



hfma™ northwest ohio chapter
healthcare financial management association

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President's Message

MAKE A DIFFERENCE!

As I reflect on the 2007-2008 theme from HFMA National, “**MAKE A DIFFERENCE**” many thoughts related to the Northwest Ohio Chapter of HFMA come to my mind. First what hits me is that I am blessed to be following in the footsteps of our chapter’s Past President, Kim McClure. Not only do I value the friendship that I have developed with Kim and other members of our chapter’s leadership, I value the example of volunteerism, encouragement and leadership that he provides to our team! Kim has given to our chapter a precious thing that most of us value deeply, his time. I thank him on behalf of the chapter for going above and beyond by serving two consecutive terms as our Chapter President. Kim has brought together a chapter leadership team that is truly committed to providing services and networking opportunities that add value for our chapter’s members. Kim has definitely **MADE A DIFFERENCE** for our chapter!



Samantha Platzke

My next thought reflects on an entirely new process of setting chapter goals with well defined metrics to monitor our progress. This tool is the new 2007-2008 Northwest Ohio Chapter Balanced Score Card(CBSC). The leadership team spent quite some time during

May and June to develop the goals of the CBSC as well as the targets and the action plans to achieve those goals as follows:

- Increase our member’s participation in educational events by 3% from 2006/2007.
- Retain at least 87% of our members as chapter members from 2006/2007 to 2007/2008.
- Include a minimum of 29 members in the chapter that hold top level financial executive positions.
- Achieve at least 49% of our members rating their satisfaction with membership in the chapter as very or extremely satisfied.
- Ensure that the Chapter Leadership Team (Officers & Board) is comprised of at least 75% provider members.

This new process will help us to focus on the activities for our chapter’s members that will **MAKE A DIFFERENCE!**

Lastly, I reflect on how HFMA has made a difference to me personally. I have been a member in this chapter for 20 years. I was very fortunate that as I entered my first “professional” job as an auditor, my employer at that time Ernst & Whinney, encouraged my membership in HFMA. Early in my membership with HFMA I valued the chapter’s educational programming specific to the healthcare industry as well as the ability to meet other “newbies” starting out in healthcare finance. Later when I started work as an Accounting Manager for a hospital, I valued the easy access to resources that HFMA National provides, whether it be the online tools, the seminars and conferences or the monthly publication where I could skip to the back section and see what salaries were being offered for jobs around the country!!! I still value my membership in HFMA on a professional and technical level, but now I count on it for the support I know that it can provide to my staff in the various complex jobs that they perform to support my organization. For me personally, I feel that my long-standing friendships, the fellowships, the networking are what **MAKES A DIFFERENCE** in my membership with HFMA. My husband and three children have also looked forward to the social events and opportunities to see each other year after year at our annual Mud Hen’s Family Event!

I look forward to this coming year; the chapter is blessed with outstanding members who are contributing their talents to bring excellent educational and social events to our local chapter members. Please let myself or any of the other chapter leaders know how we can add value to your membership our goal is to **MAKE A DIFFERENCE!**

Calling All Healthcare Students... classes Are Back In Session!!

One requirement for certification is passing the Core exam and one of the specialty exams. All HFMA members are eligible to take the certification exams. The HFMA certification exams test for an advanced level of professional competence in healthcare financial management overall and in the specialty areas. The exams are designed to assess how well you can do the following:

- Apply your knowledge to specific situations using judgment and logical reasoning
- Develop reasonable conclusions
- Evaluate data in a complex situation
- Apply appropriate concepts and procedures to given situations

The HFMA Board of Examiners updates the content of the self-study materials and the corresponding exams bi-annually to reflect changing conditions in healthcare financial management in the United States. The 2007-2008 certification self-study courses and the exams cover a variety of topics, some of major ones are listed below (these exams expire on December 31, 2008):

Core exam topics (percentage indicates that 6% of exam is dedicated to budgeting, etc.):

- Budgeting (6%)
- Accounting concepts & principles (6%)
- Regulatory environment (6%)
- Cost analysis & management (6%)
- Managed care (6%)
- Patient financial services/revenue cycle (6%)
- Physician practice (6%)

Patient financial services specialty exam:

- Accounts receivable management (15%)
- Access management (13%)
- Claims processing (13%)
- Policy, Planning, & Evaluation (12%)
- Managed care (11%)
- Legal aspects (11%)

Accounting and finance specialty exam:

- Financial planning & budgeting (15%)
- Capital planning & financing (15%)
- Financial reporting, accounting principles & auditing (15%)
- Regulatory environment & corporate compliance (15%)
- Cost analysis & management (12%)

Physician practice management specialty exam:

- Accounts receivable: collection, policy and evaluation (16%)
- Physician compensation & leadership (14%)
- Physician coding & payment systems (10%)
- Encounter processing (10%)
- Budget & Benchmarking (10%)

Managed care specialty exam:

- Financial management (35%)
- Healthcare delivery system (10%)
- Managed care operations (15%)
- Contracting and negotiating (10%)
- Medicare & Medicaid (10%)

If you have any further questions, please feel free to contact me at (419) 447-0222, ext. 304 or send me an email at thowell@senecamedical.com.

Todd R. Howell, CPA, FHFMA, Chapter Treasurer
Chief Financial Officer at Seneca Medical, Inc.

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If you have any questions or suggestions for the Corporate Sponsorship program or would like to sit on the committee, please contact one of the following committee members. Char Masters, Chris Rizzo, Larry Kuk, Vince Sheahan, Doug Headman or Sandy Annesser.

Editorial Policy for THE EXAMINER

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:

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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.

Membership News

Welcome to the following new members:

Sheila R. Sauter
Mercy Health Partners

Rich J. Bame III
Fulton County Health Center

Todd Keel
Promedica Health System

Ryan C. Connin
Fulton County Health Center

Matthew Scantland
Innova Partners



We are always excited to have new members join our chapter. Our chapter's strength is in large part due to the number and participation of our members, and the various disciplines within healthcare that they represent. We went through a difficult membership year in '06-'07. A number of our members dropped their membership. Our total membership shrank by over 13%, and new member retention was only 68%. We are not alone – nationally, 33 of the 68 HFMA chapters saw their membership level decrease. However, we continue to enjoy solid sponsorship and regular educational programs that members find beneficial.

Our current membership is 161, as of June 30. September 1 kicks off HFMA's Member-Get-A-Member campaign. If only 25 of us make a commitment to recruit one new member, we would more than make up for the members we lost last year. Certainly we know of individuals who would benefit from membership. In the April issue of the newsletter, this article reviewed the many benefits of membership. Please make an effort to recruit a new member. At this time of the year in particular, we are ALL members of the membership committee!

Your chapter leadership continues to work hard at ensuring that all members will find value in participating in our chapter.

Help Wanted

If any members are interested in opportunities to volunteer, the Sponsorship Committee is in need of additional members. This is a fun committee, and does not involve a lot of meetings or extra work. If you can help out, please contact Char Masters, committee chair, at char@mastersassoc.com.

The Membership Committee hopes you enjoy the dog days of summer!

Chris Rizzo, Chair: Christina_Rizzo@mhsnr.org
Scott Fought Scott.Fought@promedica.org
Aimee Thoreson Aimee.Thoreson@promedica.org
Dave Wilson dwilson@ftmc.com

HFMA CHAPTER LEADERSHIP 2007-08

Officers

Past President: Kim McClure, ProMedica Health System, Toledo, 419-291-5750, kim.mcclure@promedica.org

President: Samantha Platzke, Mercy Health Partners, Toledo, 419-251-2046, samantha.platzke@mhsnr.org

President-Elect: Amy Gill, Fisher Titus Medical Center, Norwalk, 419-668-8101, ext. 6280, agill@ftmc.com

Secretary: Robert Goshia, Paulding County Hospital, Paulding, 419-399-1106, rgoshia@saa.net

Treasurer: Todd Howell, Seneca Medical Inc, Tiffin, 419-447-0222 ext 304, thowell@senecamedical.com

Board Members

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Diane Blake, Social, ProMedica Health System, Toledo, 419-291-3866, diane.blake@promedica.org

Increase Your Knowledge and Improve Your Performance with HFMA's Fall Education Events

HFMA is offering a full lineup of educational events this fall covering topics such as critical access hospitals, consumer-focused practices, and the revenue cycle. Get the ideas and strategies that can help you move your organization and career to the next level.

Make plans now to attend these events.

HFMA's Critical Access Hospitals Program

Oct. 1-3, Minneapolis

HFMA's Critical Access Hospitals Program provides leaders working in critical access hospitals the knowledge and insight they need to operate effectively in this unique environment. Topics to be covered include:

A review of the Chargemaster/cost report for critical access hospitals

- Optimizing revenue using the Chargemaster and charge capture
- The challenges of coverage and compliance in observation
- Strategies critical access hospitals can use to access capital financing

HFMA's Revenue Cycle Strategies Conference

Oct. 8-10, San Francisco

HFMA's Revenue Cycle Strategies Conference--the industry's original and leading revenue cycle conference--will help you prepare for the impact that consumerism will have on your organization and the healthcare industry as a whole. Nationally recognized speakers and providers will share their best practices and strategies for:

Leading change throughout the revenue cycle

- Enhancing patient access to improve net revenues
- Establishing transparent, patient-centric pricing
- Implementing technology to improve collections
- Developing a plan for outsourcing

HFMA's 2007 Fall Seminar Series

HFMA will hold seminars in five exciting locations this fall. All seminars are led by expert faculty and cover some of the most important issues in financial management and accounting, revenue cycle improvements, consumer-focused practices, and payment trends/managed care/reimbursement. Seminars will be held in:

- Minneapolis: Oct. 1-4
- Nashville, Tenn.: Oct. 8-11
- Orlando, Fla.: Nov. 5-8
- San Antonio, Texas: Nov. 27-30
- Chicago: Dec. 3-6

For complete details and to register, visit <http://www.hfma.org/events/links> or call (800) 252-4362, ext. 2.

Patient Friendly Billing® (Pfb) Report Provides Tips

HFMA released the latest report from the PATIENT FRIENDLY BILLING® project, titled **Reconstructing Hospital Pricing Systems**, during its Annual National Institute in San Diego in June.

The report is designed to help all healthcare stakeholders--providers, payers, employers, government, and consumers--understand the critical issues and barriers that must be addressed to bring positive and lasting change to the healthcare pricing system.

It includes results from an HFMA survey of hospital and health system financial leaders to help quantify the significance of certain barriers and the predominant methods of pricing and cost accounting. The report also offers short-term actions providers can take to start the reconstruction process.

One important point the report makes is that this effort cannot be undertaken solely by hospitals. The spotlight often is focused on them as the expected architect of a new system though they do not have unilateral control of their pricing decisions. Achieving meaningful transformation of the hospital pricing system to facilitate price transparency requires collaboration among providers, payers, government, employers, and consumers.

Barriers to Change

The report identifies Medicare charge structures, private payer contracts, community response, and uncompensated care as the top barriers or challenges to improving the rationality of their pricing systems. These key concerns are discussed and are accompanied by actions that stakeholders can take to address them when redesigning the pricing system. However, it is important to note that survey respondents for this study also see significant progress toward improved pricing despite these barriers.

What Can Hospitals Do Now?

Although achieving price transparency may not happen as rapidly as some stakeholders would wish, there are things that providers can do now to accelerate progress toward a more rational, transparent hospital pricing system. The report encourages providers to:

- Act now! Don't wait for others to change; do what you can now to improve your pricing system and patients' ability to understand and compare prices.
- Develop a well-defined, rational, and competitive pricing philosophy, strategy, and structure to guide policy decision-making, redesign, and update efforts.
- Examine approaches that mitigate the impact of pricing changes under Medicare and Medicaid payments and regulations.
- Adopt a pricing strategy or discount policy that makes discounts available for patients of limited means.
- Develop formal, written policies and accountabilities for providing estimates to patients, and be clear about what the estimates do and do not cover.
- Negotiate with insurers to remove contractual barriers to rational pricing methods.
- Simplify and standardize the chargemaster throughout your organization.
- Continually improve your facility's cost-accounting competencies.

The report notes that as collaborative strategies are identified and implemented to eliminate or reduce the barriers experienced by the relevant stakeholders--providers, payers, employers, government, and consumers--the rate of progress will accelerate.

A complete copy of the report and additional tools on pricing are available at www.patientfriendlybilling.org.

Teeing It Up At Heather Downs CC

This year the planning committee mixed things up for the NW Ohio HFMA annual golf outing held on July 19th, 2007. For the first time the outing was held at Heather Downs Country Club with a morning shot gun start. Change is good as more than 60 golfers and volunteers showed up in support of the event. The course was in tip-top shape and although there was a threat of rain, the day turned out to be beautiful. Each golfer had an opportunity to impress their team mates by doubling their money on the betting hole and maintain their dignity if they could just “Get It on the Green” at another challenge hole (we won’t call it a betting hole).

With a score of 15 under Team ProMedica took home the win...Gary Akenberger, Jack Randolph, Alan Sattler and Mike Swick. They each won a free round of golf at Heather Downs Country Club. Great job guys!!! Prize hole winners received \$25 gift certificates to BP. No one went home empty handed as there were many great door prizes ranging from tickets to sporting events to golf balls.

Thanks to all our wonderful sponsors, players and volunteers who made this event a huge success. We look forward to seeing you again next year.

Diane Blake,
Social Chair



Addressing Patients' Financial Responsibilities in Pre-Access

By The Academy of Healthcare Revenue

Requesting full or partial payment of patients' financial responsibilities at point of service has become a practice vital to healthcare providers' financial health. Specifically, insured patients' out-of-pocket costs—which are significantly more difficult to collect after patients' discharge—continue to rise. The second most-prominent strategy that most businesses employ to contain their health insurance costs is increasing cost sharing with employees, in the form of larger premiums and benefit amounts. Research has found that approximately two-thirds of surveyed businesses increased their insured employees' co-pay or co-insurance responsibilities in 2006, while more than half of the businesses have increased individuals' deductibles as well.

Academy research consistently shows that between 60 – 70 percent of surveyed providers do actively collect patient balances at point of service. However, some patients may be unprepared to pay when out-of-pocket costs are requested at POS, which may potentially cause surprise, reduce collections, and negatively impact patient satisfaction. In response to this concern, many best-performing hospitals are proactively addressing patients' financial responsibilities prior to patients' appointments. Following are several tips that these providers have found important.

- **Optimize Pre-Registration Rates and Activities.** During pre-access, revenue cycle staff members can certainly advise patients that payment will be requested on the date of their appointments. However, in order to provide patients with their actual deductible or co-pay amounts, staff members will need to verify patients' insurance coverage—often requiring an initial conversation with patients, followed by calling patients' payers or verifying benefits through an online mechanism. Academy research shows that best performers currently pre-register 95 percent or more of scheduled patients—ensuring their benefits are verified and requests of deductibles and co-pays can take place at point of service.

Some hospitals have begun to obtain patients' insurance information during scheduling by asking referring physicians or patients to provide their insurer's name and group number, as well as fax insurance cards to the hospital. Then insurance can be verified *before* patients are called by pre-registration staff—and at that time, pre-registration staff can inform patients of their actual benefit amounts, such as remaining deductibles.

- **Begin Financial Counseling Prior to Patients' Appointments.** During pre-registration phone calls, pre-registration staff members can also explain the payment options available to patients (e.g., credit cards and payment plans), while also informing patients that financial assistance is available for those who qualify. Pre-access also serves as an excellent opportunity for financial counselors to proactively call patients, set up meetings on patients' appointment dates, and encourage patients to bring specific documentation (e.g., tax returns) that will help in determining their eligibility for aid.

Based on patient volume and the size of hospitals' financial counseling departments, patient access leaders can identify criteria for determining which patients will be contacted about financial assistance before service. The Academy's research found one facility that pre-registers most patients 14 – 21 days in advance of their scheduled appointments, enabling financial counselors to identify which patients are registered as self-pay patients and begin the counseling process before the date of service. If a patient is registered for a visit as a self-pay patient, the hospital sends a welcome packet to them, which includes information in four languages about the resources available for individuals who are unable to afford the care they're about to get. The packet also encourages the patients to bring certain documentation to their appointment, and to arrive early to see one of the hospital's financial counselors.

Alternatively, Academy research has found that financial counselors at another facility are responsible for collecting in pre-access. In this case, the hospital's counselors receive a daily census of patients with high-dollar accounts over \$200 whom they should contact to make financial arrangements before each patient's date of service.

- **Utilize Multiple Means of Outreach.** The informational packet sent to self-pay patients by the hospital cited earlier illustrates a very important point: informing patients of hospitals' point of service collections and financial assistance policies does not solely need to be the responsibility of pre-registration staff. In fact, creating multiple outreach materials are vital in that they enable hospitals to convey their policies to patients who are not scheduled or pre-registered before service. For example, hospital brochures in local physician offices can explain why payments are requested at point of service, and how patients can apply for charity care. Communications such as advertisements or articles in local news media can also help to drive these points across, while firmly emphasizing hospitals' commitment to serving all patients and helping them to afford the cost of medical care.

With patients' personal financial responsibilities on the rise, many hospitals have recognized the need to collect at point of service. Furthermore, best-performing hospitals are adopting several strategies to ensure patients are aware that payments may be requested before care is provided, and that financial counselors are available to help those who may not be able to afford paying for services.

