

Thursday, December 7, 2017

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On Friday, December 1, State Comptroller Kevin Lembo projected a FY 2018 state budget deficit of approximately \$208 million, an amount that will require the Malloy Administration to prepare and release a deficit mitigation plan. A deficit mitigation plan is required when the deficit equals at least 1 percent of the state budget.

The [letter](#) sent by Comptroller Lembo supports an earlier projection from the Governor's budget office about the growing budget shortfall.

Legislative Leaders and the Governor met on December 6 to discuss the state budget, but it was unclear after that meeting whether the legislature would go into Special Session before Christmas to deal with the deficit.

Lawmakers had also discussed meeting in Special Session this month to restore money to the Medicare Savings Program, but the Malloy Administration announced on December 6 that it was postponing for two months planned cuts to that program. Those cuts, which were expected to take place on January 1, would have resulted in more than 113,000 seniors and people with disabilities losing the subsidies that help them pay for Medicare Part B premiums and other costs.

**House Majority Leader Meets With Healthcare Leaders**

On December 4, House Majority Leader Matt Ritter (D-Hartford) met at CHA with more than 30 healthcare leaders from across the continuum of care to discuss a variety of issues, including the state's recent protracted budget deliberations and Medicaid reimbursement rates.

The "Healthcare Conversation with Majority Leader Matt Ritter" is a part of a series of discussions with state policy makers and hospital, nursing home, home care, and state medical society leaders. During the hour-long discussion, Rep. Ritter said he is relieved that lawmakers were able to come to an agreement with hospitals regarding the provider tax. That agreement, which was signed into law by Governor Malloy on November 21,

increases the hospital tax from \$556 to \$900 million during the biennium and sets payments to hospitals at \$671 million for each year, providing a \$1.3 billion benefit to the state.

"To be able to work with hospitals has always been a goal of ours," said Rep. Ritter.

The legislature might go into Special Session in the next month, Rep. Ritter said, to close a projected \$207.8 million deficit for the current fiscal year. Lawmakers met with the Governor on December 6 to discuss the deficit.

In response to questions about the state raising Medicaid reimbursement rates, which have remained flat for about a decade, Rep. Ritter said the budget outlook over the next few years is not promising, largely due to teacher pension obligations. He also said he will be interested to hear ideas about how to address this problem from the people who have entered the race for governor because, he said, it's not as simple as "cutting and taxing our way out of it."

The forum was hosted by the Connecticut Healthcare Association Collaborative: CHA, the Connecticut Association of Healthcare Facilities (CAHCF), the Connecticut State Medical Society (CSMS), LeadingAge Connecticut, and the Connecticut Association for Healthcare at Home. It was moderated by Jim Iacobellis, Senior Vice President of Government and Regulatory Affairs, CHA; Mathew Barrett, President and Chief Executive Officer, CAHCF; Ken Ferrucci, Senior Vice President of Government Affairs, CSMS; and Mag Morelli, President, LeadingAge Connecticut.

**Saint Mary's Hospital Announces Leadership Changes**

Saint Mary's Hospital and Trinity Health Of New England announced leadership changes this week. Chad Wable, who has served as President and CEO at Saint Mary's since 2008, has been named Senior Vice President and Chief Operating Officer for Trinity Health Of New England. Steve Schneider, MD, has been named as the new President of Saint Mary's.

In his new role, Mr. Wable will be responsible for Trinity Health Of New England hospital operations in Hartford, Waterbury, and Springfield, Massachusetts, as well as various regional functions and information technology.



"I am excited by this new opportunity," Mr. Wable said. "I look forward to continuing to work with Saint Mary's from a regional perspective. I have tremendously enjoyed being part of the Saint Mary's family, and am proud of all we've accomplished together. I'm especially grateful for the many wonderful people I have worked with since becoming President nine years ago."

During Mr. Wable's tenure, Saint Mary's Hospital distinguished itself by adding services, growing its ambulatory network, improving clinical quality and safety, and delivering strong financial performance. Under his leadership, Saint Mary's joined Trinity Health, one of the largest multi-institutional Catholic healthcare delivery systems in the nation.

"Chad has been an exceptional leader," said Joseph Mengacci, Chairman of the Saint Mary's Board of Directors. "Under his leadership, Saint Mary's has become a stronger, more stable organization. Chad's deep understanding and vision for the future of healthcare, and specifically for Saint Mary's, will have a lasting impact on our community."

Dr. Schneider, who will become the next President of Saint Mary's, joined the organization in 2011. He has served as its Chief Medical Officer and President of Franklin Medical Group, Saint Mary's affiliated physician organization. Under Dr. Schneider's leadership, the medical group has experienced unprecedented growth and diversification. He was also instrumental in the introduction and implementation of Saint Mary's high reliability initiative, which focuses on developing a culture focused on patient safety and clinical quality.

"Saint Mary's is a vibrant community hospital with a strong, nurturing environment," said Dr. Schneider. "We're committed to maintaining our patient-focused and family-oriented culture, and are blessed to have cutting-edge technology, medical science, and strong teaching programs that are developing the next generation of physicians. I look forward to continuing Saint Mary's legacy of not only caring for the community, but being a strong corporate citizen in our community."

The changes announced this week are expected to be implemented by January 1, 2018.

## Becker's Hospital Review Recognizes Marna Borgstrom, Patrick Charmel, and Elliot Joseph



Marna Borgstrom, CEO of Yale New Haven Hospital and Yale New Haven Health, Patrick Charmel, President and CEO of Griffin Hospital, and Elliot Joseph, CEO of Hartford HealthCare, have been named by Becker's Hospital Review as three of its "183 Nonprofit Hospital and Health System CEOs to Know" in 2017.

The list features Presidents and CEOs across the country working in healthcare's not-for-profit sector.

Ms. Borgstrom has worked at Yale New Haven Hospital, where she earned a postgraduate fellowship, for more than 37 years. She was promoted in 1994 to the position of Executive Vice President and Chief Operating Officer at Yale New Haven Hospital. In 2005, she became President and CEO of Yale New Haven Hospital and Yale New Haven Health, and through a system reorganization in 2012, assumed her current role as CEO of the hospital and system. Ms. Borgstrom is a member of the CHA Board of Trustees and serves as

Secretary and Chairman of the Committee on Government. She is Chairman of the Healthcare Institute and the Coalition to Protect America's Health Care, and is a Board member of Vizient. Ms. Borgstrom has been the recipient of several awards recognizing her advocacy and community involvement including the American Hospital Association Grassroots Champion Award and the Anti-Defamation League Torch of Liberty Award. She was named twice to Modern Healthcare Magazine's Top 25 Women in Healthcare and is an American College of Healthcare Executives fellow.

Mr. Charmel's association with Griffin Hospital dates to 1979, when he served as a student intern at the hospital while attending Quinnipiac College. He became President of the 160-bed acute care hospital in 1998, and is now President and CEO of both the hospital and its parent organization, Griffin Health Services Corporation, which includes Planetree, Inc., the global leader in advancing person-centered care. Mr. Charmel, who holds a Master's Degree in Public Health from Yale University, is the co-author of the book Putting Patients First, which received the American College of Healthcare Executives Health Care Book of the Year Award in 2004. He serves on the CHA Board of Trustees and is Chairman of the DNS Board of Directors. He is also a past member of the Board of Directors of Qualidigm, past President of the Quinnipiac University Alumni Association Board of Governors, and the Past Chairman of the Greater Valley Chamber of Commerce. He served for three years on the National Advisory Council for Healthcare Research and Quality, to which he was appointed by the U.S. Secretary for Health and Human Services.

Mr. Joseph came to Hartford Hospital in 2008 as President and CEO. Under his leadership, all Hartford HealthCare member organizations are driven by clear, measurable goals and metrics. His vision for Hartford HealthCare – which has 18,000 employees, five acute care hospitals, an accountable care organization and an extensive behavioral health network – has focused on integrating the care continuum to produce consistently excellent and affordable healthcare for all, especially the poorest and most vulnerable citizens. Mr. Joseph is a member on the CHA Board of Trustees and is Chairman of the CHA Committee on Hospital Finance. He also is a member of the Greater New York Hospital Association Board of Governors. He serves as the American Hospital Association State Delegate on Regional Policy Board 1, on the boards of the Metro Hartford Alliance and Hartford's Bushnell Performing Arts Center, and was named one of Hartford's "50 Most Influential People."

Becker's Hospital Review began publishing "130 Nonprofit Hospital and Health System CEOs to Know" in 2012. Leaders are selected based on editorial judgment and discretion. The [full list](#) features individual profiles of all 183 hospital and health system executives selected in 2017.

## Education Updates

**Changes in CPT/HCPCS for 2018**

Thursday, December 14, 2017

9:00 a.m. - 12:15 p.m.

[View Brochure](#) | [Event Registration](#)

CPT and HCPCS codes are the primary codes that describe individual hospital services that are billed to all payers. These code sets are revised annually. This workshop will provide analysis of all CPT changes, including the 176 new, 60 revised, and 82 deleted 2018 CPT codes—including significant changes to high-volume diagnostic imaging services. Additionally, the new evaluation and management services, including collaborative care management and anti-coagulation management, will be covered, along with continued bundling of code pairs, analysis of every change by body system, plus radiology, lab, and medicine. The workshop will also include information on new services and procedures, new and revised coding guidelines, and all changes to the HCPCS code set, which is maintained by the Centers for Medicare and Medicaid Services.

Each program participant will receive a comprehensive manual that outlines all the key code changes in 2018.

**OPPS Final Rule for 2018**

Thursday, December 14, 2017

1:00 PM - 4:15 PM

[View Brochure](#) | [Event Registration](#)

The Centers for Medicare and Medicaid Services recently published the Outpatient Prospective Payment System (OPPS) Final Rule for 2018. The 2018 OPPS Final Rule contains a major payment reduction for 340B discount drugs, significant changes to the Inpatient Only Procedure List, changes to packaging policies—including drug administration packaging – and restructuring of radiology and other APCs. This workshop will cover final payment rates and status indicators for new and existing codes. As always, billing compliance will be an important part of this presentation.

Each program participant will receive a comprehensive manual that outlines all the key code changes in 2018.

**Medicare Annual Update**

Thursday, December 21, 2017

1:00 p.m. - 4:00 p.m.

[View Brochure](#) | [Event Registration](#)

This program, co-sponsored with the Connecticut Chapter of Healthcare Financial Management Association (HFMA), features presentations by the National Government Services (NGS) and Reimbursement Alliance Group. Representatives from NGS will share its annual cost report update, including information on S-10, wage index, occupational mix, treatment of bad debts, PS&R reports, and more. Representatives from Reimbursement Alliance Group will focus their presentation on MACRA and MIPS, including information on the OPPS Final Rule, section 603, updates from Washington D.C., and more.

This session is designed for reimbursement staff from acute care hospitals.

**Issue-Based Forum: Patient Access Rights and Release of Information**

Wednesday, January 17, 2018

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

[View Brochure](#) | [Event Registration](#)

CHA members are invited to attend an issue-based forum intended to assist hospitals with achieving understanding and compliance related to patient access rights and release of information, including an emphasis on the nuances specific to substance use treatment records. There is no cost associated with this event, which is intended for a broad hospital audience.

