It’s been challenging, but has also been filled with some great accomplishments. As in the past, we are on track again this year to meet or exceed all of our chapter goals set by National. My heartfelt thanks to our Board members and committee chairs for your support and commitment to achieve this once again.

We have a strong leadership team lined up for the upcoming year. Our chapter Board and committee chairs will be comprised of six past chapter Presidents! Additionally, we have several new chapter members that are just starting their healthcare careers who will bring a fresh perspective to our Board meetings. This will provide a great balance of new ideas while maintaining an historical perspective.

The upcoming year will again bring new challenges. We continue to experience consolidation and downsizing amongst area providers, which will put increased pressure on chapter membership. Providing high quality education to our members is always a challenge, but it remains one of the foundations of our chapter. The program committee has done an incredible job over the past few years of continuing to exceed each year’s goal and provide an ever-increasing amount of free educational opportunities for our members.

For those of you that have been involved in chapter leadership, you know what a rewarding experience it can be. For those of you who haven’t, I would encourage you to get involved. It provides an avenue for professional growth as well as establishes a diverse network of contacts. I have appreciated the chance to serve the chapter in various capacities for many years, and as with most volunteer experiences, feel as though I have gotten more out of the experience than I contributed. I am looking forward to seeing the next phase in our chapter’s history and what new accomplishments will lay ahead. Thanks for the wonderful experiences!
OFFICERS

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President – Hayley Studer, ProMedica, Toledo, 419-824-7576
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Are you busier than you would like to be? Do you find yourself constantly running trying to get caught up? Do you find your days being consumed by meetings, e-mails and activities that prevent you from getting your real work done? Is the organization that you work for asking you to do more with less? Do you look at your schedule and have a sense of being overwhelmed? If you answered yes to any of these important questions you probably need to make one of two choices: work even harder longer and faster and hope to get caught up or develop a superior understanding of the power of learning how to slow down and S.T.O.P.

Dr. Clint Longenecker spoke to the group at this year’s March Madness that was held on Thursday, March 20. He stressed throughout his presentation about individuals that are positive and acceptable to change advance in the careers compared to those that are negative and resist change.

He also wanted us to be aware of what is keeping us so busy. Individuals need to continue to look for better ways of doing something, which of course means change, make lists to keep us on track and even include the amount of time each task will take. Dr Longenecker had us identify our weaknesses. Our weakness just maybe the underlining reason on why we are so busy. Maybe your weakness, or one of them, is delegating. The less we delegate the more demands it puts on ourselves and keeps us busy. Whatever your weakness is, identify the weakness and maybe, just maybe, your schedule will become better.

The new officers and board members were elected for the 2014-2015 Chapter year.

President: Joe Williford (Wood County Hospital)  
President Elect: Diane Blake (ProMedica)  
Treasurer: Rachel Herman (The Bellevue Hospital)  
Secretary: Rich Bame (Fulton County Health Center)  
Board Member: Dave Cytla (Blanchard Valley Health System)  
Board Member: Amy Gill (Providence Care Centers)  
Board Member: Dan Moncher (Firelands Regional Medical Center)  

Seven chapter leaders are heading to National Harbor, Maryland for a three day conference for Leadership Training through HFMA on April 27-April 29.
In appreciation of our 2013-14 Gold Sponsors, NWOH HFMA will be highlighting some of them in each publication of The Examiner this year.

Scott Walsh has been a member of Savage and Associates since 1987. He focuses on the corporate group benefits area, designing group health, life, dental and disability plans. He works primarily with small to mid-sized business owners and professionals.

**Experience**
Scott graduated from the University of Toledo in 1988 with a degree in human resource management. His HR background has helped him understand sophisticated plan designs as well as alternate funding arrangements and advise more than 200 companies with their employee benefit plans. Scott is a leading group insurance producer at Savage and serves on the management team. He is responsible for the operations of the Savage Benefit Group which specializes in the employee benefit, group and individual health insurance market. Scott also holds Series 7 and 63 securities licenses and is currently pursuing his Certified Employee Benefits Specialist designation.

**Personal**
Scott and his wife Denise live in Holland, Ohio, a suburb of Toledo. Scott is an active board member of the Toledo Junior Golf Association as well as the Springfield Local Schools Foundation, where he serves as Treasurer. He is a past board member of the Maumee Valley Girl Scout Council, Leadership Toledo and the Springfield Schools Business Advisory Council. He also serves on the Broker Advisory Council for the Toledo Regional Chamber of Commerce’s health insurance program with Medical Mutual of Ohio. He has been a significant contributor to the United Way of Greater Toledo, represented by being a member of the Commodore Club and the Young Leader’s Council. In addition, Scott is a member of the University of Toledo President’s Club.

McGladrey is a leading provider of assurance, tax and consulting services focused on the middle market. We help guide health care organizations through complex business challenges by understanding their needs and bringing together the right team to address them. With our depth of experience and breadth of resources, we help address these industry challenges to meet our clients’ unique needs. From accounting and tax to reimbursement and health care information technology, our specialists deliver effective and affordable solutions to nearly 3,000 health care institutions across the nation. With more than 6,700 professionals in 75 U.S. cities and access to more than 32,000 people in 100 countries through our membership in RSM International, we can meet your needs wherever in the world you do business.
Healthcare financial management like a marathon can be an endurance event. More than ever healthcare is facing uncertainty and change. Ralph Waldo Emerson said, “Nothing great was ever achieved without enthusiasm.” Everyday as a healthcare financial manager you have the opportunity to help make a difference and impact in the lives of patients. In order to do your best you need to stay energized to cross the finish line. In this article you will learn how you can remain fired up, pumped up, and inspired as healthcare financial manager.

On September 11, 2002 my life forever changed. At the age of 23 I was told by my doctor, “You have cancer.” After spreading to the fluid in my brain, I slipped into an unconscious state. Doctors did not think I would live. Against all odds, I recovered and had a successful bone marrow transplant. Due to brain damage I had to relearn how to walk and from that went on to run five marathons on five continents. Below are three victory strategies that helped me and you can use to stay fired up, pumped up, and inspired in the marathon of healthcare.

1. Visualize Your Victory
When it comes to your victory as a healthcare financial manager, it’s not the outside stuff that matters but the inside stuff that counts. It is easy to get discouraged by all the changes happening in healthcare. To stay fired up, pumped up, and inspired it is essential to be clear on the victory you want to achieve. Once you can see it, believe it’s possible, than you can do it. Lying in my hospital bed I visualized myself crossing the finish line of a marathon. The key is focus on the victory you are striving to achieve instead of focusing on all the challenges.

2. Take Action
How do you run a marathon? One-step at a time. In order to fulfill the vision you are visualizing, you must take action every single day. It does not matter how small it is. The key is to do something everyday that moves you closer to your vision. This builds momentum. Think back to science class and inertia. Objects at rest tend to stay at rest, while objects in motion stay in motion. Remember it is not enough to stare up the steps, you have step up the stairs.

3. Check Your Attitude
In order to complete a marathon I had to have the belief it was possible. Daily I had to check the negative self-talk and the self-defeating inner dialogue. The little voice that says it is impossible. Once you have the attitude that your vision is possible, you will take the necessary action.

Healthcare financial management like a marathon is an endurance event. It is a roller coaster with ups, downs, and surprising turns. Crossing the finish line was one of the greatest victories in my life. Through Visualizing your Victory, Taking Action, and Checking your Attitude you will be able to cross your finish line by staying fired up, pumped up, and inspired.

Matt Jones is considered the top leadership keynote motivational speaker in healthcare. From three-time cancer conqueror to now, life changing inspirational speaker, audiences love Matt. Visit Matt at www.MatthewDJones.com
Kicking off the New Year for the Northwest Ohio HFMA Chapter was presenter Charles Cataline, Vice President of Health Economics & Policy of the Ohio Hospital Association, with his presentation on the “OHA 2014 Forecast.”

Mr. Cataline’s annual presentation is designed to give updates on the outlook of the Ohio Health Care Marketplace, including Ohio’s advocacy strategies on Medicaid expansion, Medicare & Medicaid payment policies, HCAP effectors, and insights into policy changes for the 2014 year.

To compliment Mr. Cataline’s presentation, the Chapter sought out Jeff Hanan, National Practice Director in Leadership & Organizational Development at Patina Solutions.

Mr. Hanan’s presentation “Communicating for Results” showcased the importance of communication in the workplace as a vital tool to each organization’s success. Mr. Hanan demonstrated how you could come across to others via individualized profiles providing feedback on their own interpersonal style.

Membership renewal is now open for the membership year 6/1/14 through 5/31/15. Stay connected with fellow members and current events by following the Chapter on Facebook and LinkedIn. Professional networking can be a terrific resource and is one of the many benefits of an HFMA membership. So please take some time to welcome and reach out to the new members of the Chapter.

Welcome to the Northwest Ohio Chapter of HFMA:
Amanda Rose - Van Wert Hospital
Christina Stansfield - ProMedica
Andrew Riggs - ProMedica
Sherry Paquette - ProMedica
Derrick Beczynski - ProMedica
CHFP Requirements:
- Successful completion of the CHFP examination
- Current and active regular or advanced HFMA membership*

*Please note: The HFMA Board of Examiners strongly recommends that candidates have a minimum of 3–5 years healthcare provider management experience. This is not required to become a CHFP, but management experience is the primary preparation for the exam.

CHFP Online Study Materials
The Healthcare Finance Core Curriculum online study preparation for the CHFP examination is available for purchase. The cost for study materials is $249 ($299 for non-members). The materials are available for one calendar year from date of purchase. CHFP study materials are recommended but not required for CHFP testing candidates. For more self-study educational opportunities, see HFMA’s eLearning catalog.

New! The Healthcare Finance Core Curriculum is now available from iTunes. This version is compatible with iPad (requires iOS 6.0 or later). The cost for this app is $349.99 (for members and non-members).

HFMA Sample CHFP Certification Exam - HFMA has developed a sample exam to help familiarize candidates with certification testing. Learn more and register to take a sample examination.

CHFP Online Examination Registration
The CHFP examination is delivered via the Internet by Castle Worldwide. Registration is handled through Castle Worldwide’s website, including payment for the exam. Note: The CHFP certification costs are $395. This includes all application, testing, and processing fees. Should you not pass the examination, the retest fee is $200.

There are two options for testing through Castle Worldwide: Castle Worldwide Testing Centers or Live Online Proctored Test Administration. Please Note: The CHFP exam cost of $395 (CHFP application and exam fee) remains the same for either testing option.

Option 1 - Castle Worldwide Proctored Test Centers
View a listing of the cities, states and ZIP codes in which Castle Worldwide sites are available. When registering, candidates will be able to view the exact address for their selected testing site prior to confirmation. The majority of Castle Worldwide sites are open for testing Monday through Saturday during normal business hours. Exam candidates may select a date and time based on site availability during exam scheduling.

Option 2 - Live Online Proctored Test Administration - New! HFMA now offers secure, live, internet-based test administration for CHFP exam candidates. This new service is in addition to the internet-based test administration at Castle’s Proctored Test Sites. Through the Castle Worldwide online test scheduling system, a candidate may elect to test via a live, online-proctored testing session. Both domestic and international candidates may select live, online-proctoring. The new Live, online proctoring service is available 24/7/365 for scheduling and exam delivery [based on the availability of proctors]. Candidates can schedule their exam at any hour of the day, any day of the week. Live, online proctoring eliminates the inconvenience of travel time and costs, and allows for more flexibility.

Certification Inquiries
For more information about the HFMA Certification Programs, contact the Career Services Department at careerservices@hfma.org or (800) 252-4362.

Todd R. Howell, CPA, FHFMA
Chief Financial Officer
Seneca Medical, Inc.
Nonprofit hospitals are in a new era of compliance, with reporting obligations now inextricably tied to an organization’s tax-exempt status. Two recent notices from the IRS attempt to provide more clarity for hospital leadership.

Internal Revenue Code (IRC) Sec. 501(r), which sets forth requirements nonprofit hospitals must meet in order to maintain federal tax-exempt status under IRC Sec. 501(c)(3), was created with passage of the Affordable Care Act (ACA) in 2010. More than half of all hospitals in the United States are nonprofit. Thus, IRC 501(r) will have a significant impact on the manner in which health care will be provided in the local community and across the country.

**Charitable Care, Community Benefit**

In 1956, the IRS standard for tax exemption required hospitals to provide charity care to the extent of their financial ability. “Community benefit” was first articulated by the IRS in 1969. While charity care remained an important component, hospitals were required to expand efforts and promote health to a class of persons broad enough to benefit the community.

The standard remained essentially unchanged until 2009 when the IRS introduced a new Schedule H to supplement financial data collected from all tax-exempt organizations. Enactment of the ACA presented another opportunity to expand and clarify federal community benefit requirements, establishing criteria related to the assessment of community health needs; financial assistance policies; and hospital charges, billing and collection practices.

501(r) provides that a hospital organization will not be afforded tax-exempt treatment under 501(c)(3) unless the hospital meets requirements of 501(r)(3) through (r)(6):

- 501(r)(3) requires a hospital organization to conduct a community health needs assessment (CHNA) every three years and implement a strategy to meet those needs.
- 501(r)(4) requires a hospital organization to establish a financial assistance policy (FAP) and a policy related to emergency medical care.
- 501(r)(5) limits amounts charged for emergency or other medically necessary care that is provided to individuals under the hospital’s FAP to not more than the amounts generally billed to insured individuals.
- 501(r)(6) requires reasonable efforts to be made to determine whether an individual is FAP-eligible before engaging in extraordinary collection actions.

There is considerable guidance from tax and legal professionals regarding the nuances and best practices for complying with the requirements of 501(r), including the dynamic nature of the CHNA process and the need for its conclusions and responses to be thoroughly documented. (continued on pg. 9)

Gerald M. Swiacki is a senior vice president with Lancaster Pollard. He manages the Southeast region and is based in the firm’s Atlanta office. He may be reached at gswiacki@lancasterpollard.com. “Reprinted with permission from The Capital Issue at www.lancasterpollard.com.”
Notices, Proposed Regulations and Procedures

Implementation of 501(r) has not been without challenges and the IRS has attempted to resolve a wide variety of issues through notices and publication of proposed and temporary regulations. It is in the absence of statutory guidance that proposed regulations offer organizations the best instruction on compliance.

Most recently (i.e., on Dec. 30, 2013), two more notices provided guidelines for affected organizations. Notice 2014-2 confirmed that tax-exempt hospital organizations may rely on proposed regulations under 501(r) before final regulations are published. Notice 2014-3 provided correction and disclosure procedures for certain failures to meet the requirements under 501(r).

With the issuance of Notice 2014-2, nonprofit hospitals are provided a clear methodology for compliance with 501(r) based on the proposed regulations dated June 26, 2012 and April 5, 2013. For the earlier guidance, information was provided on the requirements for charitable hospitals relating to financial assistance and emergency medical care policies, charges for emergency or medically necessary care provided to individuals eligible for financial assistance, and billing and collections. CHNA requirements were covered in April 2013 along with a discussion on the related excise tax and reporting requirements for charitable hospitals as well as consequences for failure to satisfy 501(r).

The passage of the Affordable Care Act established four new federal requirements for tax-exempt hospitals under section 501(r) of the Internal Revenue Code. They include:

- Conduct a community health needs assessment (CHNA) every three years and adopt an implementation strategy to meet needs identified in the assessment.
- Adopt a written financial assistance policy that includes eligibility criteria, methods used to calculate charges, applications for assistance, and actions associated with billing and collections.
- Limit charges for services to FAP-eligible patients to levels equivalent to amounts generally billed for insured patients.
- Make reasonable efforts to determine an individual’s eligibility for financial assistance prior to extraordinary sequences for failure to satisfy 501(r).

The 2013 proposed regulations also specified that failure would be excused (i.e., no loss of tax-exempt status), if a hospital corrected and disclosed errors and omissions promptly after discovery.

Most tax-exempt hospitals were required to meet the CHNA requirement set forth in 501(r)(3) by the end of 2013. As for those organizations that made a good faith effort to comply by the deadline, issuance of Notice 2014-2 on Dec. 30 might be considered anything but timely. Fortunately, Notice 2014-3 includes a proposed revenue procedure allowing nonprofit hospitals to maintain favorable tax treatment when failure is neither willful nor egregious. (Continued on pg. 10)
A Road Map for Hospitals

The proposed correction and disclosure procedures of Notice 2014-3 provide a road map for organizations seeking to excuse one or more failures as long as action begins before the hospital is contacted by the IRS concerning an examination. Correction includes the following four principles:

- Attempt to restore affected persons to the position they would have occupied had the failure not occurred.
- Take action reasonable and appropriate to the failure.
- Make the correction as quickly as possible after discovery.
- Establish or modify policies and procedures to prevent similar failures from recurring.

Disclosure on Schedule H of Form 990 for the tax year in which the failure is discovered requires:

- A description of the failure, including its type, location, date, number of occurrences, number of persons affected and dollars involved, along with the cause of the failure and practice and procedures in place prior to the occurrence.
- A description of the discovery, including how it was made and timing.
- A description of the correction made, including the method and date of corrections and whether affected persons were restored.
- A description of the practices and procedures, if any, that were established or modified or an explanation as to why no changes were needed.

The IRS states that correction and disclosure does not create a presumption that failure was not willful or egregious. However, correction and disclosure in accordance with the proposed revenue procedure will be considered as a factor and may serve as an indication that failure was not egregious or willful.

It is important to note that minor and inadvertent omissions and errors due to reasonable cause will not be considered a failure to meet a requirement of 501(r), if corrective action is taken promptly after discovery. By contrast, a failure to meet the CHNA requirements of 501(r)(3) subsequently excused as a result of appropriate correction and disclosure actions may still result in the imposition of an excise tax.

501(r): A Shift in Emphasis

The IRS continues to focus on activities and policies of nonprofit hospitals while capturing information to ensure compliance with the ACA. However, many of the provisions of 501(r) were effective for tax years beginning after the date of enactment. As such, and without final rules and regulations, the challenge for affected organizations has been to avoid failure. A recent notice confirms certain proposed regulations can be relied upon for compliance pending the publication of final regulations or other applicable guidance. Another new notice proposes procedures to correct and disclose failures to comply with the requirements of 501(r).

Policy analysts predict less demand by uninsured patients for free and discounted hospital care as the ACA is implemented. The anticipated result is greater resources at nonprofit hospitals to focus on community benefits. The entire industry is shifting from managing illness to promoting wellness. Nonprofit hospitals, in return for retaining favorable tax treatment, are expected to contribute by creating and expanding public and community health initiatives throughout the communities they serve. 501(r) appears to be the tool by which the shift from an emphasis on charitable care to community benefit will be accomplished.

Editorial Policy: THE EXAMINER is published four times per year. Our objective is to provide members with information regarding chapter activities as well as ideas to help individuals in the performance of their job duties. Your chapter leadership strongly encourages the submission of material for publication. Articles should be typewritten. Letters should be legible and must be signed. The editor reserves the right to edit material and accept or reject contributions whether solicited or not. Send all correspondence or materials for publication to:

Amy Gill, Controller
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Opinions expressed in articles or features are those of the author and do not necessarily reflect the views of the Healthcare Financial Management Association, Northwest Ohio Chapter, or the editor.
NWO HFMA attended the Toledo Walleye game on Saturday 2/1/14. Due in part to the sponsorship of Athenahealth, Inc. and Bartoe and Associates there were 70+ members and their family and friends that enjoyed dinner, socializing and a great hockey game. The Walleye were defeated by the Elmira Jackals 4-2.
It’s hard to believe that another chapter year has come and gone. It seems like just yesterday we were meeting at LTC in Anaheim, California getting ready for a great chapter year. I cannot thank our region and specifically your chapter enough for all your hard work, dedication and support that you have provided to HFMA this year. On a personal note, I wanted to thank you for the hospitality that everyone showed me during my travels to all of the chapters this year. We truly have a great region, made up of great leaders, volunteers, sponsors and members.

It is because of that dedication that our region enjoyed a great deal of success this year. As a region we set records in education hours, and member satisfaction. Additionally, we continued to expand our regional webinar series to insure we are providing topical, cost effective education to our membership and developed a regional certification committee to help our chapters share the value of certification to our membership.

In addition to the success that we had as a region this year, the Northwest Ohio chapter had an absolutely outstanding year! Based on the April 17, 2014 Chapter Balance Scorecard Report (CBSC), Northwest Ohio was on target to achieve a 100 point ranking this year. This is a very significant accomplishment that you should all be very proud of. Some specific areas that you excelled in this year included:

- **Member Satisfaction** – 83% of your membership stated they are “very satisfied” with the chapter.

- **Membership** – exceeded your membership goal of 185 members.

- **Certification** – you are on pace to meet your goal of 8.3% of your members being certified.

Chapters within our region and on a national level have all struggled in these areas this year. The fact that Northwest Ohio was able to not only meet, but exceed these goals and achieve a 100 point score is nothing short but amazing! Northwest Ohio will be receiving multiple awards for these efforts at this year’s Annual National Institute in Las Vegas, Nevada.

Your chapter and our region is well positioned to continue to achieve a great deal of success in the years to come. However this success is based on the leadership and support of people like you, our members. I encourage you to stay engaged with your chapter in the coming year and speak to your chapter’s leaders to see if there is an opportunity for you to get more involved.

Once again, thank you for a great year and for the opportunity to represent you as your regional executive. It has truly been my honor and privilege.

Enjoy an even better 2014/2015 chapter year!

Chris Milligan