Budget Implementer and Legislative Proposal Bills Pass in Special Session

On Tuesday, June 12, the Connecticut General Assembly met in Special Session to debate and vote on budget and legislative-related matters not addressed prior to the end of the 2012 Legislative Session. After a series of parliamentary procedures, each legislative chamber adjourned the previously-called Special Session and immediately ordered another Special Session in order for non-budget-related legislation to be voted upon. The original focus of the Special Session was to address only budget-related implementer bills, so a new session was needed to include several legislative matters that did not reach a vote prior to the General Assembly adjourning sine die on May 9.

Included in HB 6001, An Act Implementing Provisions Of The State Budget For The Fiscal Year Beginning July 1, 2012, are provisions clarifying language related to hospital DSH payments and the hospital tax. Specifically, HB 6001: (1) clarifies the rate of the hospital tax, the base year upon which the tax is imposed, and that the tax exemptions will remain unchanged through September 30, 2013; (2) requires the Department of Social Services (DSS) to use the most recent, independent, certified DSH audit of federal fiscal year data; (3) directs the DSS commissioner to seek a Section 1115 Medicaid waiver to modify eligibility and coverage for Medicaid LIA applicants and recipients by (a) establishing an asset limit of $10,000, (b) counting the income and assets of the parent of an applicant who is under age 26 if the applicant lives with that parent or is declared as a dependent for income tax purposes, and (c) limiting nursing home coverage to 90 days; and (4) making other nonsubstantive technical changes to the hospital rate statute.

Additional items of interest to hospitals and the healthcare community passed, including provisions that:

- Permit a registered nurse to delegate the administration of certain medications that are not injected into patients to homemaker or home health aides who obtain certification for medication administration;
- Allow a personal care attendant employed by a registered homemaker-companion agency to administer medications to a competent adult who directs his or her own care and makes his or her own decisions pertaining to assessment, planning, and evaluation;
- Allow DSS to cover chiropractor services for Medicaid recipients, provided it does not spend more than $250,000 annually for this coverage;
- Require DSS, beginning October 1, 2012, to reimburse independent pharmacies for dispensing brand name drugs to Medicaid recipients at a higher rate than it pays chain pharmacies;
- Require the chief state's attorney to report by October 1, 2013, to the Appropriations Committee on its Division of Criminal Justice’s monetary recoveries resulting from its investigations of fraud in DSS medical assistance programs;
- Transfer from the Connecticut Commission on Human Rights and Opportunities to the Connecticut Academy of Science and Engineering the responsibility for conducting a disparity study to determine whether the state's supplier diversity program is achieving the goal of helping small contractors and minority business enterprises (MBEs) obtain state contracts;
- Require anyone who conducts business in Connecticut and who has computerized data that includes personal information to disclose a security breach to the attorney general;
- Require, starting January 1, 2013, that all healthcare providers who administer vaccines to children obtain those vaccines from DPH;
- Make the healthcare advocate a voting member of the Connecticut Health Insurance Exchange Board, expand outside employment and affiliation restrictions applicable to Exchange Board members and staff, and allow Exchange employees to enroll in the state employee health plan if the Exchange pays the enrollment costs.
Also passed by the General Assembly on Tuesday was **SB 501, An Act Implementing Certain Provisions Concerning Government Administration**. Included in SB 501 is a provision that would extend Good Samaritan protections to certain trained medical and first responder professionals who follow the American Red Cross and the American Heart Association’s published guidelines relating to cardiopulmonary resuscitation training.

Both bills passed in Special Session were transmitted to the Governor for further action.

**Evolving Healthcare Delivery in Connecticut: A CHA Perspective**

On June 6, Jim Iacobellis, Senior Vice President, Government and Regulatory Affairs, spoke to financial leaders at the Healthcare Financial Management Association about various legislative concerns facing the Connecticut healthcare sector.

Mr. Iacobellis focused on budget issues facing legislators in Hartford, reviewing the 2012-2013 biennial budget originally passed during the 2011 session that resulted in tax increases, spending reductions, union concessions, a hospital tax, the elimination of Uncompensated Care and Urban DSH Pools, and changes to Medicaid.

Mr. Iacobellis also discussed healthcare reform initiatives including Governor Malloy’s Healthcare Cabinet, established to advise state leadership on issues related to federal health reform implementation and development of an integrated healthcare system for the state. He provided information about the Office of Health Reform and Innovation and the Connecticut Health Exchange, and discussed the pilot Dual Eligibles program under which the Department of Social Services seeks to Integrate Medicare and Medicaid long-term care as well as medical and behavioral services and supports.

HFMA is the leading membership organization for healthcare financial management executives and leaders.

**Noted Speaker Reviews Hospital-Acquired Conditions for Partnership for Patients**

On June 6, Anita Rapier, RHIT, CCS, spoke to hospitals participating in Partnership for Patients about coding for hospital-acquired conditions and specifically Present on Admission (POA) guidelines – guidelines for reporting conditions that exist at the time of patient admission. Ms. Rapier is senior coding consultant with the American Hospital Association’s (AHA) Central Office on ICD-9-CM and managing editor of *AHA Coding Clinic® for ICD-9-CM*.

Ms. Rapier provided an overview of the requirements for POA reporting and discussed the importance of accurate and timely reporting, as well as the challenges posed by coding. Such reporting is critical, she explained, to improve accuracy of patient safety and quality of care measures. Moreover, it allows hospitals to better distinguish pre-existing conditions from complications.

Hospital-acquired conditions is an area of focus being addressed in the national initiative Partnership for Patients. All of Connecticut’s acute care hospitals are participating in this program, which is designed to reduce preventable inpatient harm by 40 percent and readmissions by 20 percent by December, 2013. Partnership for Patients is being conducted by CHA in partnership with the Healthcare Research and Educational Trust (HRET), the non-profit research and educational arm of AHA.

The target areas are:

- **Adverse drug events (ADE)**
- **Catheter-associated urinary tract infections (CAUTI)**
- **Central line-associated blood stream infections (CLABSI)**
- **Injuries from falls and immobility**
- **Obstetrical adverse events**
- **Pressure ulcers**
- **Surgical site infections**
- **Venous thromboembolism (VTE)**
- **Ventilator-associated pneumonia (VAP)**
- **Preventable readmissions**

Ms. Rapier has more than 25 years of experience in Health Information Management (HIM). She is a featured speaker for the popular AHA Coding Clinic® audioseminar series and is an AHIMA-certified ICD-10 Trainer.

Healthcare

The CHA Annual Meeting will be held on June 27, 2012. The premier annual healthcare gathering in Connecticut brings together nearly 600 hospital CEOs, CFOs, physicians, and other key hospital and healthcare decision makers. The meeting provides an exclusive setting for the state's most influential healthcare leaders to celebrate Connecticut hospitals' accomplishments, discuss the challenges of the future, enjoy first-rate entertainment, and network with each other.

This year's theme, The Will to Change — The Courage to Lead: Transforming Connecticut Healthcare, reflects a strong message that Connecticut's hospitals will continue to play a leadership role in transforming healthcare through a relentless focus on safe, accessible, affordable, patient-centered care for all.

In addition to CHA's annual awards, the meeting will also feature a keynote address by two nationally recognized speakers.

The Annual Meeting is open to members, invited guests, and sponsors. Read more on the CHA Annual Meeting web page.

Noted Speakers to Address Hospitals at CHA Supplier Diversity Forum

Please join us for CHA's third annual Supplier Diversity Forum, co-sponsored by the Connecticut Association of Healthcare Executives, to be held on June 27, 2012, at the Aqua Turf Club in Southington. This year's Forum addresses a key goal of the CHA Diversity Collaborative and will offer practical programming for hospitals as they launch initiatives to increase their purchasing of supplies and services from minority businesses. The vendor fair provides senior executives and purchasing decision makers from member hospitals the opportunity to learn about products and services offered by CHA's Minority Business Enterprise (MBE) partners. The education program will consist of two speakers, followed by a hospital panel.

The Basics of Building and Staffing a Supplier Diversity Program will be presented by Antonio R. Rodriguez, CMC, President of Daniel Penn Associates, LLC.

Best Practices for a Supplier Diversity Program will be presented by Jolene M. Anderson-Rau, Mayo Clinic's Supplier Diversity Program Manager in Rochester, MN.

Hospital Panel Discussion

Panelists include Veronica F. Cook, MSOM, Program Director for the UConn Supplier Diversity Program, and part of Procurement Services; Keith Murphy, Director of Strategic Sourcing at Yale New Haven Health System; and David L. Walsh, Administrative Director, Supply Chain, Saint Francis Hospital and Medical Center. The hospital panel will be moderated by Fred McKinney, PhD, President and CEO of the Greater New England Minority Supplier Development Council.

For more information, click here. To register, click here.