

CT SCANNER

Connecticut Chapter Winner of Six National Awards

by Joe Pajor, FHFMA



Pictured receiving the Chapter awards is Joe Pajor, CT Chapter President surrounded by Greg Adams, 2011-2012 HFMA National Board Chair and Debra Kuchka-Craig, 2010-2011 HFMA National Board Chair.



Pictured at the awards banquet from left to right are: Joe Pajor, Chapter President, Kathy Pajor, his wife, Erica McNamara, HFMA Region 1 Treasurer, and Michael Rosadini, HFMA Region 1 Executive and CT HFMA Board Member.

On June 28, during the HFMA Annual National Institute Chapter Recognition Banquet held in Orlando, FL, the Connecticut Chapter was recognized with six national awards for its Chapter's outstanding performance from June 2010 to May 2011.

Of 78 national Chapters, fewer than 10% received six or more awards. Our Chapter has demonstrated dramatic improvement during the past few years in such areas as membership satisfaction, educational programs, membership growth, and innovative social activities. The awards received only substantiate the Chapter's improvements on a national level. Awards received were:

Hottum Education Award

This award is presented to Chapters who demonstrate significant growth in program participation.

The Gold Award for Membership Growth and Retention

The gold award is awarded to those Chapters who had the highest growth in Chapter membership and retention.

The Bronze Award for Certification

This bronze award is given to Chapters who experienced a modest growth in certification activity.

Three Yerger Awards

These awards were presented to the Connecticut Chapter for documented improvement in three major aspects of the Chapter activity. Membership satisfaction, the 2010 Annual Meeting, and the 2011 Chapter Leadership Development Conference were recognized by the National HFMA for the innovative and successful approaches utilized to boast Chapter development.

Inside this issue

President's Corner	2
New Members	3
2012 Medicare Boot Camp Dates Announced	3
The New Era of Medicaid and DSS Audits	4
Legislative Update	5
Golf Outing	6
Annual Meeting	7-8
HFMA Picnic	9
It's Not Just About the Money!	10
Notes from the Co-Editor	12

President's Corner

by Joe Pajor, Chapter President

Could It Be You're A Mentor?

In April, our HFMA Chapter held its yearly volunteer Leadership Training Conference (LTC) program. It's an opportunity for our Chapter volunteers to evaluate our Chapter's performance, and set a direction for future year Chapter activities.

As we introduced ourselves at the LTC, the ice breaker question was "who had the greatest impact on your healthcare financial career and why?"

The responses were interesting and varied. Some would not surprise, some would. The individual identified tends to fit into one of three broad categories.



1. Parents

The parents' impact on an individual's career manifested itself in either the work ethic installed in the child, the unconditional love and support given, and/or the guidance/role model the parent provided.

2. The First Boss

This individual instilled a sense of confidence in the new hire which stayed with them to this day.

3. A Senior Financial Leader

Someone well-respected within a company who took time to encourage, nurture, and push individuals to go beyond their self imposed limits.

What was surprising that April day was that there were many HFMA Chapter volunteers in the room who were acknowledged as having the greatest impact on other volunteers' careers. This caught the unknowing mentor off guard since he/she never realized the impact they had on others' careers.

So you may be a mentor to someone in the healthcare finance field and not even realize the significant impact you had. Just by the way you interact, conduct yourself, and make yourself accessible, you may be helping another individual grow and gain confidence.

So this got to me to thinking, have you ever acknowledged your mentor in writing, by phone, or in person? I had not. But I plan to now. Life is short. Why not acknowledge the individual who made a significant impact on your career? Why wait?

Based on the responses that day, we probably have many HFMA members who would be honored, shocked, and flattered if they were told of their impact. It won't take long to jot a email, and simply state the significant impact this individual had on your career.

Conversely, none of us should ever minimize the potential impact we have on others in our field. This is a tough career where we seldom get recognized for the good we do. Being a mentor and acknowledging your mentor will surely be appreciated by all.



CT SCANNER

Connecticut Chapter — Healthcare Financial Management Association

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Save the Date UConn Football Tailgate Event

Date: October 1, 2011 against Western Michigan

Time: Gametime is to be determined (likely noon or 3:00 p.m.).
Tailgate to be two hours prior to gametime.

Where: Rentschler Field
East Harford, CT

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.

Paula Nevins

Director of Marketing
Origin Healthcare Solutions

Mary E. Morgan

PFS Manager
St. Vincent's Medical Center

Patti Iannucci

Revenue Management
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Yale New Haven Health System

Peter A. Karahalios

Compliance Analyst
Western CT Healthcare

Greg Anderson

Vice President
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**Members Transferred In from
Other Chapters**

John N. Giamalis

Sr. VP/CFO
Saint Francis Hospital

John C. Thomson

Client Solutions Director
GE Healthcare

Suraj O. Agboke

Stamford Hospital

Brian G. Lane, M.S., CPHIMS, FACHE

VP Healthcare/Life Sciences
6connex

Mark Ludington

Director Patient Financial Services
St. Vincent's Medical Center

Susan L. Doskow

Healthcare Account Executive
Johnson Controls, Inc.

2012 Medicare Boot Camp Dates Announced

The 2nd Annual Medicare Boot Camp education program was held in April 11-15, 2011 in Cromwell, CT. This annual program covers all aspects of Medicare information including corporate compliance, reimbursement, claims filing, and RAC activity.

The attendees' feedback has been consistent in this program's praise. Typical of the comments received was one from Timothy Bavosa, Denials Coordinator, Stamford Hospital.

"Medicare regulations are constantly changing and tend to cause a great deal of confusion. The Medicare Boot Camp provided an in-depth review of rules, regulations and processing guidelines which will undoubtedly assist me in more effectively tracking and reporting on denial issues as well as presenting opportunities hospital-wide.

The course provided a necessary clarification in several key areas and proved to be quite informative. I have been working in healthcare for about six years and this was the first in-depth review into Medicare I've had and I can't believe how much it helped me to understand."

The Connecticut Chapter has brought this nationally acclaimed program in state to make attendance more accessible and affordable. The class size is limited to 26 participants and this year it was sold out with a wait list.

In 2012, this program will be held April 23-27, 2012 at a site in central Connecticut. This 4 ½ day program will again be offered at the same approximate rates as 2011, \$1,500 for members and \$1,700 for nonmembers.

Due to the demand for this course, the Chapter will accept reservations for this program but payment will not be due until January 2012. If you are interested in reserving a spot in this class, please contact Yadira Weirshousky, at Yadira.Weirshousky@Norwalkhealth.org or (203) 852-2106.



KNOWLEDGE. SOLUTIONS. RESULTS.
HFMA MEMBERSHIP

Share the value of HFMA.



hfma connecticut chapter
healthcare financial management association

The New Era of Medicaid and DSS Audits

**Wednesday July 20, 2011
8:30am to 12:00pm**

Topics & Speakers:



Location:

Rocky Hill Marriott,
Rocky Hill, Connecticut

Agenda:

8:30 a.m.- 9:00 a.m.

Registration

9:00 a.m. - 12:00 p.m.

**Introductions &
Presentation**

Don't miss this informative program encompassing the CT Medicaid audit program, how it has changed and what you can expect going forward. Hear first-hand information from DSS, TCORS and hospital personnel who have all experienced the audit from different angles. Also, learn what has initially rolled out in the state for the Medicaid Integrity Contractor program. The panel of speakers for this presentation will include:

**John McCormick, Director of Quality Assurance at
Department of Social Services**

**Jim Wietrak, Director, TCORS Medicaid Audit Services
Department (former Director of Quality Assurance at DSS)**

**Paul Chausse, Director of Revenue Cycle – Lawrence &
Memorial Hospital**

HEALTHCARE FINANCIAL
MANAGEMENT ASSOCIATION
CONNECTICUT CHAPTER

www.cthfma.org

342 North Main Street
West Hartford,
Connecticut 06117-2507

Registration:

Fees: HFMA Members—\$75 Non-HFMA Members—\$135

Contact: Cynthia Henry, Association Resources, 860-586-7510, Fax 860-586-7550

Email: chenry@associationresources.com

Busy Legislative Session Includes the Passage of Bills That Impact Hospitals

by Paul Knag

This term, the Connecticut legislature was busy passing many healthcare Bills at the last hour that will have a major impact on hospitals.

We want to highlight four such Bills, three of which have already been signed into law by the Governor.

Public Act 11-132

Effective October 1, 2011, the controversial most favored nation clause used in contracts between healthcare providers and insurance companies is banned. The most favored nation clause is currently used in some insurance contracts and requires a hospital or healthcare provider to give an insurance company the lowest rate it offers.

The Act includes an amendment by the House. The amendment specifies that: (1) contracts in effect before October 1, 2011 that include a most favored nation clause are void and unenforceable on the earlier of either the contract renewal date or January 1, 2014; and (2) the contracting health organization has the right to enforce a most favored nation clause before its invalidation.

Several other states have already banned most favored nation clauses.

Public Act No. 11-58

Under this Act, all hospitals must submit identifiable inpatient discharge data and emergency department data to OHCA. Such data will include information from patient medical record abstracts and bills. OHCA must keep this information confidential.

In addition, outpatient surgical facilities, hospitals, or facilities providing outpatient surgical services as part of a hospital's outpatient surgery department must provide OHCA with the following data: (1) the facility's name, location, and operating hours; (2) the type of facility and services provided; and (3) the total numbers of clients, treatments, patient visits, and procedures or scans performed in a calendar year. OHCA must convene a working group addressing patient-identifiable data reporting in the outpatient setting. OHCA must also promulgate regulations.

This Act will go into effect on July 1. By February 1, 2012, the working group must report its finding and recommendations. Additional outpatient data reporting the office deems necessary must begin by July 1, 2015.

Public Act 11-2

This Act, effective October 1, 2011, allows hospitals to use protocols and policies, sometimes referred to as "standing orders," to treat patients with certain conditions. In particular, it allows a hospital to provide care to a patient, without a physician's order, after assessing for contraindications and according to a physician-approved hospital policy. This can be done only if the care is emergent, timely and necessary or advances care as permitted under the Centers for Medicare and Medicaid Services' (CMS) regulations on "Conditions of Participation for Hospitals" (42 CFR Part 482).

This Act also allows a hospital to provide prophylactic care or treatment to healthy newborns born at the hospital or admitted to the hospital nursery, without a physician's order, after assessing for contraindications and according to a physician-approved hospital policy. This care or treatment is only available to the extent allowed under the CMS regulations cited above.

House Bill 5048

This Bill, effective immediately (upon signature by the Governor), requires any hospital that seeks to terminate inpatient or outpatient services that are currently offered by the hospital to file for a Certificate of Need (CON) with the Office of Healthcare Access (OHCA). It also requires, under certain conditions, a CON for termination of surgical services provided by an outpatient surgical facility, or a facility providing such services as part of the outpatient surgical department of a short-term acute care general hospital.

In general, existing law requires a CON when a healthcare facility proposes: (1) establishing new facilities or services; (2) changing ownership; (3) purchasing or acquiring certain equipment; or (4) terminating certain services. Previously, a CON was not required to terminate inpatient or outpatient services offered by a hospital, except in limited circumstances.

Upcoming Education Calendar for CT HFMA

July 20, 2011	August 2011	September 2011	September 2011	October 2011	October 2011	November 2011
The New Era of Medicaid and DSS Audits	HIT / Meaningful Use / e-Prescribing	CDM Review	2552-10	Healthcare Reform	ICD-10	CT Legal Update
December 2011	March 2012	March 2012	April 2012	April 2012	April 2012	April 2012
Annual Medicare Update	Hospital / Physician Relationships	Revenue Cycle	Accountable Care Organizations (ACOs)	Mini LTC	Medicare Boot Camp	Corporate Compliance

CT HFMA Golf Outing

by Michael Rosadini

The Connecticut Chapter of HFMA held its annual Golf Outing on May 23, 2011. The Outing was once again held at the Fox Hopyard Golf Club in East Haddam and served as the informal kick-off to the two-day Region 1 HFMA Annual Healthcare Conference that was held at nearby Mohegan Sun Resort Hotel and Casino on May 24 and 25, 2011.

The weather was overcast with a little rain at the end of the golfing, but nevertheless a great time was had by all. The day was enjoyed by another sell-out of over 120 golfers who participated in this year's event, with another 10 attendees at the reception held at the Golf Club that evening. The tournament benefits the scholarship program coordinated by the Connecticut HFMA Chapter.

The winners of the golf outing are as follows:

First Place Team Net

Vincequere **52.1**
Zieminski
Dembrinski

First Place Team Gross

Ekstrom **60**
Marcotte
de Varenne

Second Place Team Net

Mann **53.2**
Sung
Constantino
Straceski

Second Place Team Gross

Kean **63**
Claffey
Claffey
Hoffman

Third Place Team Net

Wert **54.4**
Kugeman
Dills
Kream

Third Place Team Gross

Stevvart **63**
Perrotta
Werkovvski
Fitzpatrick

Men's Closest To Pin #8 Rob Kream
Men's Long Drive #18 Drevv Haffney
Women's Closest To Pin #11 Wanda Carlsoil
Women's Long Drive #13 Carol Wardell



The Connecticut Chapter of HFMA and the Outing Committee would like to thank Eastern Account Systems, Inc. and MedConn Collection Agency for sponsoring the Golf Outing and their support of the event.

Special thanks to the Golf Tournament Committee consisting of Mike Rosadini, Sean Claffey, Eric Wetherell, Donna Lewis, Lou D'Auria, Janet Roemer, Beth Wetherell and Sandy D'Auria.

The Committee would appreciate any comments or feedback you might have regarding the event and ask that you contact Mike Rosadini at (860) 539-6055 or michael.rosadini@yahoo.com.

Thanks to all who participated and/or sponsored the event.

Hope to see you at the CT Chapter HFMA Golf Outing next year !

Save the Date — Wednesday, May 16, 2012

HFMA Annual Meeting

Over 125 attended the CT HFMA Annual Meeting at the Hartford Marriott in Farmington. This was one of the most successful annual meetings, as confirmed by the survey results. The event was co-chaired by Mary Messina and Janet Roemer of Yale New Haven Health System. This outstanding program was made possible with the help of the Board and Officers of CT HFMA.



L -R Mary Messina, Senator Richard Blumenthal and Janet Roemer



Vendor area



Lunch and dessert break



Paul Knag introducing Senator Blumenthal



Senator Richard Blumenthal, Keynote Speaker



Enjoying the Program



Induction of Incoming Board – Class of 2013



Keynote Deputy Commissioner of DPH Jeannette DeJesus

HFMA Annual Meeting



Jack Barry, Regional Executive AHA



Panel L - R, Steve McPherson, President/CEO, Masonicare, Jay Shak , President/CEO, Physician's Health Alliance, Pat McCabe, Sr. VP/CFO, Bridgeport Hospital Kevin Gage, Sr. VP Finance, Stamford Hospital, Moderator, Vin Capece, President/CEO Middlesex Hospital



Cocktails and conversation



Friends, Terry Surh and Janet Roemer



Mary Messina, toasting the end of a fantastic event



CT HFMA Picnic
where 50 attended the New Britain Rock Cats vs.
the Trenton Thunder on June 24



It's Not Just About the Money! Information Security Risk Analysis Is Key to Obtaining EHR Incentive Funds

by Phyllis A. Patrick, M.B.A., FACHE, CHC, President of Phyllis A. Patrick & Associates, www.phyllispatrick.com

Now that the federal Electronic Health Record (EHR) incentive program has kicked off, is your organization scrambling to achieve meaningful use criteria for your EHR systems?

In order to meet the requirements, it is important to first understand the specific criteria defined by the CMS. A healthcare organization must:

1. **Perform a security risk analysis** in accordance with the requirements under 45 CFR 164.308(a)(1) and
2. **Implement security updates as necessary and correct identified security deficiencies** as part of its risk management process.

This may sound simple enough, but these two requirements, in essence, state that a covered entity must have both identified AND mitigated all of their security risks with regard to ePHI and electronic health records. This would seem to be a daunting task for any organization. The good news is that CMS provides plenty of latitude in how to achieve these requirements. The HIPAA Security Rule has not changed in its flexibility or scalability since it was first enacted. Covered entities must address ePHI in terms of how they are protecting confidentiality, integrity, and availability (CIA) of electronic health data; and implement controls to mitigate risk. Coincidentally, these are the key ingredients of any successful information security program in any industry today. The core objective is to **protect electronic health information**.

This article will focus on the Medicare Attestation Process for eligible hospitals, specifically the requirement regarding completion of a security risk analysis.

Conduct an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of electronic protected health information held by the covered entity. [Sec 164.308(a)(1)(ii)(A)]

Implement security measures sufficient to reduce risks and vulnerabilities to a reasonable and appropriate level to comply with Sec 164.308(a). [Sec 164.308(a)(1)(ii)(B)]

Meaningful Use Incentive Programs and the Attestation Process

The Medicare Electronic Health Record Program provides incentive payments to eligible hospitals, eligible professionals, and critical access hospitals that demonstrate meaningful use of certified EHR technology. Providers must register through the CMS web-based EHR Incentive Program Registration and Attestation System. In order to qualify for the Medicare EHR incentive payment, providers must complete a successful online submission through the Attestation System. A similar process for the Medicaid EHR Incentive Program is available through Attestation processes set up by the states.

Stage 1 of the Meaningful Use Incentive Program began in 2011

and runs through 2015. Hospitals must meet meaningful use objectives in order to qualify for the incentive payments. Meaningful Use objectives, as defined by CMS, include:

- Improve quality, safety, efficiency, and reduce health disparities
- Engage patients and families
- Improve care coordination
- Improve population and public health
- **Ensure adequate privacy and security protections for personal health information.**

The goal is to protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate administrative, physical, and technical capabilities. Several Stage 1 MU requirements represent potential security risk areas, e.g., electronic transmission of patient information to other providers, electronic transmission of data for public health purposes (immunization data, lab results), ePrescribing, and Health Information Exchange (HIE) mechanisms.

The Attestation process requires: "... demonstrated meaningful use of certified EHR technology during the EHR reporting period"; and "... **documented evidence of a recent risk analysis, findings of the analysis, and subsequent implementation of updates and corrections.**"

The Attestation process for Medicare opened on April 18. As of May 2, fifteen states have launched their Medicaid Incentive Programs. New York is expected to launch its program in the fourth quarter of this year.

HITECH: Catalyst for Renewed Emphasis on Security and Privacy Requirements

The HITECH Act has become a catalyst for compliance with the HIPAA Security Rule. Many organizations have yet to fully implement the requirements of the Rule, which became effective in 2005. How would you respond to the following questions?

- Has your organization fully implemented the HIPAA Security Rule?
- How do HITECH and Meaningful Use affect this?
- What do you need to do to meet the Evaluation and Risk Analysis/ Risk Management requirements?

HIPAA/HITECH Checklist for Security Risk Analysis

The following checklist may be useful in determining your organization's compliance with the HIPAA Security Rule and your ability to meet the Attestation requirements associated with obtaining EHR incentive monies.

1. Can you demonstrate that your policies, procedures, and prac-

Continued on page 11

It's Not Just About the Money!

Continued from page 10

- tices enable a patient's individual rights (e.g., a patient's right to access his/her medical records) and can you confirm that these rights are upheld by your organization?
2. When did you start doing risk analyses and how often do you perform risk analyses?
 3. How do you document your risk analyses and the results, including corrective action and work plans?
 4. Are your analyses for security and privacy integrated with your organization's enterprise-wide risk analysis process?
 5. Do your risk analyses go beyond the technical requirements of the Security Rule? (Most of the Rule deals with Administrative Safeguards. A technical analysis alone, such as performing penetration testing or social engineering, is not sufficient to meet the criteria for risk analysis and risk management.)
 6. Have you implemented appropriate **administrative, technical and physical safeguards** to comply with the HIPAA Security Rule? There are 18 standards and 42 implementation specifications in the Rule – have you addressed each one of them?
 7. Do you have a designated Security Officer with the resources to implement and maintain a viable program?
 8. Do you have an **ongoing program of Auditing and Monitoring** for the Privacy and Security Programs? Does your Plan include:
 - Objectives
 - Responsibility for audits and monitoring processes
 - Frequency and Types of Audits
 - Corrective Action Plans
 - Documentation of audits, results, remediation
 - Documentation of program changes due to audit reports and findings
 - Reporting of Findings to Board Committee, Senior Leaders, and Managers
- graded system, changes in senior management, new regulations, changes in risk factors).
4. Establish an ongoing **Steering Committee**, or utilize an existing Committee, to be responsible for guiding the risk analysis process and establishing policies and ongoing initiatives to meet requirements.
 5. Include information security and privacy threats in the organization's overall **risk profile**.
 6. Elicit **support from senior leaders** to provide **adequate resources** to address areas of identified risks. Organizations that ignore findings are subject to **increased penalties**. **Documentation and retention** of action plans and follow-up are essential.
 7. Retain an **independent consultant that meets specific criteria to conduct the risk analysis**:
 - Determine the qualifications of the individuals performing the assessment
 - Ask questions to ascertain if consultants possess "hands on" experience
 - Does the consultant provide a work plan or "to do list" based upon the audit results, mapping a path for the organization to follow?
 - Do you understand the results and do you have support from the organization to resolve issues identified?

Strategies for Effective Risk Analysis and Mitigation

All healthcare entities have limited resources (people, funds, technology) and all experience security threats. To develop and maintain a successful information security program, senior leaders must prioritize risks and focus limited resources where they count.

Following are some strategies you can deploy in your organization in order to implement ongoing risk analysis and assure compliance with the Security Rule, Meaningful Use Attestation requirements, and other federal and state privacy and security laws.

1. Establish a **formal, ongoing Evaluation and Review Process**. Consider using an independent consultant/third party with expertise in this area.
2. Conduct the review using **project management** tools and methods.
3. Perform **Risk Analysis**, following established policies and procedures, at a minimum, every two years or whenever there is a significant change in the environment (e.g., new system, up-

Lessons Learned – Experience from the Field and HIMSS Survey Results

In conducting risk analyses for health care organizations and reviewing assessments completed by other groups, following are issues and trends I have noted:

- Lack of Security Information (and Privacy) Program Framework
- Documentation of actions and results is inadequate or non-existent
- Lack of Awareness of Privacy and Security Programs at all levels of the organization
- Lack of Governance model and processes for Privacy and Security
- Insufficient communication – difficulty in getting the organization's ear
- "Tone at the Top" is unclear, absent, or confused
- Insufficient Training and Education at all levels and for business associates, vendors, and partners
- Disaster and Business Continuity Planning, including strategies, plans, and documentation, is not adequate or appropriate.

Results of the 2010 HIMSS Survey of Privacy and Security practices in member healthcare organizations indicated that, despite changes in the privacy and security and landscape, healthcare organizations have made relatively little change in the past year across a number of critical areas in the security environment. Risk assessments are not universal among responding organizations.

Continued on page 12

It's Not Just About the Money!

Continued from page 11

While most organizations don't have a plan in place to respond to a threat or security breach, many actively attempt to determine the cause of a breach at their organization. The HIMSS survey concluded that organizations are widely using some technologies (e.g., audit logs and firewalls) but are not fully leveraging all technologies available to secure patient information. Audit logs are widely used among the organizations represented in the survey and data from firewalls, application logs and server logs are retained in the audit logs. However, organizations are still using manual capabilities to assess data in the audit logs.

Ultimately, the provisions of the American Recovery and Reinvestment Act are not just about information systems or obtaining funding for EHRs, but about improving healthcare quality and leveraging stakeholders and resources to achieve this goal through the exchange of health information. Having a robust and ongoing risk analysis/risk management process is integral to achieving and maintaining compliance with Security and Privacy requirements. Effective Security and Privacy Programs are key to patient satisfaction and engagement in this new era of integrated, electronic information and care coordination.

For further information, visit these sites:

CMS EHR website: www.cms.gov/EHRIncentivePrograms/

Q&A for Meaningful Use: www.cms.gov/EHRIncentivePrograms/65_CMS_EHR_Listserv.asp#TopOfPage

State Information/Medicaid EHR Incentive Program: www.cms.gov/EHRIncentiveProgram/40_MedicaidStateInfo.asp and www.health.ny.gov/regulations/arra/department_of_health_programs.htm#health_it

Meaningful Use Guidance: www.health.ny.gov/technology/meaningful_use_guidance/

Notes from the Co-Editor

The CT HFMA Chapter culminated a fantastic year with a very successful Annual Meeting on June 10, 2011. John and I were members of the Southwest Ohio Chapter before moving back to New England. There were vast differences in the two Chapters. SW Ohio already transitioned through poor leadership and had become a very successful award-winning Chapter. Connecticut was just beginning to find the right leadership who are committed to excellence. Over the past few years, this Chapter has found its "groove." The Chapter now has a positive presence in Connecticut. It has achieved excellence and continues to grow by offering outstanding programs. It has been a pleasure to be part of this.



This will be a transition year for the newsletter. To keep publications fresh it is important, in my opinion, to have a new person ready to take the helm. Pamela Noles of MediStar will be the editor next year and the transition will begin with the next issue. I met Pamela at the Annual Meeting. She told me she is experienced with newsletters, so this should be an easy transition. So send us some new ideas, changes you would like to see. We need to hear from you to help Pamela meet the needs of the membership. Do you want more professional articles or do you like pictures and "blips" about the members and our events. Is the mix right? Let us hear from you so that the transition can begin!

Janet Roemer

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.

Article Submission

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.

October Newsletter

Deadline for Submission: September 8, 2011



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

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Silver Sponsors



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