?

- A. Stated Objective
- B. Definition of who has authority to act
- C. Termination clause
- D. Acceptable credit risk

Which of the following would not be a current liability in a healthcare organization?

- A. Refunds to patents
- B. Payroll taxes
- C. Bonds
- D. Deferred revenue

Which type of variance would be illustrated by a decrease in the number of procedures performed than what was projected?

- A. Volume variance
- B. Rate variance
- C. Price variance
- D. Efficiency variance

Answers are on page 12.

July 18 HFMA Outing at the New Britain Rock Cats



Cassandra Mitchell's son, Alex



Looking out at the field from the picnic area



Joe and Kathy Pajor and family



Mary Lou Saunders and her husband



Eric Wetherell and family

Notes from the Co-Editor

Summer is winding down and we are preparing for a very active HFMA year. The CT HFMA Board has met several times this year to plan exciting programs, expand our sponsorship opportunities, increase membership and encourage certification! The need for great educational programs has increased with the enactment of Healthcare Reform. Act. We need to be proactive to keep up with the changes we face. The Chapter's leadership, board members and committees goal is to be the number one source of education for healthcare finance professionals in the State of Connecticut.

Now that I've covered CT HFMA business, let me share with you some highlights from our trip to Alaska.

John, our grandson Johnnie (age 8) and I spent 17 days exploring Alaska this past August. We traveled by plane, train, bus and ship! We saw Mt. McKinley in its entirety. We toured Denali National Park at 5:30 a.m. and saw more wildlife than we could have imagined. We continued north, crossing the Arctic Circle following the pipeline all the way to Prudhoe Bay, where we dipped our fingers into the icy cold Arctic Ocean. We learned how some Alaskans live a sustenance life. We even saw a heard of musk oxen.

Heading south on the cruise ship we were tourists seeing Alaska. We added adventures such as a float trip, helicopter to the Mendenhall glacier and a ride on a dog sled, and fished for our supper in the Pacific Ocean. We saw the glaciers from our verandah! Don't get me wrong, we love cruising, but we saw Alaska when we traveled the land. It is as magnificent as everyone told us it is! It's a trip that just can't be missed. If you have not been there, put Alaska on your wish list!

Janet Roemer, FHFMA



Janet, John and their grandson Johnny

Editorial Policy

The statements and opinions appearing in articles are those of the authors and not necessarily those of the CT HFMA Chapter, or the editor. The editor reserves the right to edit material and accept or reject contributions, whether solicited or not. All correspondence is assumed to be a release for publication unless otherwise indicated.

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CT Scanner encourages submission of material for publication. Articles should be typewritten and submitted electronically to the editor by the deadline listed below. The editor reserves the right to edit, accept or reject materials, whether solicited or not. HFMA Founders Points are granted for any articles published in the *CT Scanner*.

December/January Newsletter

Deadline for Submission: December 3, 2010



Answers for the Certification Questions

The answers are: C, C, A

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