Can External Call Centers Benefit Hospital’s Access Departments?

SUBMITTED BY: Steve Chrapla, Director 3rd Party Solutions, Avadyne Health

Healthcare reform places additional challenges at the door of providers. The Patient Protection and Affordable Care Act, as it is currently written, establishes compliance requirements related to financial screening impacting patient billing and potential financial assistance. Experts have professed that such screenings, to meet these requirements, need to be done on the front end of the revenue cycle. This will place additional responsibilities and challenges on our Access areas.

Providers will need to find ways to be more efficient and provide quality service for less cost. In addition there is, for lack of a better phrase, the “consumerism impact” on healthcare delivery that is requiring providers to take a more patient centric approach. This means enhancing the patient’s overall experience and increasing the level of satisfaction the patient has with their healthcare provider. These tasks will require the complete involvement and cooperation of all clinical and administrative departments within a healthcare organization.

For the Patient Access Departments, their primary objectives will need to include:
- A more patient centric approach to all interactions
- Increased patient’s satisfaction with the provider
- Reduction of net operating expenses
- Increased level of financial and clinical screening
- Established clear financial and clinical expectations for the patients
- Reduced level of re-work in post-treatment revenue cycle functions
- Reduced payer denials
- Increased cash collections

Is it time we re-think how Access departments have approached work flow and process? Revenue Cycle executives have long discovered the benefits of critical outsourced functions used in the back end of the Revenue Cycle. Can some of these resources serve the Access areas? Consider external call center operations a resource in achieving the objectives facing the Access Departments.

article continues on page 5...
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- Vice President: Shawn Steffen
- Secretary: Darren Osten
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  - Deanna Gray
  - Susan Horras
  - Steve Lewis
- Expiring in 2013
  - Chad Tydsahl
  - Mike Tretina
  - Krista Ketcham

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- Publicity: Stephanie Hultman
- Social Networking: Deanna Gray
- Sponsorship: Randy Rubin
- Strategic Plan: Stephanie Hultman
- Website: Chad Tydsahl

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### Treasurers’ Report

*SUBMITTED BY: Kara Dunham*

*FY2011 (June 2010 - May 2011)*

*June 2010 - March 2011*

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<tr>
<th>INCOME</th>
<th>FY 2011</th>
<th>FY 2011 Total Budget</th>
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<td></td>
<td>12 Mos. ended 5/31/11</td>
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<tr>
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<td>Meeting Spring</td>
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<td>Meeting Boot Camps</td>
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<td>20,000</td>
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<td>Meeting Joint Chapter</td>
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Net Income | 19,704 | 2,750 |
Almost sixteen years ago I was employed by a for-profit ACS, and I was asked to take on the function of pre-admitting all scheduled surgical patients within one week of the procedure. As I saw it, my primary duties were to schedule surgeries, admit surgical patients the day of the procedure, manually enter all daily OR charges (can you imagine?), follow up on open insurance accounts receivable, and to take inbound customer service calls from patients. Whew. And my bosses expected me to call patients BEFORE the service actually took place and to ask them for MONEY?? Were they CRAZY?

I quickly learned several things: Patients LIKE Knowing What to Expect!
- I actually could fit preadmission calls into my daily schedule on top of all of my other responsibilities
- Total charges could be estimated with a high degree of accuracy for out-patient procedures
- Calls to verify insurance coverage and to determine the patient’s responsibility (coinsurance and/or deductible) within 48 hours of the procedure provided the most accurate data
- I really didn’t need to apologize (not literally, of course, but I wanted to) to the guarantor when I was communicating expectations for payment on or before the date of service

Patients LIKE understanding their financial responsibility prior to the date of service! Sure, there were some challenging phone calls, but patients were not canceling/ rescheduling elective procedures based on the information I was providing to them. They came to their scheduled procedure, cash or check in hand.

What is different in today’s environment?
- All providers, for-profit and non-profit, realize the advantages of a sound pre-admission process. Improved patient expectations, increased Point of Service (POS) collections, reduced self pay receivable, reduced days in A/R, reduced collection expenses.
- Today’s technology can assist with online insurance verification and patient balance estimation for scheduled procedures. These applications allow for improved accuracy in pre-registration and POS collection.
- Higher deductibles and coinsurance impact self pay receivable representing a higher percentage of the A/R than it did 16 years ago. In today’s economy, financial counseling is essential to prepare the patient/guarantor in advance so they know what to expect—especially when the residual balance due after insurance is considerably higher than they may expect.
- With healthcare reform and the HCAHPS survey, the patient’s perception of the overall experience has come to the forefront. Positive clinical AND revenue cycle outcomes are essential to build patient loyalty.

Will Building a Pre-Admission Process Work for Every Facility?
The simple answer is yes—but it isn’t necessarily easy to implement all of the changes required for a preregistration process. For example, large facilities with 30 or more decentralized access points have challenges with managing cash and checks received when the patient presents. To accomplish POS collection, does it make sense to reroute the patient a second time to a centralized cashier? Probably not. Facilities need to evaluate internal processes to make them customer focused and friendly.

Key Steps to Take:
- Evaluate front end personnel that meet with patients and their families to assess interpersonal skills.
- Invest in quality training programs provided by respected healthcare training organizations such as the National Association of Healthcare Access Management (NAHAM), or the American Association for Healthcare Administrative Management (AAHAM) that provides customized training for hospital and/or clinical staff. These organizations require continuing education to maintain certifications, and many providers use these programs as a financial incentive for personnel, as well.
- Partner with outsourcing vendors that specialize in the pre-admission process, to obtain highly-trained personnel utilizing the best possible technology to enhance every touch point with the patient for the best possible outcome.
- Invest in technology to provide insurance verification and patient balance estimation on or before the date of service. It should be clear how much the patient will owe at minimum prior to the service, and whether the patient has the financial ability to meet that expectation—on or before the date of service. If they cannot, another payment arrangement should be made or an application for financial assistance should be completed at that time.
- Centralized scheduling can streamline the process for the patient to reduce repetitive registration processes that may result in additional errors. The patient’s perception of multiple registrations as they follow their plan of care is not favorable when the same information is requested over and over again, especially when they are required to wait at yet another registration desk in the provider’s diagnostic maze.

I encourage further reading, such as Steve Chrapla’s article in this issue of the Iowa Network newsletter, “Can External Call Centers Benefit Hospital’s Access Departments?”
from the president...

The Year That Was - Where We Are Going, and Why

SUBMITTED BY: Stephanie Hultman, CHFP, CPAT, CCAT

At the Annual National Institute of HFMA in late June, the Iowa chapter was recognized with the following awards:
- Award for Excellence in Education, Gold Level
- Award for Excellence in Certification, Gold Level
- Helen M. Yerger Special Recognition Awarded – Improvement
  Improvement in Chapter Networking Opportunities

These awards, earned under the leadership of Paul Baumert and the entire Leadership Team, represent a continuation of a long standing tradition of excellence in the Iowa Chapter. The awards are based upon metrics established by National HFMA and used to measure all chapters across the nation. The metrics change from time to time, but when they do they are standardized across all chapters. Generally, they represent true stretch objectives to reach the Gold levels and the accomplishments of the past year truly deserve recognition. I gladly extend that recognition to Paul and the entire team here today.

When I first got involved in HFMA, some 15 plus years ago, I admit, I wondered why all the hoopla surrounding these awards. After all, wasn’t the Iowa Chapter about the Iowa members, and why does it really matter how we compare to others in the nation. If we do good work for Iowa, then we are good, regardless of what the rest do. The goal should be to deliver value to the Iowa Membership.

I have grown to understand, however, that the correlation between the Goal and the awards is quite strong. I believe that to achieve the goal of serving the membership of Iowa, the Awards directly correlate to that end. The better the chapter does vs. these national metrics, the better service we deliver to you, our most important asset, or membership.

We have established the following goals for the 2011/2012 HFMA year, for which I have the privilege of serving as your president. Surrounded by an outstanding leadership team and committee structure we believe we can achieve the following:
- Award for Excellence in Education: Gold Level
  14.2 hours per member
- Award for Excellence in Certification: Gold Level
  9 passed Exams
- Award for Excellence-Membership
  We need 387 members by the end of the HFMA year and stand at 357 now. If you know someone who has not renewed their membership or you have a member of you staff that you feel would benefit for HFMA, this would be an excellent time to sign them up!
- Membership Satisfaction Survey: 55% Satisfaction Rating
  The annual HFMA Membership Survey will be emailed out the last week of October. We encourage every recipient of the survey to complete it immediately as this is vital feedback for our leadership.

Special Recognition Yerger opportunities:
- Record Retention Project
- Committee Fair and Volunteer Appreciation
- Corporate Sponsorship Policies and Procedures
- Joint Program Collaboration with other state associations (HIMSS/AAHAM/IaHIMA)
- Joint Meeting with Nebraska and South Dakota

I believe when we achieve these goals this will directly translate into delivering value to you or membership. Get involved and join me and the Iowa HFMA Team in this exciting journey!

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Chapter Survey Time … Need Your Help

SUBMITTED BY: Stephanie Hultman, CHFP, CPAT, CCAT

The last week of October, HFMA National will be emailing out the Annual Chapter Survey to you the Iowa Membership. This is your opportunity to tell us how we are doing meeting the needs that you have as a member of our organization.

One of our chapter’s performance measurements is meeting or surpassing a benchmark membership approval rating set by HFMA National. The rating threshold for this year is a 55% of the respondents rating our chapter as ‘very or extremely satisfied’.

To achieve that rating, we need your help to get there. Your opinion matters - I challenge each of you to take 10 minutes when the email arrives, click on the link and complete the survey. Let us know what you would like to see, topics of interest to you, speakers that you would recommend for our programs. Your ideas enable us to enhance your HFMA experience each and every year!

On behalf of your HFMA Leadership Team, we want to thank you in advance for taking time out of your busy schedules to respond to the nation survey.
External Call Centers, continued...

Current pre-access processes require extensive telephone interactions that while often redundant, require staff with specific communication skills with expertise in discussing financial responsibilities. The process requires accessibility for patients that volumes often create cost efficiency challenges. Staff interpersonal skills are essential to successful patient interactions but often not available or developed with access department personnel. The latest technologies are often cost prohibitive or even beyond the resource capabilities usually found in Access Departments.

Some of the functions within Patient Access that would benefit from a call center operation would include:
- Patient Scheduling
- Medical necessity screening
- Pre-registration
- Pre-certification of services
- Eligibility and benefits verification
- Financial screening and counseling
- Pre-service collections

These pre-access functions can have a significant financial impact on a facility and just controlling denied claims can increase net revenues by over 2%. The reduction in re-work within the business office can also be impacted by over 60%.

A properly structured call center operation can provide the following benefits:
- Increased patient and physician satisfaction
- Standardized processes for all service areas and locations
- Timely efficient scheduling
- Expedited registration
- Improved financial metrics/lower costs and increased reimbursements
- Reduction in payer denials
- Expanded hours of operations
- Skilled staff specialized in patient communications
- Financial counseling specialists
- Staffing complement with cross training to meet variable volume demands
- Technology including IVR’s, call recording and predictive dialing
- Presumptive charity screening technology with hospital specific criteria
- Management knowledgeable in high-volume call operations

As with the development of any operational process the identification and monitoring of key metrics is critical. Here are some best practices and metrics an effective pre-access call center would achieve.

**Scheduling**
- 100% of non-emergent patients are scheduled
- All cases are scheduled at a minimum of 12 hours preferably more, in advance of service
- All surgeries are verified against inpatient only list
- Collection of all information prior to surgery in accordance with clinical criteria
- Medical necessity is validated to prevent ABN’s
- “OK to delay” criteria is established with physicians

**Re-Registration**
- 95% of all scheduled patients are pre-registered
- 100% of all pre-registered patients have insurance eligibility and benefits verified
- Identify specific service lines requiring verbal verification beyond electronic verification and obtain 100%
- 100% pre-certification on all required patients
- 98% Patient demographic data quality

**Patient/Guarantor Communications**
- All non-covered services are explained to 100% of patients impacted
- 95% of all out of pocket costs are requested from patient/or as guided by patients prior payment history
- 80% of POS collection potential achieved
- 100% of patients with outstanding AR will be counseled
- Charity care guidelines explained to 100% of applicable patients

**Call Center Operations**
- 80% of calls answered within 20 seconds
- 50 second average call hold time
- <5% abandoned call rate
- 98% complete resolution on 1 call

While the benefits may be overwhelming, the success of moving to an external call center model have many factors to consider, as well as understanding important stake holders. It is critical you understand the barriers to success.

The physicians may feel they are less involved over their patient’s treatment or will be left out of critical communications with their patients. Management may feel a loss of control or that an outsourced service may have an adverse public relations impact. Hospital clinical departments may feel they are losing control and will be negatively impacted. Most importantly will the marketplace or patients view this negatively and that they are dealing with individuals that are not interested in them. All important points to consider as you develop the project plan for such a venture.

Begin with by performing an analysis of your current operations and determine the current and future financial impact you are experiencing. A GAP analysis will allow you to identify the potential of your Access Departments as well as impact of future revenues as the result of enhanced patient experiences. Process design with key stakeholders will be important to achieve buy-in and ensure the most appropriate processes are being developed. Develop implementation plans and always over communicate to minimize misinformation. It is also important to indentify your external partner and bring them into the planning process as early as possible. This ensures a high commitment level and the development of a true “partnership environment.”
Certification… An Overview

SUBMITTED BY: Denise Hook

Earning the Certified Healthcare Financial Professional (CHFP) designation through HFMA is a simple process. The Healthcare Finance Core Curriculum online study preparation for the CHFP examination is available for purchase. The cost for study materials is $195. The Iowa Chapter will provide the study material for chapter members free of charge, as long as the exam is taken within one year of obtaining the material, as the materials are available for one calendar year from date of purchase. CHFP study materials are recommended but not required for CHFP testing candidates. The preparation materials are designed as an online learning experience.

The CHFP examination is delivered via the Internet by Castle Worldwide. Registration and all scheduling arrangements will be handled through Castle Worldwide’s website, including payment for the exam. Note: The 2011 CHFP certification costs are $395. This includes all application, testing, and processing fees. Should you not pass the examination, the retest fee is $200. Contact the Castle Worldwide main support desk with any questions: 1-919-572-6880. When your exam is passed, the Iowa chapter will reimburse the member the examination fees.

HFMA recommends the following requirements to become a CHFP:
- a minimum of 3-5 years healthcare financial management experience
- successful completion of the CHFP certification examination
- current and active regular or advanced HFMA membership*

I encourage anyone who has not become certified to contact me at 641-872-5277 or dhook@mercynetworkcia.org, and I’d be happy to help you through the process!

Are YOU Connected to the Iowa Chapter of HFMA?
Online Options to Keep You Current

http://www.linkedin.com
Type “HFMA Iowa Chapter” in the “People” search box
Request To Join

http://www.facebook.com
Type “HFMA Iowa Chapter Chapter” in the “Search” box
Click on “Like”

Score with Four in a Row: 2011-2012
Win a FREE Registration for the 2012 HFMA ANI in Las Vegas!

If you attend all four quarterly meetings (July, October, January & April), your name will be placed in a drawing to win! The drawing will be done at the April 2012 meeting.

Travel expenses not included; approximately a $915 value. Must be present to win.
Honoring New Certified Members

SUBMITTED BY: Monica Sutter, CHFP, CPA

Congratulations to Jennifer Eubanks for earning the Certified Healthcare Financial Professional (CHFP) designation, and to Monica Sutter for earning the Fellow (FHFM A) designation!

July 2011
Jennifer Eubanks – CHFP
Monica Sutter – Fellow (FHFM A)

Note: date listed is when certificate was issued per the National HFMA website

HFMA President & CEO Clarke to Retire in 2012

Reprinted with permission from HFMA, www.hfma.org

Richard L. Clarke, DHA, FHFM A, HFMA president and CEO, recently announced that he will retire July 31, 2012, after more than 25 years of service to the Association.

Clarke has been president and CEO of HFMA since 1986. During his tenure, HFMA has experienced membership and operating revenue growth as well as broad influence in improving healthcare efficiency and effectiveness through initiatives such as the PATIENT FRIENDLY BILLING® project. Clarke has been named one of Modern Healthcare magazine’s “100 Most Powerful in Health Care” for nine consecutive years, and is one of only 12 healthcare leaders who have made the list every year since its inception.

“HFMA has become the indispensable resource for healthcare finance under Dick’s leadership,” said Gregory M. Adams, FHFMA, HFMA Board chair and senior vice president and partner at Panacea Healthcare Solutions, LLC. “His vision for value-driven health care, his passion for education and continuous improvement, and his ability to bring together diverse perspectives has benefitted HFMA’s members, their organizations, and their communities.”

With the announcement, HFMA will soon begin its search for a successor, ensuring a smooth transition for HFMA’s 37,000 members across the nation. A search committee has been formed of volunteer leaders with diverse HFMA and industry experience to best represent the association’s members in this effort. This committee will work with a search firm to identify and assess potential candidates.

Clarke is a past chair of the Commission on Accreditation of Healthcare Management Education and a former chair of AHA Financial Solutions, Inc. Additionally he has served on the Federal Reserve Bank of Chicago’s Advisory Council. He currently serves on several committees and the Board of Directors of CHRISTUS Health in Dallas, Texas, as well as the Finance and Strategy Committee for Catholic Healthcare Partners in Cincinnati, Ohio. Dr. Clarke holds an instructor faculty position in the Department of Health Systems Management at Rush University in Chicago and the MBA in Health program for the University of Miami in Coral Gables, Florida.

Reflecting on his time leading HFMA, Clarke says, “Every day for the past 25 years, I have been impressed by the dedication of HFMA members not only to the association, but to their role in improving our nation’s health. It has been an honor to serve with them and to support the mission of HFMA.”
Experience the Difference.

Eide Bailly is proud to be a platinum sponsor for the Iowa Chapter of HFMA. We have been supporting the missions of health care clients for more than 50 years, by sharing valuable insights and providing effective solutions. Call today to learn how you can put our knowledge of health care to work for your organization!

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Join us for a hilariously funny evening!

At the banquet on Oct 26 at the Fall Meeting, we will enjoy Randy Manning’s Jest Murder Mysteries with a presentation of “Bullets in the Bathtub”. This group is very interactive and should be a lot of fun for all who want to participate — and those who choose to simply watch and enjoy the entertainment. Get ready —

Lots of gangsters are showing up at “Cherry’s Speakeasy” to talk about the turf war going on between the Corneolis and the Buttafuccos. Just when we think things are going to settle down, in comes Harry Hyde, (the famous Russian mobster). He sure does know how to make enemies! Deadly ones! The local constable, Doyle Lonnegan, will come and solve the crime, but not before things get pretty wild!

We look forward to seeing you there! Visit www.ShirleyUJest.com or phone 888-234-9984.

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Mark Your Calendars:

October 26-28, 2011
Annual Institute

January 26-27, 2012
Winter Meeting

April 26-27, 2012
Spring Meeting

All meetings are held at the
Hilton Garden Inn, Johnston, Iowa

New Members:
SUBMITTED BY: Deanna Gray, FHFMA, CPAT, CCAT

May 2011
NEW MEMBERS:
Kathryn Hoogestraat, St. Luke’s Hospital, Cedar Rapids, IA
Megan Koester, Trinity Regional Health System, Rock Island, IL

TRANSFER IN:
Eric Lopata, BKD, LLP; Kansas City, MO

June 2011
NEW MEMBERS:
Jarin Hansen, McGladrey & Pullen, LLP

July 2011
NEW MEMBERS:
Stacy Raines, Skiff Medical Center, Newton, IA
S. Kent Lehr II, Iowa Health System, Des Moines, IA
Lindy Winterscheidt, The CBE Group, Cedar Falls, IA

TRANSFER IN:
Jon Davis, Mahaska Health Partnership, Oskaloosa, IA

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TCarpenter@avadynehealth.com

Stephanie Hultman, CHFP, CPAT, CCAT
Account Executive, Implementation Coordinator
866-812-2149
SHultman@avadynehealth.com

Deanna Gray, CHFP, CPAT, CCAT
Regional Account Executive
515-321-2051
DGray@avadynehealth.com

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check collections
web client access
pre collect services
consulting

“fair & effective collections”

Credit Bureau Services of Iowa, Inc.

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As a multi-service law firm, we have the depth of experience needed to provide timely, practical advice in a wide variety of areas. In addition to Health Care, our attorneys have experience in civil law practice, including Banking & Finance, Bankruptcy & Financial Dispute Resolution; Business, Tax & Estate Planning; Corporate & Business Matters; Education; Environmental; Government Affairs & Legislative Services; Health Care; Labor Relations & Employment; Litigation; Public Finance; Real Estate & Construction; Securities; and Technology & Intellectual Property.

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Iowa Network
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Editorial Policy Opinions expressed in articles or features are those of the author and do not necessarily reflect the views of the Iowa Chapter of Healthcare Financial Management Association or the editor. The editor strongly encourages the submission of material for publication. The editor reserves the right to edit material and accept or reject contributions whether solicited or not.
New Business:

Attendance: Tyson presented results 94 registrations 4 walk-ins.

Membership: Tim provided update. Discussion… are we going to try to reach the 400 goal? The question is if do not hit the goal what happens? Informed it would not be helpful over the next five years. We need 19.

Programming Committee: Rubin gave update –
- Meeting went well.
- Region 8 Webinar coming up
- Round Tables – Summer July Wellmark, Remember to include IHA to partner on these. Including the two program committees.
- Darren working on 2012-2013 meeting dates. Hotel rates at $94.00
- Hospitality – went well. –Tyson reported

Membership Communication:
- Newsletter: Baumert reported on the April 2011 Newsletter. Sent to membership 381 members + 59 alternates with 2 hard copies mailed, and reported to National on 4/5/2011
- LinkedIn: nothing to report
- Website: Chad gave report
- Directory: Jeremy – nothing to report

Certification: Monica provided update – Up to 13 possible

Founders Points: Baumert Reported – Susan took position at Wellmark

IHA Liaison: Paul reported.


Job Referral: Steffen reported posting one job.

Constitution/Bylaws: No report.

No other committee reports under New Business.

Other Business:

Adjournment: It was moved by Leinen and seconded by Hultman that the meeting be adjourned at 1:51 PM. All approved and motion carried. ■
Sharmil Kurian, IHS-Director Revenue Cycle Project Management

Where are you from? Originally from India. I traveled to India in May to visit friends and family.

How many years in Healthcare? 12 years in the revenue cycle. I am a Physician; when I was practicing medicine I noticed the disconnect between clinical and administration. I chose to come to the United States and pursue a degree in healthcare administration. I have continued with healthcare because it is my passion and I find it very rewarding.

How long have you been at your current position? I have been with IHS for 9 months.

What are your responsibilities? I am the Director of the Revenue Cycle Project Management and work for IHS at the corporate level. In my capacity, I assist the affiliate hospitals with standardizing processes, optimizing resources, implementing best practices and removing bottlenecks from both clinical and PFS departments.

What is your biggest professional accomplishment? Becoming a physician and taking that knowledge into the revenue cycle to gives me a unique perspective.

What is your top goal this year? Assist the affiliate hospitals with reducing the claims edit and denial rate.

What topic would you like to see at a meeting? How to engage clinical leaders to improve revenue cycle performance and what leading facilities are doing in this area, possibly presented by a panel of experts.

Family? I am married with a 2 year old, we love to travel, watch movies and sports like soccer and cricket.

What was your first job? I worked at my father’s exporting firm growing up.

What was your first car? Toyota Corolla.

What is a fact about you that not many people would know? I am fluent in three languages.

Are you a morning person or a night person? Night person.
Specializing in EDI transactions, DSG has been involved in the design, development and support of healthcare information systems since 1971. From the beginning, our focus has been on improving provider revenue through a comprehensive offering of revenue cycle software products.

- Claims Processing
- Remittance Payment Processing
- Eligibility and Claims Status
- Financial Analysis
- Denial Management and Payment Analysis
- Financial Dashboard and Reporting
- Automated Medicare Bad Debt Log
- Complete Revenue Cycle Consulting Services

DSG clients enjoy the benefits of:
- Maximized cash
- Decreased accounts receivable
- Improved efficiencies
- Reduced denials and optimized reimbursement
- Full control over financial data
- Reduced overhead
- Exceptional Support
I hope you all have had a wonderful summer. It’s hard to believe we’re already looking toward the fall with its beautiful colors, many football and baseball games to watch and kids back in school! In addition, the fall months bring you as HFMA members so many opportunities to enjoy outstanding programming and networking experiences. Be sure to watch for upcoming events available to you at the local and national level that will help you keep up to date on the latest in healthcare finance as well as to allow you to network with other HFMA members.

The monthly Region 8 webinars are again in full swing. This year they are scheduled for the third Tuesday of each month from 12:00 noon – 1:30 pm through April 2012. Be sure to put a placeholder on your calendar for these great webinars. They are an excellent way for you and your staff to participate in an outstanding educational event with minimal expense. The Region 8 chapter leaders have committed to providing these webinars at a cost of $50 or less per connection.

The fall is also a perfect time for you to begin to work toward achieving certification in HFMA. There are two levels of certification. The first level is the Certified Healthcare Financial Professional, CHFP. This is achieved with three to five years of healthcare financial management experience, a current and active HFMA membership, and through the successful completion of a standard examination. The second level of certification is FHFMA, a Fellow of the Healthcare Financial Management Association. After successful achievement of CHFP status, the FHFMA can be earned with five years of HFMA membership, a bachelor's degree and by volunteering your time in the healthcare finance field and/or in HFMA.

The reasons to believe you can and should achieve certification in HFMA:
- It will demonstrate that you are a proven leader in your organization.
- It will demonstrate your commitment to healthcare industry.
- Employers tend to look for the HFMA certification when evaluating potential employees.
- Survey results show a strong link between HFMA certification and career advancement.

Please contact your chapter’s Certification Chairperson for additional information about becoming certified, as well as whether your chapter offers any form of financial assistance to chapter members for the study materials and/or the exam.

Thank you again for the opportunity to serve Region 8. In the winter edition of the Region 8 Connection, I will provide an update on recent meetings with the chapter Presidents and Presidents Elect. When you see your chapter leaders at meetings and networking events, please thank them for their tireless efforts leading the chapters on to what is sure to be an exceptional year! I welcome your questions and comments, any time! My telephone number is 314-523-8771 and my email address is Teri_Reger@ssmhc.com.
2012 Corporate Sponsorship Program Overview

SUBMITTED BY: Randy Rubin

WHY BE A CORPORATE SPONSOR?
Visibility is a powerful advantage, as evidenced by the strong support for the Iowa Chapter Corporate Sponsorship Program which provides your organization an opportunity for additional exposure to our membership of over 400 healthcare financial professionals in the State of Iowa. With your support, our Chapter can continue to maintain the low cost of quality educational sessions and provide financial support for a superior newsletter that shares updates and educational information with our members.

ENROLLMENT
Enrollment for the 2012 calendar year beginning January 1, 2012 through December 31, 2012 will begin on August 22, 2011. Commitments are due no later than Friday, September 16, 2011. This commitment window allows your company to be recognized and listed in the Chapter’s 2011-2012 Membership Directory which is published each Fall in October. A listing of sponsorship levels, benefits and special sponsorship activities is also included with this email. Please return the attached electronic pledge form indicating your level of sponsorship and interest in event sponsorship. A thank-you email will serve as your confirmation receipt and invoice. In the event we need to invoice you in 2012 for budgetary concerns, please indicate that on the pledge form and you will be invoiced at the end of December.

BENEFITS INFORMATION
Please email your company’s recognition acknowledgement (ad) as an attachment in the correct size using a .pdf or .jpg format. When submitting your 250 word corporate biography please include a copy of your corporate logo. This information will be used in the 2011-2012 Membership Directory, Iowa Network Newsletters, and the HFMA Iowa Website Sponsor Section. Email these items to Kara Dunham at dunhamkl@ihs.org.

Please contact Randy Rubin (President-Elect and Sponsorship Chairperson) at 515-643-7860 or via e-mail at rrubin@mercydesmoines.org with any questions.

Thank you for your support!
Thank you to our Sponsors

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Another full house for the July 2011 Golf Outing and Summer Meeting.

Heather Cain, CFO/CIO at Monroe County Hospital and Clinics presented Building a World Class Team with her Chief People Officer, Dee Dee Chance.

Summer 2011 HFMA Golf Outing Awards Banquet, The Legacy Golf Club – Norwalk, Iowa
Member-Get-A-Member Program 2011-2012

Recruit members to HFMA and select from exciting new rewards!

SUBMITTED BY: Tim Huber

As a valued member, you can impact the future of HFMA by sharing your experience with your peers, your staff, and others in your organization with an interest in healthcare finance.

WITH HFMA’S MEMBER-GET-A-MEMBER PROGRAM YOU COULD WIN:
- HFMA Apparel Items
- $25 Visa Prepaid Card
- $100 or $150 Visa Prepaid Cards
- $1,000 Cash
- $2,500 Cash
- NEW! Apple iPad 2
- The Grand Prize of $3,000 cash and $2,000 donation in your name to the charity of your choice

How the program works:

RECRUIT ONE OR TWO MEMBERS (NEW* OR FORMER**) AND RECEIVE YOUR CHOICE OF:
- An HFMA apparel item (approximate retail value of $25).
- $25 Visa prepaid card good anywhere Visa debit cards are accepted worldwide.

RECRUIT THREE OR FOUR MEMBERS (NEW* OR FORMER**) AND RECEIVE:
- A $100 Visa prepaid card good anywhere Visa debit cards are accepted worldwide.
- An entry into a drawing (among those recruiting three or four members) to receive a $1,000 cash prize.

RECRUIT FIVE OR MORE MEMBERS (NEW* OR FORMER**) AND RECEIVE:
- A $150 Visa prepaid card good anywhere Visa debit cards are accepted worldwide.
- An entry into a drawing (among those recruiting five or more members) to receive a $2,500 cash prize.

NEW! MEMBER iPAD 2 DRAWING

For every new or former member you recruit, you will receive one entry into a drawing for a brand new iPad 2! There are three chances to win! Drawings will be held in October, January and March.*** You will be contacted if you win, and your name will be announced in the following month’s Membership Marketing Brief!

MEMBER MAKE A DIFFERENCE GRAND PRIZE

For every new or former member you recruit, you will receive one entry into the drawing for the Member-Get-A-Member Make a Difference Grand Prize worth $5,000. You will receive $3,000 in cash for yourself and a $2,000 donation in your name to the charity of your choice. The more members you sponsor, the greater your chance to win!

If you need assistance in answering a recruit’s question or inquiry, call the HFMA Member Services Center at (800) 252-4362, extension 2, e-mail memberservices@hfma.org, or contact Tim Huber Iowa Chapter Membership Chair.

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If It Can Be Collected, We’ll Collect It.
Iowa HFMA Annual Institute
October 26-28, 2011
Hilton Garden Inn

Wednesday, October 26th, 2011

Corporate Sponsor Fair
Registration - Continental Breakfast – Corporate Sponsor Fair Opens

Welcome
Stephanie Hultman, Iowa HFMA Chapter President

Let it Go, Just Let It Go
Kent Rader, Author/Comedian  www.kentraderspeaks.com
Known as the “World’s Cleanest Comedian and Speaker,” Kent Rader helps people and associations learn and experience how laughter matters in reducing stress and building quality organizations. Kent graduated from William Jewell College in Liberty, Missouri with a B.S. in Accounting. He spent five years in public accounting and twelve years as C.F.O. and C.E.O. of hospitals before becoming a professional speaker in 1997. Kent has authored the stress reduction book titled, “Let It Go, Just Let It Go” released in April 2002 and is featured in 450 Country Inn and Suites Hotel’s Read It and Return program. Kent has been heard on NPR’s Talk of the Nation and Sirius Satellite radio. Kent also performs clean stand up comedy in comedy clubs from New York City to Seattle and is the winner of the 2007 Branson Comedy Festival.

Let It Go, Just Let It Go: Your audience will love the entertaining, yet informative keynote titled “Let It Go, Just Let It Go”. The U.S. Department of Labor survey states 49% of the employees in our country dislike their jobs with a third of them looking for positions in other industries. The number one reason sited by these individuals is the stress associated in most companies today. Retaining quality employees is essential to an organization’s financial future.

Having spent seventeen years as a Hospital CEO and a CPA, I have experienced this stress first hand. This keynote program takes participants on a journey they won’t want to end. It begins by showing participants the origins of stressful feelings and how humor is a proven tool in combating these feelings. I offer practical ways to include more humor in your life and work, along with stories that are guaranteed to make your audience laugh and your conference a success.

Business Ethics
Aaron Beam
Aaron Beam was a founder and the first CFO of Healthsouth from 1984 until 1997. In 1997 when he left the company, Healthsouth operated more outpatient rehab centers, outpatient surgery centers, and rehab hospitals than any company in the nation. The fraud at Healthsouth began while he was the company’s CFO. In 2003 Beam admitted his part in the fraud and was sent to prison. Today Aaron Beam is a public speaker in the area of business ethics. He has spoken to over 100 organizations including universities, corporations, associations and civic groups.

article continues on next page...
Aaron Beam’s talk will explain how he and Richard Scrushy founded Healthsouth and grew the company into a NYSE Fortune 500 company. However it all ended so badly when the fraud began in 1996. His talk will describe the corporate culture that allowed the fraud to continue for seven years. Aaron will also discuss how you can spot the signs of ethical collapse in any company.

Objective: Key Points of Presentation
- History of Healthsouth
- The culture that existed at the company that allowed the fraud to begin
- How accounting rules were bent before fraud began
- How the fraud was carried out
- How a weak board of directors contributed to the fraud
- The lack of proper internal controls
- The aftermath of the fraud
- How to spot the signs that lead to an ethical collapse in any company
- The importance of teaching ethics in schools, universities, and on the job

Networking Break / Corporate Sponsor Fair

How Many Denials Walking Do You Have? Using Your Denials Information Proactively
Lincoln Fish, Co-Founder and Senior Vice President, Benchmark Revenue Management
Lincoln heads up the Customer Relations team at Benchmark. He spearheaded Benchmark’s journey to build an unparalleled web-based revenue cycle platform. He works directly with hospital customers and business partners to gather feedback for improving current offerings and adding new ones. A graduate of the Wharton School and an entrepreneur with several successes under his belt, Lincoln strives to keep his talks fast, educational, and entertaining.

Ted Barduson, Executive Vice President, Benchmark Revenue Management
Ted has spent the last 25 years of his professional life implementing enterprise-level systems and services in the healthcare industry. He has held roles in customer service, project management, sales, and business development. Prior to his work with Benchmark Revenue, where his chief responsibility is developing partner relationships with like-minded revenue cycle solution providers. Ted has worked at large healthcare vendor organizations, so as he puts it, “I feel your pain.”

Objective: Attendees will learn:
- How to identify your true denials and a process to standardize and track progress
- How to use the standardized information to drive real change
- How to tie denial information to productivity and results
- Attendees receive a set of interconnected Excel sheets for managing denials

Awards Ceremony

Hospitality - Hilton Garden Inn – Johnston, IA

Randy Manning’s Jest Murder Mysteries - Bullets in the Bathtub
www.ShirleyUJest.com / 888-234-9984
Sponsored by: Avadyne Health – Steph Hultm an

Thursday, October 27th, 2011

New Member’s / Continental Breakfast

IHA Update
Shannon Strickler, Director of Government Relations and Staff Legal Counsel
Iowa Hospital Association
Shannon is the Director of Government Relations and Staff Legal Counsel for the Iowa Hospital Association. She has responsibilities for legislative strategy and policy development, finance policy, and providing legal analysis and guidance to IHA members. Shannon is a graduate of Simpson College and Drake University Law School. She joined IHA in June 2002 as an attorney and lobbyist. Shannon is a member of the Iowa State Bar Association, the American Bar Association, the Iowa Society of Healthcare Attorneys and the American Health Lawyers Association.

We Will Rebuild
Shelly Hunter, Chief Financial Officer, Mercy Health of Joplin/Kansas
Shelly Hunter is a life-long Joplin resident. She earned a Bachelor of Science degree in Computer Information Systems and Bachelor of Science degree in Business Administration-Accounting from Missouri Southern State University and a Masters of Business Administration from Pittsburg State University. Shelly has served as board president for both Joplin NALA Read and Show Me Missouri Chapter of Healthcare Financial Managers Association, where she is still an active volunteer at both the state and national levels. Shelly is a member of the Joplin Rotary. Shelly’s volunteer efforts have also included the Joplin Area Chamber of Commerce, United Way, Soroptimist International as well as other entities in the medical community.

From Destruction Comes Compassion and Action – Mercy’s system-wide resources converge to respond to the Joplin disaster. More than 38,000 co-workers in four states reach out to assist fellow co-workers and community. WE WILL REBUILD…. From destruction comes compassion and action - Mercy Health of Joplin, MO.

Tax Treatment and Rules for Fringe Benefits
Michael J. Enge, CPA Partner, BKD
Mike is the North Region tax leader for BKD National Not-for-Profit & Government Group and BKD National Health Care Group. He has more than 13 years of experience providing tax services to health care entities, colleges and universities as well as not-for-profit organizations. He is charged with the growth and development of tax services for these industries throughout BKD’s North Region. In addition, Mike is the co-leader of the Kansas City office’s not-for-profit & government and health care groups.

article continues on next page...
Upcoming Programming, continued...

Mike performs comprehensive reviews of not-for-profit activities to identify and help mitigate exposure areas related to private inurement, intermediate sanctions, worker classification and unrelated business taxable income issues. He also has extensive experience dealing with IRS examinations, obtaining favorable determination letters, private letter rulings and closing agreements. Mike is a member of the American Institute of Certified Public Accountants, Missouri Society of Certified Public Accountants and Kansas Society of Certified Public Accountants. He is a frequent presenter for various industry group meetings, teaches firm-sponsored tax courses and has authored numerous tax articles for various business magazines and industry journals. Mike is a 1996 graduate of the University of Kansas, Lawrence, with a B.A. degree in business.

The IRS has identified fringe benefits as the most common area for Intermediate sanctions on exempt organizations, due largely to inadequate documentation. In this presentation, we will review tax treatment of common employee benefits. It will include information on rules for accountable plans, personal cell phone use, educational assistance plans and more.

Objective: Upon completion of this course, participants will be able to:
- Gain an understanding of accountable plans rules, personal use of cell phones, educational assistance plans, and other commonly offered benefits.
- Understand the potential automatic excess benefit treatment by the IRS for certain benefits not reported properly by exempt organizations

Maximizing Reimbursements and Community Relationships with Workers’ Compensation Claims
Brian Niederhauser, Operations Director, Medical Reimbursements of America

Brian is the Director of Operations at Medical Reimbursements of America based in Brentwood, TN. He specializes in complex claim resolution, with an expertise in emergency treatment billing complexity, payer coordination, strategic medical claim appeals and payment verification and auditing. Over the past five years he has specifically focused his efforts in the workers’ compensation arena on a national level. Brian has combined his industry knowledge and his experience with Lean management principles which have had profound impacts on both provider reimbursements and revenue cycle times.

Chad Powers, Director of Legal Services, Medical Reimbursements of America

Chad manages the Legal Department of Brentwood-based Medical Reimbursements of America. MRA provides complex claim investigation and billing services for over 300 hospitals across the country. In his role, he oversees and advises on operational issues including managed care, Medicare/Medicaid, MSP Compliance, workers’ compensation, third-party recoveries as well as HIPAA/HITECH compliance. Prior to joining MRA, Mr. Powers clerked for the Honorable Steve Dozier, Davidson County Criminal Court, Division I. He also practiced for the Law Firm of Smith & Tomkins in Nashville, Tennessee, with an emphasis on insurance and workers’ compensation defense.

Objective:
- Update on the state of workers’ compensation in Iowa
- Learn how to establish a balanced approach with employer relations and billing practices
- Review administrative remedies and legal strategies to secure maximum reimbursement

Outsourcing….An Admission of Internal Inadequacy or, A Smart Business Strategy?
Jerel McQuarrie, Director of Business Development, Healthcare Resource Group Inc.

Professional Summary: Healthcare Resource Group Inc. 2004 to present; Director of Business Development: Responsible for developing revenue cycle improvement projects and strategic partnerships with Rural Community based, and CAH hospitals; speaker and contributor to HFMA and many rural hospital Associations for over 5 years; responsible for developing over 30 long term outsourcing projects and clients with Health Care Resource Group’s Outpartnering Center in Spokane WA. Professional Career: spans over 20 years of professional sales and sales management in a variety of national high tech companies. Xerox Corporation: Tele Atlas Corporation, Southern Pacific RR, Coldwell Banker Commercial Real Estate. My niche was in developing new sales organizations or retooling existing models. I became tired of the corporate treadmill and management and wanted to do something in a more stable environment, and, a pure sales capacity. Healthcare was an answer… I had experience with AR in Hospitals and clinics and was aware of the complexities and challenges for hospitals and clinics to maximize reimbursements and improve the productivity of their business offices. It looked like a great opportunity to work with professionals and sell improvement services that actually did deliver value and success. Education: University of Utah, Bachelor of Science Degree

Administrators in hospitals are facing multiple challenges in recruiting and retaining a work force while keeping up with regulatory requirements in an increasingly complex billing environment. While improvement process is a key priority to all hospitals, most of the traditional improvement processes and solutions have not delivered the sustainable improvement required for many hospitals success.

This session will examine the negative perceptions of Outsourcing from the past and as well as explore the value and fit of today’s outsourcing business models and successes all while gaining a better understanding of this very effective and powerful but often misunderstood strategy.

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Objective:
- We will look at a traditional business office functions that contribute to success or failure in meeting your objectives.
- Dissect some of the functions and reasons why it can be difficult to maintain an efficient and productive business office in a hospital environment.
- Determine if outsourcing is a smart business strategy for your organization.

Volunteer Appreciation
Hospitality – Game Night
Sponsored by: FinCor Solutions – Jim Davis

Friday, October 28th, 2011

Registration/Hot Breakfast
Sponsored by: BKD – Chad Tysdahl

Early Bird Session:
HFMA Certification, Monica Sutter, Iowa Health System

Form 990 Update
Barbara Fajen, Partner, Seim Johnson, LLP
Barbara Fajen, tax services partner, joined Seim Johnson in 1999 and became a partner in 2003. Fajen provides tax consulting and compliance services to more than 120 nonprofit entities. Clients include hospital systems, social services, cultural and religious organizations, as well as private foundations. Barbara also provides tax compliance and planning services to individuals and many closely-held businesses including sole proprietorships, corporations and partnerships. Barbara received her degree from the University of Nebraska at Omaha. She is a member of the American Institute of Certified Public Accountants, the Nebraska Society of Public Accountants and is the accountants’ representative to the Omaha Estate Planning Council. She is a board member for Girls, Incorporated of Omaha and board member and co-treasurer of Partnerships In Aging.

John Holdenried, Partner, Baird Holm LLP
John Holdenried is a partner and Chair of the Health Law Practice Group of Baird Holm LLP in Omaha, Nebraska. While he provides a full range of health law services to healthcare providers, he concentrates on regulatory, transactional, and contracting issues; managed care contracting and network formation; tax exemption; and corporate compliance issues, including reimbursement, tax, Stark, and fraud and abuse. He received his undergraduate degree from Creighton University, B.S., Business Administration, magna cum laude, and his law degree from the University of Michigan Law School, cum laude. He is the Program Chair of the annual Tax Issues for Healthcare Organizations program of the American Health Lawyers Association, and a member of the IRS Council for Tax Exempt/Governmental Entities for the Midwest Region.

Objective:
This seminar will cover an update of the IRS Form 990 and each related schedule, as well as focus on the segments of the form that create challenges for completion and that raise compliance risk.

Update on HFMA National Initiatives
Teri Reger, FHFM A, 2011-2012 HFMA Regional Executive, Region 8, Corporate Manager – Operations Finance, SSM Health Care, St. Louis, MO

article continues on next page...
Teri is the 2011-2012 Regional Executive for HFMA Region 8, which includes the nine chapters in South Dakota, North Dakota, Nebraska, Kansas, Minnesota, Iowa and Missouri. Teri has been an active member of the Greater St. Louis Chapter of HFMA since 1989, serving as President in 2008. In addition to serving on the Board and going through the officer rotation, she has participated on a number of committees and served as chairperson for the Program and Nominating Committees. She earned the FHFMFA designation, Fellow of the Healthcare Financial Management Association, in 2005. Teri is employed by SSM Health Care in the Corporate Finance Department since 2001.

Objective:
Give the audience an update on HFMA's national initiatives, including the Value Project and Senior Financial Executive engagement strategies, as well as to provide suggestions for getting the most out of their HFMA membership. Through the presentation, attendees will be given HFMA resource information to enhance the value of their membership.

Payor Updates
Medicaid – Bryan Dempsey
Wellmark – Tom Newton
Tom Newton joined Wellmark Blue Cross and Blue Shield as Director of Network Engagement January 31, 2011. Tom was the former Director of the Iowa Department of Public Health (IDPH), is responsible for engaging Wellmark's provider community – working with hospitals and physicians to better understand their business challenges, developing new programs, and building a strong foundation of quality health care in Iowa and South Dakota. Tom holds a bachelor's degree in environmental planning and political science, and a master's degree in public policy, both from the University of Northern Iowa. He is also a graduate of the State Health Leadership Institute, a program of Harvard University's Kennedy School of Government. Mr. Newton joined the IDPH in 2000. Prior to his position as Director, he served as Division Director for Environmental Health, and as a Community Health Consultant. While at IDPH, Newton led a statewide effort to modernize the delivery of public health services at the state and local levels.

United Healthcare – Julianne Lobaito and Erika Johnson

WPS Medicare – Aileen Sigler
Aileen Sigler brings 12 years of Medicare Claims experience to her position as a Part A Outreach Analyst for Wisconsin Physicians Service (formerly Mutual of Omaha Medicare). Her primary job responsibilities involve provider education and training by facilitating educational seminars and in-services to hospitals, skilled nursing, mental health and outpatient rehabilitation facilities. Aileen is also an active member of the Nebraska chapter of the American Society for Training and Development (ASTD). She served on the Executive Board of Directors as Director of Awards and Vice President of Programming from 2006-2008.
Take Charge: MAP Event

WRITTEN BY: Eileen Crow, CAE
SUBMITTED BY: Deanna Gray, FHFM, CPAT, CCAT

One of the most important HFMA-sponsored education programs for the chapter year – HFMA’s MAP Event – takes place in Miami on October 26-28, 2011.

MAP Event is a peer-to-peer program where you’ll take away tools to make real-life performance improvements, instill proven practices, extend accountability, and achieve revenue cycle excellence.

During hands-on sessions, HFMA’s MAP Award winners – hospitals demonstrating outstanding results – will share proven practices to preserve net revenue, improve Cash Collections, reduce DNFB, Aged A/R, and FBNS, and much more. MAP Award winner – Baptist Hospital of Miami – will also conduct a tour of its facility and lead a session hosted by Baptist’s VP, Revenue Management.

You will also discover 6 new national key performance indicators (KPIs) – called MAP Keys – part of the industry’s 25 most compelling revenue cycle metrics established by healthcare leaders through HFMA’s MAP initiative.

What is HFMA’s MAP?

HFMA’s MAP gives you the revenue cycle tools you need to Measure performance, Apply evidence-based strategies for improvement, Perform to the highest standards across the board, and receive recognition for your success.

Why? You can earn up to 20 CPE Credits
How much? Members: $895 / Non-Members: $1,019
Where? Doral Golf Resort and Spa in Miami, Florida

How do I learn more and register? Visit www.hfma.org/mapevent
Please forward this to interested colleagues and/or staff in your organization today!

If you have questions, HFMA’s Member Services Center will be happy to assist you at (800) 252-4362, ext. 2
Don’t Miss an ICD-10 CM/PCS Educational Opportunity!

ICD-10 CM/PCS A Sneak Peek—Assess your Readiness and Make a Plan

Submitted by: Stephanie Huftman, CHFP, CPAT, CCAT

This one day seminar will be divided into two sessions. Participants may choose to attend one or both.

The morning session will cover ICD-10-CM diagnosis coding. Each attendee will take a 50 question assessment to determine their knowledge and skills needed for ICD-10-CM and will give them specific areas that they will need to concentrate on to fill the gaps the assessment identifies. Other topics covered in the morning session will include:
- ICD-10-CM Chapter highlights identifying the key differences and similarities between I-10 and I-9.
- ICD-10-CM Guidelines and coding conventions
- The Planning Phase
- Exercises
- Next steps for the coder

WHO SHOULD ATTEND: Hospital inpatient or outpatient coders, Physician office or clinic coders/billers, managers/supervisors wanting to learn more about the ICD-10-CM system and how to prepare their staff.

The afternoon session will focus on the ICD-10-CM Procedure Coding System (PCS). This session is geared toward inpatient hospital coders or those wishing to learn about the new procedure coding system. Participants will take an assessment similar to the morning session. This assessment will focus on knowledge and skills needed to successfully transition to the ICD-10-PCS coding system. Additional objectives to be covered:
- Basic structure and overview of ICD-10-CM PCS
- Coding Guidelines and conventions
- The Planning Phase
- Exercises
- What now?

WHO SHOULD ATTEND: Inpatient hospital coders, those wanting to learn the new procedure coding system or to evaluate if they should cross-train staff, managers/supervisors wanting to learn more detail about PCS.

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Networking Notes
SUBMITTED BY: Tyson Seehase

HFMA Annual Summer Golf Outing on Wednesday July 20th, 2011
On Wednesday, July 20th, we held our annual 4 person best shot golf outing at Legacy Golf Course in Norwalk. After the golf tournament we gathered in the clubhouse for a nice dinner, an awards ceremony and a great opportunity to network. Crystal Estabrook and her team consisting of Vince Koch, John Christopher and Matt Estabrook were the big winners. To note: after a strategic cancelation on her team Crystal pulled in her husband (a.k.a. “The Ringer”) to win. The awards included prizes for the top three team scores, 6 pin prizes, and a number of door prizes. We had 8 teams play in the event and everyone had a lot of fun.

Thanks to everyone that joined us for the golf outing and a big thank you to our sponsors:

Sponsors for HFMA Golf Outing - July 20th, 2011
Eagle Sponsor FinCor Solutions – Jim Davis
Birdie Sponsor LaSalle Systems Leasing, Inc. - John Christopher
Par Sponsors Credit Bureau Services of Iowa – Sharon Marvelli
Data Systems Group – Jackson Morgan
Hauge Group – Charlie Cole
Midlands Choice – Marla Nauman
ProAssurance Wisconsin – Doug Darnell
Raffle Prizes Avadyne Health – Steph Hultman
Data Systems Group – Jackson Morgan
ProAssurance Wisconsin – Doug Darnell
Seim Johnson, LLP – Daren Osten
BKC – Chad Tysdahl

Iowa Cubs Hospitality Event on Thursday July 21st 2011
A questionable call at the plate for the second to last out of the evening stopped a last inning rally by the Iowa Cubs baseball team playing in a close contest with the Nashville Sounds. But as for the HFMA Iowa Chapter members that attended, it was a good evening to take in a baseball game and network amongst the almost 40 attendees. The slightly cooler temperatures also helped everyone’s comfort level. Along with a game ticket, each attendee was provided with Cubbie Bucks for food and drink. A fan favorite food choice was the Philly Steak Cheese Nachos in a souvenir I-Cubs helmet. Ok, so I was the only fan that voted, but they were really good – and good for you!

A big thanks to Array Services Group and Kiel Christensen the sponsor for the event and thanks to everyone that attended the Iowa Cubs Hospitality Event.
I-Cubs Hospitality Event

PHOTOS SUBMITTED BY: Deanna Gray, FHFMA, CPAT, CCAT

Luke Gruber, Chad Tysdahl, Jeremy Behrens, & Marcus Goldenstein with Kiel Christensen behind Marcus

Chad Tysdahl. Dinner looks good!

Steve Lewis, Denise Hook, Kiel Christensen, Judy Griffith, Abbey Stangl, Mike Dewerff, Deanna Gray, Randy Rubin

IHS—St. Luke’s—Cedar Rapids girls enjoying the game
The fiscal year is coming to a close, and before you know it, budget season will be upon us. It is a great opportunity to dig behind the scenes and perform an income statement roll-forward analysis. The roll-forward will provide the opportunity to isolate and remove one-time positive or negative adjustments and to understand what your organization’s operating margin is. It is a great way to identify if management interventions were performed and executed and how those actions impacted your operating margin.

Throughout the course of any given fiscal year there may be material revenue or expense items that are unexpected and non-recurring, and do not have a future impact to the organization. Performing a roll-forward allows you to diagnose the impact of volume and rate changes, payer mix shifts, as well as any impact of charge increases to your bottom line. It allows you to truly understand how your business is operating and what the projected shortfall may be to achieve the targeted margin. Growth or retention tactics and service line profitability should be analyzed to determine if how they impact the organization. Looking at the top ten and the bottom ten may allow your organization to decide if the services can still be provided to meet community need.

To analyze the effect of changes in the fiscal year the best place to start is the operating revenue and operating income from the previous year. The next step is to reconcile the change in revenue from year to year. What interventions were performed to enhance revenue? Typical reconciling items are inpatient and outpatient volume impacts to revenue, third party rate or contract increases, the effect of charge master increases and the rate of inflation to DRG or per diem payers. Other factors affecting revenue are potential payer mix shifts, third party audits or appeals, net changes year to year in charity care and bad debt and any one time revenues that have impacted your organization.

The next focus is to understand the change in expenses from period to period. The financial statement compared to the prior year will easily show the variance in account categories from year to year. Reconciling items may include changes in FTE’s and incremental salary inflation increases if any. Employee benefit expenses are the next big item and can be influenced by high dollar case fluctuations or changes in the cost of insurance if fully insured.

Supply cost reduction initiatives might have affected the supply spend and reduced the effect of inflation. Understanding product mix and the effect of inflation may impact your change in expenses from year to year.

Depreciation and interest are typically planned for events and are more predictable. Asset purchases for equipment come with service maintenance fees which may increase your purchased service expense item. Other factors which impact the analysis are any high dollar consulting and legal expenses which may have impacted your financials for just the current period. Once you have adjusted the statements it is easier to revise and determine what your organizations true run rate is and how does it compare to your current budget. Any shortfall should be addressed with tactics to improve revenue or reduce cost. It is much healthier if you can improve the top line if you have to make adjustments to the cost structure. I believe that the most successful organizations take care of quality and patient safety, enhancing the patient experience, and as a result they see continued growth and improved finances.

Finally, do not forget about the impact of non-operating income. Lots of big-ticket transactions affect these lines, such as gains and losses from sale, and gain and losses from investments impact your organization from year to year. Review the following example, and feel free to contact me at Tretina@mgmc.com with any questions.
I-Cubs Hospitality Event

PHOTOS SUBMITTED BY: Deanna Gray, FHFMA, CPAT, CCAT

Thank you to our I-Cubs Event Sponsor, Kiel Christensen, Array Services Group!

Ron Timpe with his lovely wife Kathy, and Joe Splinter behind him. Steph Hultman made the photo, at far right.

Tyson Seehase is about ready to plant a kiss on Keith Bull.
I-Cubs Hospitality Event

PHOTOS SUBMITTED BY: Deanna Gray, FHFMA, CPAT, CCAT

Jeremy Behrens and Shawn Gosch. You can tell they’re accountants… way too serious!

Krista Ketcham with her husband Mike, who was a lucky t-shirt winner later in the game.

Randy and Trish Rubin with Ryan and Kelsey