Outpatient Prospective Payment System Final Rule 2016

The Centers for Medicare & Medicaid Services (CMS) has released the Outpatient Prospective Payment System (OPPS) Final Rule for 2016, which took effect January 1. This article highlights several of the major provisions related to outpatient services. The complete text may be found online. Consistent with previous years, the OPPS rules exclude critical access hospitals and Indian Health Service hospitals as well as hospitals located outside the 50 states, District of Columbia and Puerto Rico.

Rates

The Medicare rates will decrease by 0.3 percent, compared to a 2.2 percent increase for 2015. The overall 0.3 percent decrease includes a 2.4 percent market basket increase, reduced by a 0.5 percent multifactor productivity adjustment and a 0.2 percent reduction required by the Affordable Care Act. The final component to the 0.3 percent overall decrease is a 2 percent reduction—an attempt to rectify the inflation in OPPS rates resulting from excess packaged payments under the OPPS for laboratory tests that are excepted from the final 2014 laboratory packaging policy. CMS estimates total payments for calendar year 2016 will decrease by approximately $133 million when compared to CY 2015 payments.

Hospitals will continue to see a 2 percent reduction in payments if they don’t meet the hospital outpatient quality reporting requirements. The 7.1 percent adjustment to OPPS payments for rural sole community hospitals will continue for 2016. The estimated impact of the 2016 hospital OPPS changes to various hospital types is found in Table 70 of the final rule. These estimated changes include a 0.4 percent decrease for urban hospitals, 0.6 percent decrease for rural hospitals, 0.1 percent increase for major teaching hospitals and a 0.7 percent decrease for nonteaching hospitals.

Article continues on page 4
**National Webinars**

**February 2, 2016**  
Understanding Today’s Payor Climate and Provider-Sponsored Health Plans

**February 4, 2016**  
Bridging the Clinical and Financial Divide for a New Era of Health Care

**February 9, 2016**  
Kick Healthcare Analytics Up a Notch: A Recipe for Success

**February 11, 2016**  
Provider Organizations Share Insights That Mitigate Financial Risk Caused By Burgeoning Patient Responsibility Debt

Register at: www hfma.org/webinars

**Heart of America Programming**

The topics listed are subject to change and will be more clearly defined as the program year progresses:

**March 10, 2016**  
Healthcare 101 – Overview of Finance and the Revenue Cycle

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Healthcare 101 – Overview of Finance and the Revenue Cycle

**April 21, 2016**  
Leadership Colloquium – Chapter Awards and Professional Photos, followed by Networking Happy Hour – Grand Street Café on the Plaza (possible date change to April 28, 2016)

**View all upcoming on-demand webinars**

HFMA provides webinars available one calendar year following the live webinar date and year. Most on-demand webinars are free for HFMA members and $99 for non-members, unless otherwise noted.

**AVAILABLE UNTIL:**

February 17, 2016  
Effective Ways to Identify and Attribute Healthcare Products for Sustainable Savings

February 26, 2016  
Navigating a Return on Investment to Transition to Value-based Care

March 4, 2016  
Improving Revenue Cycle Performance Through Self-Service While Mitigating Staffing Requirements and Compliance Risks

March 11, 2016  
Implications of Final IRS 501(r) Rules for Hospitals

March 16, 2016  
Achieving Payment Clarity: How Gwinnett Medical Center’s Collections Program Inspires Positive Financial Results and Patient Loyalty

March 20, 2016  
The 4 Biggest Cost-Accounting Mistakes You Don’t Even Know You’re Making

March 24, 2016  
Pre-Eligibility Screening of Your Supply Chain Data

March 31, 2016  
Reducing Supply Chain Costs Through Collaborative Processes and Technology

*If you are interested in presenting a webinar, please contact Kurt Belisle at kbelisle@hfma.org.*
Another calendar year has passed and an exciting new year is upon us. Along with a new year comes the traditional goal setting &/or New Year’s Resolutions. As you prepare these new goals in both your personal and professional lives, I hope you will consider a goal regarding your involvement in HFMA and our local Heart of America Chapter. These HFMA goals may include attending additional chapter meetings, attending national webinars, or volunteering for a committee or officer role within the chapter.

**Upcoming programs and education**

Our Chapter has planned the following programs to complete our HFMA program year:

- March 10th: Healthcare 101
- April 21st: Effective Leadership/Chapter Awards (professional photos to be taken)

There are many free webinars listed on the HFMA website. A list of these webinars can be found at [www.hfma.org/webinars](http://www.hfma.org/webinars)

**Volunteer opportunities**

There are always opportunities to volunteer with our Heart of America Chapter. Michelle Narayan (President Elect) will soon begin identifying open committee chair, co-chair and committee member positions. In addition, the chapter needs to elect new board members and a Treasurer for the upcoming fiscal year.

The chapter leadership team approved a change to the officer rotation. The Treasurer and Secretary roles will be a two year commitment each. This allows volunteers make a two year commitment rather than the traditional five year commitment. The position of Vice President will continue to progress through the leadership tract, which includes the position of President Elect, President and Past President. Below is a list of some of the committees that anyone can volunteer to serve.

- **Program Committee**
  Assist with planning educational events.
- **Membership Committee**
  Assist in identifying new members and welcome new members to the chapter.
- **Certification Committee**
  Educate members on the certification exam and benefits.
- **Publications Committee**
  Plan and organize the quarterly newsletter.
- **Networking Committee**
  Plan and coordinate networking events.

**Membership**

As of December 14th, 2015 our membership total is 294 members.

We need to add 35 members to reach our goal of 329. HFMA National has several incentives for any member who refers a new member. Below is a list of incentives. As you think about your work place or others that you network with, consider suggesting they join HFMA, if appropriate. Please ask the new member to list you as the sponsor when they sign up for HFMA.

- 1-2 new members: HFMA apparel items. $25 Visa debit card.
- 3-4 new members: $100 Visa debit card. Entry into a drawing for $1000.
- 5 plus new members: $150 Visa debit card. Entry into a drawing for $2500.

In addition to the above, with each new member you recruit you get a chance to win:

- Apple Watch Sport- monthly drawings October-March
- $5000 Grand Prize- $3,000 cash and $2,000 donated to a charity of your choice.

If at any time you have a question, comment or suggestion, please feel free to contact me directly, pknudtson@st-lukes.org.
As 60 percent of the outpatient payment remains adjusted by the wage index, it’s essential to monitor the impact all outpatient rate changes can have on a hospital’s wage index. The OPPS final rule indicates finalization of the use of the inpatient post-reclassified wage index for urban and rural areas, which issued revisions to the core-based statistical areas (CBSA) based on 2010 census data. The 2015 final rule included a one-year blended wage index for all hospitals that experienced any decrease due to these CBSA changes. This one-year transition blended payment expires for 2016.

**Advance Care Planning**

The 2015 Current Procedural Terminology (CPT) added a new subsection, Advance Care Planning (ACP), to the Evaluation and Management (E/M) section; two new codes were added that describe the services involved in ACP.

ACP involves consideration of the types of decisions required at the time of eventual life-ending situations and considering a patient’s preferences regarding those decisions. These discussions also would include preparation of an advanced directive.

CMS finalized its proposal to establish separate payment for ACP services, based initially on the recommendations of the American Medical Association (AMA). These codes are:

- **99497**, Advanced care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or other surrogate
- **99498**, Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes

CMS has not yet issued a National Coverage Determination; this indicates there initially will be no limitations on how often the codes can be reported to allow for continued discussion times with patients. However, CMS will monitor utilization of trends.

According to Addenda B of the final rule, the national payment for CPT 99497 will be $54.41; the add-on code, 99498 will be packaged.

Hospital coders and billers should refer to AMA’s CPT Assistant (December 2014, Volume 24, Issue 12, page 11) for examples of Ambulatory Payment Classification (APC) code reporting and required documentation.

**Two-Midnight Rule**

For 2016, CMS maintains the benchmark for hospital stays expected to be two midnights or longer, but the agency created more flexibility for admissions not meeting the benchmark. For stays in which the physician expects the patient to need fewer than two midnights of hospital care, an inpatient admission may be payable under Medicare Part A on a case-by-case basis based on the admitting physician’s judgment and documentation to support medical necessity.

CMS reiterates that inpatient admission for minor surgical procedures not requiring an overnight stay would be unlikely and will be prioritized for review.

On October 1, 2015, CMS moved the enforcement of the two-midnight rule (initial medical reviews of providers who submit claims for short stays) from Medicare Administrative Contractors (MAC) and Recovery Auditors to Beneficiary and Family Centered Care (BFCC) Quality Improvement Organizations (QIO) beginning in 2016.

Hospital utilization review and clinical documentation improvement teams should continue working with physician staff to improve documentation efforts.

**Payment Policy Updates**

These are some of the significant updates in payment policies included in the final rule:

**Comprehensive Observation Services (C-APC 8011) – Effective January 1, 2016**, CMS no longer will reimburse for APC 8009 for extended E/M services. Instead, qualifying extended E/M services will be paid through APC 8011. The unadjusted national rate for APC 8009 for 2015 was $1,234, and providers were paid for a number of ancillary services outside that APC when the status indicator was not conditionally packaged. For example, if fewer than eight hours of observation were billed, a higher level visit code wasn’t billed, or if surgical procedures with status indicator T are performed the day before or day of the initiation of the observation, CMS would not group the claim into a comprehensive APC; instead, these claims would be considered non-qualifying and APCs not packaged would be paid individually. The unadjusted national rate for APC 8011 is $2,174. CMS now will bundle all nonsurgical procedures performed, regardless of date of service, and surgical procedures will be excluded from the bundling.

The concept of “adjunctive services” has been expanded in 2016. In the past, CPT codes with status indicator J1 were subject to packaging if certain other codes were billed. However in 2016, CMS created status indicator J2 to identify CPT codes considered payable under OPPS that could trigger comprehensive composite payment if certain other codes are billed in combination. With cases qualifying for payment of the APC 8011, all covered Part B services on the claim could be considered adjunct to a J2 procedure and packaged into a single payment, except those items excluded by statute. Those excluded services include covered screening procedures, preventative services, pass-through drugs and devices, physical therapy, speech-language pathology and occupational therapy services, certain vaccines, corneal tissue acquisition and certain services payable when an inpatient Part B only claim is billed.
A major difference in payment for comprehensive services for 2016 is that all levels of emergency department (ED) and clinic visits, if billed in combination with observation time, can trigger the comprehensive composite rate. In “the old days,” only higher level Type A and B ED visits, office visit and critical care CPT codes triggered packaged payment under a composite APC.

Under the 2016 final rule, if an observation claim contains a status indicator T procedure (which is the case for most surgical procedures), the claim will not be reimbursed under APC 8011. Instead, the procedure will be paid and, unlike 2015, many more CPT codes on that claim will be considered packaged into the surgical procedure and not paid separately. CMS has increased payment for status indicator T procedures to compensate.

For the first time, therapeutic injections and infusions will not be paid separately when billed on a claim subject to payment through a composite rate or a claim containing a J2 service. (Those codes were paid outside the extended E/M composite rates in 2015.) However, when drug administration is the primary reason for the encounter, most injection and infusion CPT codes—including those for chemotherapy administration—remain status indicator “S” procedures that will be paid separately. The reimbursement amount remains the same as in 2015.

A table of exclusions from the comprehensive APC payment policy for 2016 can be found in Table 7, page 70327 of the Federal Register.

In 2014, CMS began packaging payment for laboratory procedures other than molecular pathology tests. The CPT codes for molecular pathology were new for that year, and CMS wanted to monitor their use. CMS intended that the vast majority of laboratory CPT codes would be paid individually only if lab was the sole service billed, was ordered by a different practitioner or was for a different diagnosis than the other service billed on the claim. For 2016, molecular pathology CPT codes are added to the packaging policy; status indicator Q4 was created specifically to address conditionally packaged laboratory tests.

Key changes and billing instructions for various updated payment policies can be found in the final rule. Additional information is available in MLN Matters Article MM9496, as well as CMS Transmittal R3425C, including policies for new device pass-through categories, device-intensive APCs and new modifiers for inpatient-only services furnished to patients who expired before the inpatient admission.

There also are new G-codes for billing lung cancer screening using low-dose computed tomography. Quite a few C-codes—OPPS payable services without permanent HCPCS codes assigned—have more specific J-codes in 2016. CMS aligned the payment for biosimilar pharmaceuticals with the payment rate in the physician office setting.

Also of interest, a new edit was implemented for OPPS claims in the Integrated Outpatient Code Editor (IOCE) related to billing for high- and low-cost skin substitutes and their related surgical procedure codes.

These are just some of the changes affecting outpatient services. You should thoroughly review the final rule to understand all the potential effects on your organization.

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Potential risks of new managed care contracts

The new healthcare economy is giving rise to a new set of risks for providers. Health plans are increasing providers’ risk by raising patient deductibles and copayment amounts as well as negotiating incentive and withhold pools. PwC’s employer benefit survey, released in June 2014 (Touchstone Survey), showed that 67% of employers are offering high-deductible health plans (HDHPs). And these plans are growing in popularity among employees — 26% of employees at the companies surveyed are enrolled in a high-deductible plan, up from 17% in 2012. Forty-four percent of employers are now considering complete HDHP replacement products in the future. Almost half (49%) of employers are choosing plans with deductibles of $1,000 or more and out-of-pocket maximums of $3,000 for in-network care. The bottom line for providers — provider reimbursement is continuing to decline and self-pay balances are increasing.

New contracting considerations

Self-pay
Although providers may not initially connect the two, the increase in self-pay is an important consideration when negotiating managed care contracts. No longer will increases in negotiated rates result in direct bottom-line improvement. Even if rates increase, the shift to patient liability is directly affecting provider reimbursement. When negotiating managed care contracts, providers should:

- Request that the plan provide copies of employer benefit plans that are being offered to the employers in your region. Changes in these benefit structures will directly impact provider reimbursement and force the hospital to chase after the patient to collect these self-pay amounts.
- Ask if the plan will provide financial supplements to the self-pay balances that remain uncollected, or if they will support the provider in discussions with patients who are refusing to pay.
- Analyze the self-pay bad-debt amounts for the plan subscribers. Although health plan copayments and deductibles have a considerably higher collection rate than those from insured patients, they continue to have high bad-debt placement rates.

Withholds and bonus pools
Providers are also at increased risk because of inadequate contract language regarding bonus pools and withholds. Withhold pools are dollars withheld by the health plan from the provider’s negotiated rate, and bonus pools are paid as rewards “in addition” to the negotiated rate. For both, the amount must be earned to be paid.

Providers should closely review the contract language for withholds and bonus pools to make sure it clearly defines what the provider needs to achieve and how the achievement must be documented to obtain the payment. These payments may be reached by performing a specific service, reducing length of stay, reducing re-admissions, or achieving a specific metric calculation. If the provider’s reward is to reduce the length of stay and the contract is paid at a per diem rate, it may be important to develop a financial model before negotiating the agreement so the incentive negates any decrease in per diem reimbursement.

To achieve these rewards, it will be important that every step is documented, including what’s being measured, by whom, and for what period. Another key question the provider should ask is, “What other providers are in the bonus pool?” If other providers are sharing the same bonus pool, it will be important to know if poor performance by the other providers will cause your hospital to not receive its payment. Often, providers share the same incentive pool and poor results of one provider may negatively affect the payment results of the others. Read the contract and create a financial model that will replicate how the incentive pool metrics will be measured and when the payment will be triggered and paid.

As the market continues to push more risk toward the provider and responsibility to the patient, it’s important that you take the time to thoroughly understand the potential impacts of these contract changes on the provider’s reimbursement. It’s a critical step in protecting your company’s financial viability.

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What to Expect in 2016

2015 has proven to be a year of many changes within the healthcare industry. Some of the major changes include the implementation of ICD-10, CMS announcing their “Better Care, Smarter Spending, Healthier People” strategic direction, passage of the Medicare Access and CHIP Reauthorization Act of 2015, passage of the Bipartisan Budget Act, passage of the 2016 omnibus appropriations bill, and the passage of the Notice of Observation Treatment and Implication for Care Eligibility Act. 2016 is also shaping up to be a year of many changes while providers work to operationalize finalized legislation and rules passed in 2015.

Hospitals that reside in 67 metropolitan statistical areas will be subject to the comprehensive care for joint replacement model. This model will require most Missouri hospitals located in the Cape Girardeau, Columbia, Kansas City and St. Louis MSAs to receive a bonus or penalty based on a 90 day episode cost of treating lower extremity joint replacements. This model will begin on April 1, 2016 and last through 2020.

The Medicare payment and policy updates impacting 2016 have now been finalized. On average, facilities in Missouri should expect to see a net reduction in Medicare payments of 0.7 percent. The effect of each prospective payment system ranges from a low of 0.8 percent reduction for acute inpatient services and as high as a 2.0 percent increase for inpatient rehabilitation facilities.

As CMS continues to implement their “Better Care, Smarter Spending, Healthier People” strategy, much of the federal register focused on various quality based indicators, tying payments to quality and asking for comments about revisions to the indicators. For 2016, up to 5.75 of an acute inpatient hospital’s DRG payment is at risk due to the various pay for performance programs. Value based purchasing program is capped at 1.75 percent of operating payments, hospital readmissions reduction program is capped at 3 percent of operating payments and hospital acquired conditions is capped at 1 percent of operating and capital payments.

From a legislative perspective, correcting the interstate flaws within the Medicare wage index will continue to remain a priority. Advocacy efforts will also focus on the use of S-10 in determining Medicare disproportionate share payments, expanding opportunities to incorporate telemedicine into the delivery system in rural areas, preserving the 340B program, revising and reauthorizing certain mental health programs that strengthens the capacity to meet the demand for behavioral health services, and incorporating the use of sociodemographic adjustments in the hospital readmission reduction program. Recently, Recovery Audit Contractor document request caps were reduced from 2 percent to .5 percent. Even though this is a welcome change to the RAC program, efforts will continue to refine and reform the program. In addition to the Missouri Hospital Association congressional advocacy efforts, the association will continue to shape and respond to the mass of Federal regulations which will continue in 2016.

FY / CY 2016 Medicare Payment Update - Missouri

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Fall Workshop was held October 22-23, 2015 in Columbia, Missouri. The annual workshop was sponsored by the Heart of America, Show-Me and Greater St. Louis Chapters.

Chapter President, Paul Knudtson and Secretary, Todd Goforth, network with members from other chapters.

Heart of America members John Travis, Mary Jonscher, Paul Knudtson, Shanna Hanson, and Donna Findley.

Donna Findley participated in a panel discussion.
The Emerging Era of Choice & Local Executive Panel

This event was held on November 19, 2015 at the Plaza Library. The program included a presentation by Matt Stevens of The Advisory Board, which focused on population health management, consumerism, and the future of health care delivery. This was followed by the always popular local executive panel. This year’s panelists included Julie Quirin of Saint Luke’s Health System, Jim Denning of Discover Vision, Paul Kerens of Kansas City Orthopaedic Institute, and Scott Woods of Shawnee Mission Physicians Group. The panel discussion was moderated by Chuck Wells.

1. Matt Stevens, The Advisory Board

2. Panel Moderator Chuck Wells

Sincere appreciation is extended to our corporate sponsors for 2016-17. Your support of our Chapter significantly improves our ability to offer quality programs to our members. Please consider joining our fantastic group of sponsoring organizations.

If you are a service provider, please contact:
Mea Austin 785-842-0726
Mary Knollmeyer 913-791-3500 x 4018

Come join us!

HFMA volunteers receive opportunities for professional development, information, networking, and advocacy and earn Founders points when they participate in a chapter committee. The 2015-16 committee chairs and co-chairs are as follows:

**Audit Committee**
Keeley Roach 816-221-6300 x21507

**By-Laws Committee**
Mary Knollmeyer, Chair 913-791-3500 x4018

**Certification**
Mary Jonscher, Chair 816-305-2297

**Membership Committee**
Sue Brammer, Co-Chair 816-221-6300
Michelle Decker, Co-Chair 913-515-2655

**Social Media/Networking Committee**
Michelle Decker, Co-Chair 913-515-2655
Kalinda Marfisi, Co-Chair 913-234-6654

**Programs Committee**
Todd Kenney, Chair 816-701-0266

**Publications Committee**
Tammy Shepherd, Co-Chair 913-945-5596
Jessica Baird, Co-Chair 816-407-2041

**Sponsorship Committee**
Mea Austin, Co-Chair 785-842-0726
Mary Knollmeyer, Co-Chair 913-791-3500 x 4018

**Website**
Kelli Schroeder, Chair 816-691-1333

**Fall Workshop Committee**
Paul Knudtson, Chair 816-502-0648

**Nominating Committee**
Jim Mozena, Chair 913-647-6404
Happy New Year Region 8

As I sit down to write this I can’t believe how fast the year has flown by. It seems like only yesterday we were out mowing the lawn and today there is snow on the ground. We are down to one final college football game, the Super Bowl is right around the corner and basketball is just heating up… Where did the year go??

Region 8 has once again been blessed with great leaders. Each year the volunteers that step up at the chapter level amaze me with their hard work and dedication as I watch each chapter ‘Go Beyond’ the boundaries and achieve success. It’s your support of the chapter leaders, attendance at education events and commitment to the profession that make our Region the best Region in HFMA!

Additionally, I would like to recognize that Region 8 has two representatives on the National HFMA Board of Directors. Carol Friesen (Nebraska Chapter) and Mike Dewerff (Iowa Chapter) who are doing an outstanding job representing our Region. Carol and Mike, on behalf of the members of Region 8, thank you for all that you do.

To the members of Region 8, please reach out and become part of your chapter. Get involved and make the most out of your membership. With the constant change we see going on in our industry we all have talents and contributions we can make. Not one of us can do it all. Reach out to your chapter leadership and become a part of your team’s dedicated healthcare professionals.

Here’s to a spectacular 2016!! Thank you for the opportunity to serve Region 8. I welcome your questions and comments, anytime! My telephone number is 319-240-5306 and my email address is sjhultman@mediacombb.net.
When you trust the advice you’re getting, you know your next move is the right move. That’s what you can expect from McGladrey. That’s the power of being understood. Experience the power. Go to www.mcgladrey.com/healthcare

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Healthcare finance overview, risk mitigation, evolving payment models, healthcare accounting and cost analysis, strategic finance, and managing financial resources

Operational Excellence
Exercises and case studies on the application of business acumen in health care

Please contact Mary Jonscher at 1-800-278-5135, ext. 7163 or mjonscher@humanarc.com with any questions or concerns.
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cheryl.wenz@shawneemission.org
LeAnn Delin, MJ CPC
Employer: Children’s Mercy
Title: Senior Manager Revenue Integrity

Why did you join HOA-HFMA?
I had belonged to the Central Iowa Chapter prior to coming to Children’s Mercy.

How long and why do you work in healthcare?
I have worked in Healthcare for 23 years. I love challenges and the ever changing rules!

What do you like most about your job?
Nothing stays the same... I like problem solving and knowing I can make a difference.

Marital status? Children?
I am married and have 4 children, 7 grandchildren, 2 step children and 5 step grandchildren.

What is your personal or professional motto?
Just Breathe!

Please describe some of your favorite accomplishments or biggest challenges met:
I was able to collect over $1M in repayments to the Medicare program when I was a Medicare Fraud Investigator. I was able to assist in $8M in additional revenue for Iowa Health System during the 72 hour rule rebilling.

What advice would you give to someone entering the healthcare field?
There are frustrations in any field, however if you keep in mind how impactful healthcare is on the lives of the community, the satisfaction is rewarding.

Karen Elmer
Employer: Saint Luke’s Health System
Title: Manager Corporate Finance

Why did you join HOA-HFMA?
I am a newcomer to the healthcare field, and the organization seems to be an excellent resource for education, networking, and growth opportunities.

How long and why do you work in healthcare?
I have been in healthcare just over 2 years—most of my career has been in other for-profit fields, so I was especially intrigued to be part of a not-for-profit health system.

What is your personal or professional motto?
Just Breathe!

Susan Evans
Employer: Cerner Corporation
Title: Revenue Cycle Executive

How long and why do you work in healthcare?
I’ve worked in healthcare for over 30 years, my entire professional career actually. I’ve never needed to leave healthcare in order to grow or experience change — it happens daily! My reason for choosing healthcare is a desire to make a difference in the lives of others; to do something that is truly meaningful — even if it’s behind the scenes.

Children?
I have two college-aged children that are the joy of my life, and a houseful of pets including two dogs and four cats.

Do you have a funny/embarrassing event that has happened on the job you can share?
Once very early in my career, my CEO, CFO and I flew in a small charter plane to a regional hospital to see a demo of a new physician billing system they had recently installed. I thought this was a very big deal, and I was thrilled to be chosen for the task. I also didn’t want to act like an awestruck kid and was determined act like this was a just an ordinary event. When we got to the airport I was immediately horrified. The plane was TINY, basically enough room for the pilot and three passengers. My career advancement didn’t seem like such a great idea. Sensing my terror, my boss thought it would be a hoot to have me sit in the front seat next to the pilot. I played it cool — paralysis can make you appear calm. I don’t even recall what happened over the next hour, but I was so relieved and proud to make the entire flight without incident. What a disappointment for the others who were hoping for something to taunt me about later! However, when we landed and the pilot opened the door for me to exit, the step was way
Get to Know, continued...

too low for my feet to reach. (I also happened to be wearing a long, knit tube skirt…) Everyone else had hopped out and stood waiting for me. So, I did my graceful best and slid down from my seat with my toes pointed toward the step. Instantly, I realized I was stuck, suspended from the side of the plane and couldn’t move. To my horror, and to the three men standing in front of me, the hem of my skirt was stuck in the plane’s doorframe and I was bound up in it with my backside exposed! After a moment of shock the pilot bolted to grab me, unhooked my skirt and lowered me to the step. So much for an uneventful flight! Thankfully my dignity wasn’t completely destroyed, but the day ended with a great story to take home. I’ve never forgotten that event…and it comes in handy to remember whenever I’m taking myself or a scary situation too seriously!

What is your personal or professional motto?
Always be kinder than you have to be, you never know what someone else is going through.

What advice would you give to someone entering the healthcare field?
Be prepared to work hard and work together – you’ll need to be a team player. And, I would also advise anyone going into the healthcare field to remember to take care of themselves, too. I see so many people working their lives away taking care of others, and I think many times those of us in healthcare don’t practice what we preach! Myself included…I’m working on that!

Lindsay Kindell
Employer: The University of Kansas Hospital
Title: Patient Accounting Manager

Why did you join HOA-HFMA?
HFMA provides many resources and opportunities for education. It gives me an opportunity to meet people in my area that work in the same field. Often times they may be experiencing the same difficulties that I am. It is another great resource.

How long and why do you work in healthcare?
I have worked in healthcare for about 12 years.

What do you like most about your job?
My department works accounts after everyone else has exhausted all efforts. There is something fun about being able to overturn an appeal and collect on something that everyone else thought was hopeless.

Marital status? Children?
I am married with two boys, ages 8 and 4.

What advice would you give to someone entering the healthcare field?
Be prepared for change. It can make things very difficult but it is also what makes our jobs so interesting!

Rebecca Larason
Employer: UMB
Title: VP/Private Banking-Physician Services

Why did you join HOA-HFMA?
Healthcare and the parameters in which those in the field must work within seem to change daily. Joining HFMA not only allows me the opportunity to have a better understanding by becoming CHFP certified, but also enables me to further my knowledge by staying on top of what is going on across the healthcare industry through webinars, articles, etc. All of which allow me to be a better partner to those I have the opportunity to work with.

What is your personal or professional motto?
I actually have two very brief mottoes: Be Present and Make a Difference. Be present in every moment of every day. Life will go on whether you are paying attention to it or not. Don’t miss the beauty and importance of every moment.

Make a Difference-Be a positive impact on someone. Every emotion we exude affects someone else; be cognizant of that and become the reason for someone to pay a smile or kindness forward.

Please describe some of your favorite accomplishments or biggest challenges met:
Recognized by KC Business Magazine as a member of it 2013 Class of Influential Women

Matthew Ortiz
Employer: BKD, LLP
Title: Consultant

Why did you join HOA-HFMA?
To expand my career network and to build working relationships with professionals in the healthcare field.

How long and why do you work in healthcare?
I started in healthcare as the intern for the accounting department of the hospital in the same town of my alma mater in May 2014. I decided to stay in the field because of the opportunities and security provided by the healthcare industry.
What do you like most about your job?
I enjoy having the opportunity to provide healthcare providers with consultation and compliance services.

Marital status?
Engaged to wed in the Spring 2016.

What advice would you give to someone entering the healthcare field?
My only advice is that person definitely should. Anytime a friend or family member is looking for a job of any field, I advise them to apply at a local hospital. Most people do not realize how many different aspects there are to operating a hospital. With such a wide range from medical staff to administrative positions to overhead workers, there is a place for anyone.

Lisa Pfeiff
Employer: Humana
Title: Finance Director

Why did you join HOA-HFMA?
I am looking for an opportunity to learn with peers in the healthcare industry.

How long and why do you work in healthcare?
I began my healthcare career in 1999. I really enjoy healthcare because it is an industry where finance professionals can really make a difference.

What do you like most about your job?
I really enjoy the people I work with. As a team, we are given the opportunity to improve the benefits for our members and assist them in achieving wellness.

Marital status? Children?
I have been married for 20 years to my husband, Brian. We have 2 sons (17 and 13).

What is your personal or professional motto?
I feel strongly that to be successful in life or a career, you can’t be afraid to fail. If you consistently choose a safe path, you won’t make significant progress.

Please describe some of your favorite accomplishments or biggest challenges met.
I was part of a large physician practice which was acquired by a health system. The transaction was well planned out and therefore went quite smoothly.

What advice would you give to someone entering the healthcare field?
Be prepared to thrive in change and uncertainty.

Rachel Radmanesh
Employer: Clarus Group
Title: Client Engagement Manager

Why did you join HOA-HFMA?
I joined the group so I would have exposure to the topics which are important to the industry.

How long and why do you work in healthcare?
10 years. I work in healthcare because it’s an interesting and important field.

What do you like most about your job?
I enjoy working with companies to help them find answers to their data needs. Most companies have the data, they just need to be able to get to it and make it usable.

Marital status?
I’m a newlywed!

Children?
Two children, both in college. (Son - Hesston College, Aviation/Information Technology. Daughter - Loyola University – Chicago, Anthropology/Economics)

Do you have a funny/embarrassing event that has happened on the job you can share?
I once had an incredible coughing fit while at a client meeting. Now I get a flu shot every year.

What is your personal or professional motto?
I’ve had clients tell me I am pleasantly persistent.

Please describe some of your favorite accomplishments or biggest challenges met.
My biggest accomplishments are currently underway. I am on the support staff, working with two non-profits to bring education to populations desperately in need.

In 2004, my father had built a college prep school, in his hometown of Sabzevar, Iran. The school provides advanced courses and technical training for nearly 100 female students. A recent addition of a dormitory provides housing for students who are not from the area.

My sister is the chief psychiatrist for a training program, established by the St. Louis non-profit, Partnership Ethiopia. (A country of 90 million people, and just 30 licensed psychiatrists.)

What advice would you give to someone entering the healthcare field?
My advice holds true when considering any field of work... love what you do, add value every day, and have a great support team!
Amy Rinard
Employer: Commerce Bank
Title: Treasury Sales Healthcare Project/Product Manager

Why did you join HOA-HFMA?
I joined HFMA to stay connected to industry and continually grow in the healthcare space.

How long and why do you work in healthcare?
15 years

What do you like most about your job?
I really enjoy working with clinics and hospitals to improve their revenue cycle. Each facility has different processes but similar hurdles. Providing the tools, time and service needed to help remove obstacle and create efficiencies processes, reduce cost and increase cash keeps me motivated. I found in healthcare you can never learn too much.

Marital status? Children?
Married with 4 Children.

What is your personal or professional motto?
My professional motto is to continue to grow and help other advance along the way.

Please describe some of your favorite accomplishments or biggest challenges met:
My biggest accomplishment this year was that I helped build a whole department at Saint Luke’s.

What advice would you give to someone entering the healthcare field?
Healthcare is always changing, never be afraid to ask questions.

Debbie Wedekind
Employer: University of Kansas Hospital
Title: Revenue Cycle Manager

How long and why do you work in healthcare?
I have worked in healthcare for 15+ years with a 20 year break in the midst for raising our children. I enjoy the ever changing environment of healthcare and the opportunity to learn. I also enjoy helping people at one of their most vulnerable times in life-when they are physically compromised. Anything I can do on the revenue side to make the process less “painful” for the patient and yet achieve maximum revenue for the company is a “win/win” for everyone.

What do you like most about your job?
Identifying areas for improvement, educating/training, improving processes.

Marital status? Children?
Married to the same great man for 34 years with 3 children and 10 grandchildren (love, love, love being a grandma!!!)

What is your personal or professional motto?
“Be a person of integrity who is above reproach regardless of circumstances”

What advice would you give to someone entering the healthcare field?
Embrace change as “opportunity knocking” Remember the patient is always the ultimate customer-make it a great experience for them.