October Business Opportunity Expo Focuses on Supplier Diversity and Minority Business Enterprises

One of the core principles of CHA's first Diversity Collaborative, to be launched October 25, is increasing supplier diversity within Connecticut hospitals. To further that goal, CHA has been partnering with the Greater New England Minority Supplier Development Council (GNEMSDC) for the last two years in developing enhanced opportunities for minority businesses to work with CHA member hospitals. The GNEMSDC is a local not-for-profit organization that certifies minority businesses that are 51% owned and controlled by an ethnic minority, and is dedicated to fostering business relationships between certified Minority Business Enterprises (MBEs) and potential buyers. The GNEMSDC has been instrumental in the development of CHA's Supplier Diversity Program, through which hospitals can access contracts for goods and services offered by certified MBEs.

The GNEMSDC's premier annual event, the Business Opportunity Expo, is occurring on October 3-5, 2011

The GNEMSDC's premier annual event at MGM Grand at Foxwoods promises to be a great opportunity to learn more about supplier diversity and make direct contacts with certified MBEs. The three-day event includes town hall meetings, keynote presentations, corporate and MBE “showcases”, and a trade show highlighting local and regional minority businesses. To learn more or register for the event, click here or contact John Brady, brady@chime.org.

Stephen Larcen, PhD, Appointed Co-Chair of Medical Efficiency Advisory Committee

This week, Senator Donald Williams appointed Stephen W. Larcen, PhD, interim Chief Executive Officer of Windham Hospital, President and Chief Executive Officer of Natchaug Hospital, and Vice President of Behavioral Health for Hartford HealthCare (HHC), as a member and co-chair of the Legislature’s Medical Efficiency Advisory Committee. He is replacing the seat held by Richard Brevnik, former CEO of Windham Hospital.

Connecticut Health Insurance Exchange Board of Directors Holds First Meeting

On Thursday, September 15, the Connecticut Health Insurance Exchange Board, chaired by Lt. Governor Nancy Wyman, held its first meeting. Established as a quasi-public agency to satisfy requirements of the federal Patient Protection and Affordable Care Act, the Health Insurance Exchange will offer individuals a variety of coverage options by 2014. It is governed by a 14-member Board of 11 voting and three non-voting members. A number of organizing actions were taken by the Board at its first meeting including: appointing Jeannette DeJesús, Special Advisor to the Governor on Health Care Reform, as Board Vice Chair; establishing a recruitment process and search committee for the Health Exchange Chief Executive Officer, to be co-chaired by Benjamin Barnes, Secretary, Office of Policy and Management, and Victoria Velti, State Healthcare Advocate; and designating a committee to review and make recommendations on a request for proposal (RFP), to be issued by the Office of Policy Management, for legal services to establish the Exchange as a quasi-public entity.

An overview of the Board’s rules and the role, responsibilities, and deliverables of the Health Insurance Exchange were among presentations given at the meeting. The Board’s next meeting will be held on October 20, with subsequent meetings scheduled for November 17 and December 15.
Connecticut Attorney General Creates Privacy Task Force

This week, Attorney General (AG) George Jepsen announced the creation of a Privacy Task Force to help educate the public about data protection requirements and to focus the AG office’s response to Internet privacy concerns and data breaches that affect consumers. “The need for this initiative is well demonstrated,” Jepsen said at a news conference at the Legislative Office Building. "Internet and data privacy have been among the biggest issues affecting the broad public interest during my first eight months in office.”

Investigations have been initiated or pursued regarding security breaches that resulted in the loss of medical and insurance records or personal customer information as well as the unauthorized collection of personally identifiable information. The Task Force will be responsible for all AG investigations of consumer privacy breaches. It will also help to educate the public and business community about their responsibilities, which include protecting personally sensitive data and promptly notifying affected individuals when breaches do occur.

The Task Force is composed of four attorneys from Jepsen’s staff that have expressed an interest or have experience or expertise in data privacy issues. Their participation on the Task Force will be part of, or in addition to, their assigned responsibilities. They are: Assistant Attorney General Lorrie Adeyemi of the Finance Unit; Assistant Attorney General Stephen Courtney of the Health Care Fraud and Whistleblower Unit; Executive Policy Advisor and Counsel Michael Martone; and Assistant Attorney General Matthew Fitzsimmons of the Consumer Protection Unit, who will lead the Task Force.

Joint Commission Releases Annual Report

Hospitals continue to improve the quality of their care, according to a report released by The Joint Commission this week. The sixth annual report examines the performance of more than 3,000 accredited hospitals on 22 care measures for heart attack, heart failure, pneumonia, surgery and children’s asthma. It also recognizes 405 hospitals in 45 states, including Connecticut’s Griffin Hospital, which attained and sustained excellence in the 22 measures in 2010. Between 2002 and 2010, US hospitals' composite score on the 22 measures rose to 96.6% from 81.8%. Connecticut’s hospitals are currently at 96.3%. Beginning January 1, hospitals accredited by the commission must achieve a composite score of 85% on the 22 measures and all of Connecticut hospitals have done so.

Education Updates

Compliance Update: Expanded OFCCP Jurisdiction Over Hospital and Healthcare Providers, Tuesday, September 27, 9:00 a.m. - noon

Recent decisions by the Office of Federal Contract Compliance (OFCC) have expanded the agency’s program jurisdiction over hospitals and healthcare providers, triggering affirmative action obligations and the possibility of intrusive OFCCP compliance audits. This half-day program will discuss and distinguish three cases relevant to the issue of OFCCP jurisdiction: OFCCP v. Bridgeport, OFCCP v. UPMC Braddock, and OFCCP v. Florida Hospital of Orlando—a case that is now on appeal. The session will describe specific compliance requirements that come into play if jurisdiction is established. Requirements that are triggered under Connecticut law for those hospitals that may have contracts with certain State agencies will also be reviewed.

In addition, new NLRB notice requirements, along with the proposed NLRB quick election rule, and the proposed US Department of Labor “persuader” rules will be discussed. John G. Zandy, a partner at Wiggin and Dana and chair of its Labor, Employment and Benefits Department, will present the program.

Click here to register. For more information, contact CHA Education Services at educationservices@chime.org.

Navigating Medicare Cost Report Changes for Acute Care Hospital Filing, Thursday, September 29, 9:00 a.m.- 4:15 p.m.

Co-sponsored by CHA and the Connecticut Chapter of the Healthcare Financial Management Association (HFMA), this program will provide participants with an update on changes to the Form 2552-10, as well as insight into new worksheets, changes in software, transferring prior year data, utilizing the PS&R reconciliation tool, and much more. The program also provides time for an open discussion of current events (taxes, DSH Audits, DSH & Supplemental Payments, ASO Developments, etc.). Speakers from the National Government Services, Inc. (NGS), Medicare Administrative Contractor (MAC) for Connecticut and New York, and Health Financial Systems (HFS) will present this program.

Click here to view brochure; and here to register. For more information, contact CHA Education Services at educationservices@chime.org.
The Centers for Medicare and Medicaid Services (CMS) released the 2012 Outpatient Prospective Payment System (OPPS) Proposed Rule on July 5, 2011. Among the Rule highlights are refinements to physician supervision requirements, the status of APC payment rates including updated APC assignments for CPT codes new in 2011, drug reimbursement, and additional Composite APCs. The 2012 Rule requires hospitals to continue to report quality data for the (12) Hospital OQR measures for 2012 and (11) additional measures already established through 2014 and contains (9) additional measures through 2014. This program will provide a comprehensive overview to help reimbursement, revenue cycle, billing, regulatory, and HIM professionals evaluate OPPS changes for CY 2012. Further details coming soon.