



hfma™ region 2
healthcare financial management association

Dear Colleague:

The landscape of healthcare is rapidly changing and one of the most important things we can be doing right now for our members and our industry is to work together to provide the financial perspective on health care reform. This letter serves as a request for your help in identifying local LINK committee members.

The Health Care Financial Management Association (HFMA) Health Reform Advisory Committee (HRAC) is a national committee providing input and counsel to HFMA management on Patient Protection and Affordable Care Act (PPACA) and the Health Care and Education Reconciliation Act of 2010 (HCERA).

At the regional level, Local Information Networks (LINK) are being formed comprised of healthcare executives (CEOs, CFOs, CMOs, and revenue cycle leaders) to:

- Provide local perspectives on key provisions of the new Patient Protection and Affordable Care Act (PPACA) and the Health Care and Education Reconciliation Act of 2010 (HCERA).
- Provide a special focus on ramifications and response strategies for providers, payers, employers and their communities.
- Provide input and comments on HFMA's positions regarding the evolving regulations related to implementation of these provisions.
- Comment on potential services HFMA would offer to help members and others deal with these issues.

The process will consist of HFMA HRAC staff summarizing evolving regulations and issues from Washington and sending a survey request to the LINK Committee Chair who will gather responses from the committee, and submit the HRAC an aggregate view based on the size, geography and communities served. HRAC reviews and develops HFMA's position or response, and HFMA submits comments to the Centers for Medicare and Medicaid services (CMS).

If you are interested in learning more about volunteering on this committee, please see our Frequently Asked Questions on the next page, or contact your President-Elect, Alicia Moseley, at 585-368-6249 or amoseley@unityhealth.org. Committee members must be indentified by April 10, 2011.

Sincerely,

Alicia Moseley
President-Elect
HFMA Rochester Chapter

LINK Committee Frequently Asked Questions

Q. Do I have to be an HFMA member to participate?

A. You do not have to be an HFMA member to participate on the LINK Committee. However, what a great opportunity to become an HFMA member and yield the benefits of the National organization that serves over 35,000 members nationwide.

Q. What is the planned frequency of the LINK survey requests?

A. The requests will be driven by what comes out of Washington (CMS, etc.) Please know we will be mindful of our volunteers' time in terms of the volume and frequency of requests as we begin to build this process.

Q. Is there a recommended or estimated time commitment for committee volunteers?

A. Some requests may be fairly straightforward that can be responded to by email and others may warrant a meeting/teleconference to discuss in more detail. It is anticipated each request may require a teleconference or face-to-face meeting of the entire committee. The LINK Committee Chair will be responsible for compiling and summarizing the outcome of those discussions and submitting the committee's response.

Q. The letter indicates that committee members characterized as CEO, CFO, CMO participants. Is this a requirement or is it sufficient for other revenue cycle/finance leaders to participate on the committee and solicit CEO, CFO, CMO contacts as a source for survey responses?

A. The most important thing is that we get provider/plan perspective. We suggested CEO, CFO, CMO contacts as an opportunity to engage that core group and get their perspective, however, other revenue cycle/finance leaders bring important knowledge to this and if they are willing to solicit others input to provide a broader perspective that would be a bonus.

If you have other questions, please feel free to contact Alicia Moseley at amoseley@unityhealth.org or 585-368-6249.

HFMA LINK

Example Questions

Proposed Value Based Purchasing Rule

March 14, 2011

- 1) While CMS didn't propose an efficiency measure in the proposed rule, ACA mandates that one be included in the VBP program in 2014. How should such a measure be constructed?
- 2) Should CMS include measures of hospital acquired conditions (HACs) in the value based purchasing metrics as they did in 2014 or is this "double-counting" once the HAC penalty goes into effect in 2015?
- 3) Are the proposed number of cases/measure reported sufficient?
 - a. Hospitals must report at least four measures within a "domain" for it to be included. In the current rule there are two "domains" – process measures and HCAHPS. In 2014, a third will be added for outcomes (i.e. mortality).
 - b. For a measure to be included in the calculation, hospitals must report at least 10 cases.
- 4) Should CMS in the future work to try to align hospital value based purchasing metrics – where applicable - with any physician value based purchasing scheme it develops in the future?
- 5) Is there anything else that HFMA should include in a comment letter as an issue?