



hfma
healthcare
financial
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association

The BOTTOMLINE

January 2010

Oklahoma Chapter

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Happy New Year! I hope everyone had a wonderful Holiday season and have returned to work refreshed and ready for what is sure to be an adventurous year in healthcare during 2011.

Congratulations are in order for one of our chapter's past-Presidents, Becky Speight, who has been nominated to serve as a National HFMA Board of Director for the 2011-2014 term. It is such an honor to have someone from our chapter to be nominated for this position, and I would like to wish her the best of luck and offer her any support she made need in the upcoming years!

Our Winter Conference is scheduled for January 27-28 at the Renaissance Hotel in Tulsa. Let's all hope the weather cooperates this year and allows us to have the opportunity to meet and enjoy each other's company!! We have several great speakers lined up for our January meeting, including Suzanne Lestina, Director of National HFMA's Revenue Cycle MAP project. The full agenda is included in this newsletter. I encourage you all to attend! Also, we have a social networking event planned for Thursday evening that will be held at Dave & Buster's. Be sure to join us to meet and greet with all your OHFMA friends!

Following that, we are proud to announce that we will continue with the 2nd Annual Cost Report Training Seminar. One will be held in Tulsa and one in Oklahoma City. More details to follow.

I hope to see you all at one or all of these events!

In continuing the current theme of HFMA's National Chair, Debi Kuchka-Craig's "Step Up", the officers and board members of our chapter are looking for future board members and officers for the upcoming years. If you, or someone you know, would like to be considered for one of these roles and help continue the success of our chapter, STEP UP!! Please contact myself or any other officer or board member for more information. I have thoroughly enjoyed my time on the board and have gotten to know so many great people and have learned so much throughout the years.

It is hard to believe that my year of serving as your president of the Oklahoma Chapter is already half over. It has been an exciting year so far and I am looking forward to the rest of the year. Thank-you for allowing me to represent you!!



Erin Hill
President OHFMA 2010-2011

Oklahoma Healthcare Financial Management Association

Winter Meeting, January 27 and 28, 2011

Renaissance Hotel

6808 S. 107 East Avenue, Tulsa, OK 74133

918.308.2600 or 1.800.264.0165

Thursday, January 27th

7:30 – 8:30 a.m. **Registration and Breakfast Buffet**

8:30 – 9:45 a.m. **Dynamic Budgeting & Forecasting**

John Hammann, CHFP, CPA, CMA, CFM, Corporate Controller, Healthcare Partner Investments LLC

Budgeting is a time-consuming process each year, generally done in spreadsheets which run the risk of errors due to missing links or oversight of changes. Tools are available to streamline the processes and centralize data. Use of these tools can also potentially cut IT systems cost and support. This presentation will explore the process used at Healthcare Partner Investments LLC to design and implement its budget and forecasting tools utilizing *Cloud Computing* as a resource.

10:15 – 10:45 a.m. **Networking Break**

10:45 – 12:00 p.m. **Insurance Exchanges and Changes in Commercial Insurance Plans**

12:00 p.m. – 1:00 **Lunch**

1:00 – 2:45 p.m. **hfMAP: HFMA's Evidence Based Revenue Cycle Improvement**

Suzane Lestina, Director, Revenue Cycle MAP, HFMA

Learn about HMFA's MAP initiative for revenue cycle excellence, including key performance indicators. **See attached for a more detailed description of the program.**

2:45 – 3:00 p.m. **Networking Break**

Breakout Sessions

3:00 – 5:00 p.m. **Track I – Finance**

Tax Update: Form 990 and Current Issues Impacting Tax-Exempt Hospitals

Anne Adams, Senior Manager, BKD, LLP

Track II – PAFS

Panel Discussion: Collections Policies, Up-Front Collections Practices and Self-Pay Discounts

Moderated by Tamie Young, Corporate business Office Director, Stillwater Medical Center

5:30 – 7:00 p.m. **Evening Social** – Please join us for an evening social at Dave & Buster's Restaurant down the street from the Renaissance. Transportation provided, departs from the hotel at 5:15 with the return trip at 7:00.

Friday, January 28th**7:45 – 8:30 a.m. Registration and Breakfast Buffet****8:30 – 10:15 a.m. Developing and Managing Accountable Care Organizations (ACOs)**

Nick Hilger, Business Development Partner, JDA eHealth Systems, Inc.

Nick is an industry veteran with extensive experience as CEO of multi-hospital health systems such as HealthEast and HealthOne, as well as within Columbia/HCA. Following his health system leadership, he advised major health systems in hospital/physician partnerships and joint ventures and served as a senior executive at United Health Group. Nick lends his deep strategic and operational experience to his education presentations which addresses the infrastructure challenges around the reincarnation of PHO's into ACOs and the challenges to the revenue cycle functionalities of physicians and hospital systems.

10:15 – 10:30 a.m. Networking Break**10:30 – 12:00 p.m. Assessments of Leadership Style**

Rick Bedlion, M.Ed., CPP, SPHR, Regional Director, Human Resources, INTWGRIS Health

Learn how effective assessment of personnel drive success to the bottom line, including various types of assessment techniques, how they are utilized, and common road blocks to self-leadership.

Continuing education credits are available for these programs

If you have any questions or need additional information regarding the HFMA sessions of the convention, please contact Carley Williams at (918) 584-2900 or via e-mail at cwilliams@bkd.com.



Evidence-Based Revenue Cycle Improvement

An HFMA MAP Educational Program

Session Overview

Given the twin pressures of reform and a tight economy, hospitals are depending on their revenue cycles to run efficiently and capture all payments the hospital is due. For years, hospitals have been improving their revenue cycle, but today they need even higher performance—in many cases with fewer resources.

The solution is a continuous, evidence-based approach to revenue cycle improvement. Evidence-based improvement requires using industry-standard key performance indicators to measure performance, comparing results over time with peers and high performers, and reviewing and using successful practices of high-performing organizations.

Presented by Suzanne Lestina, HFMA's Director of Revenue Cycle MAP, this program includes many examples of how hospitals have used this process and the practices that HFMA research has shown are associated with high performance. Also learn more about HFMA's MAP initiative for revenue cycle excellence, including HFMA's MAP Keys (key performance indicators) and the MAP Award.

After this presentation, you will be able to:

- Identify how healthcare reform will affect the revenue cycle
- Select key performance indicators to measure revenue cycle performance
- Use a comparative approach to identify improvement opportunities
- Identify successful practices associated with revenue cycle excellence in key areas, including culture, people, processes, and technology.

Level

Intermediate/Advanced. No prerequisite but a recommended three to five years experience in healthcare.

Who Should Attend

CFOs, VPs of finance, VPs and directors of revenue cycle, managers of patient financial services, and others who lead and manage revenue cycle performance in health systems, hospitals, and large physician practices.

OHFMA 2011 WINTER SOCIAL

Oklahoma Healthcare Financial Management Association

Food!!!

Drinks!!!

Fun!!!



Come on down for a fun filled happy hour with your colleagues and vendors! There will be drink tickets, game cards, give a ways, and H'orderves!!!

Networking!!

Dave & Buster's

Ride there with Scooby on the school bus!!!!

- 5:30-7:00
- Thursday, January 27th
- Dave & Buster's
- 6812 S 105th E Ave



hfma oklahoma chapter
healthcare financial management association

Oklahoma Healthcare Financial Management Association

Winter Meeting January 27th & 28th, 2011

Renaissance Hotel

6808 South 107th East Avenue, Tulsa, Ok 74133

1. Name: _____ HFMA# _____
 Employer: _____ Title: _____
 Address: _____
 City, State & Zip: _____
 Email: _____ Phone: _____

I plan to attend the Thursday evening social: (Circle One) Yes No

Additional registrants from same facility:

2. Name: _____ HFMA# _____
 Title: _____ Email: _____

I plan to attend the Thursday evening social: (Circle One) Yes No

3. Name: _____ HFMA# _____
 Title: _____ Email: _____

I plan to attend the Thursday evening social: (Circle One) Yes No

	<u>HFMA Member</u>	<u>Non-Member</u>
Early Bird - Full Conference	\$165.00	\$225.00
<i>(Must register by January 17, 2011; Payment must be received by January 21, 2011)</i>		
Full Conference after January 17	\$185.00	\$250.00
One Day Only ~ Thursday or Friday	\$135.00	\$175.00
<i>(Circle One)</i>		

Total Amount Due: _____

Payment Information:

- If 3 or more register from 1 facility **on the same form**, you may discount the total amount due by \$50. **(Sorry this cannot be done online.)**
- Cancellation notice must be received by January 21 or full conference fee is due.
- Checks should be made payable to OHFMA & mailed to address below.
- You may register online with your credit card at:
<http://www.hfma.org/Oklahoma-Chapter-Winter-Meeting/>

Hotel Information: Rooms are available at the Renaissance Hotel for \$115 per night until *January 14, 2011*. Call the hotel at 918.307.2600 or 1.800.264.0165 and ask for the OHFMA rate.

Return your registration form and checks to:

Shelly Bush
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 4000 N Lincoln Blvd
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 Phone: (405) 427-9537, Fax: (405) 424-4507, Email: bush@okoha.com

HFMA's MAP: The Path to Revenue Cycle Excellence

Every day, healthcare professionals improve lives. As healthcare finance professionals, we may not be able to provide direct patient care to relieve pain and improve health, but we can ensure that the organizations we serve have the resources they need to carry out the mission of improving lives. And key to providing those resources is the cash produced by a high-performing revenue cycle.

Until recently, healthcare finance professionals have lacked the process-improvement tools they need to achieve a high-performing revenue cycle. There have been no generally agreed upon measures of excellence, and no way to compare performance with others. More challenging, there has been no consensus about the successful practices that produce measurably high performance.

A new HFMA initiative called MAP puts reliable performance improvement of the revenue cycle in your grasp.

MAP stands for Measure, Apply, and Perform—the core components of performance improvement.

Measure: MAP provides industry-standard indicators for consistent measurement and reliable comparisons with peers.

Apply: MAP provides demonstrated best practices linked to the performance indicators.

Perform: MAP helps you achieve revenue cycle excellence and recognizes high performance.

Created by and for healthcare leaders, HFMA's MAP will provide industry-driven measures of revenue cycle excellence, tools to apply those measures across the industry, and successful practices that drive high performance. The components of the MAP are:

MAP Keys: Indicators of revenue cycle excellence

MAP App: The essential tool to track performance and recommend improvement

MAP Award: A recognition of high-performing hospitals

MAP Event: A live exchange of demonstrated successful practices

MAP Keys

MAP Keys are indicators of revenue cycle excellence. Developed by industry leaders led by HFMA, MAP Keys define the essentials of revenue cycle performance in clear, unbiased terms and set the standards for the healthcare industry. MAP Keys eliminate the confusion of varying metrics and dubious comparisons. They ensure consistent revenue cycle reporting across institutions and allow peer-to-peer comparisons that make sense.

Using MAP Keys, healthcare finance professionals can improve business intelligence, strengthen revenue cycle management, and decide where to focus for improvement. To date, HFMA has released 19 MAP Keys, and we will produce new ones to reflect the changing industry and the continuing need for standards for revenue cycle excellence. More information is available at www.hfma.org/mapkeys.

MAP App

The next feature of HFMA's MAP is a customized web-based tool to track performance and recommend improvements. This tool is called the MAP App.

The MAP App will track a hospital's performance throughout the revenue cycle and compare that performance with the performance of other organizations. You will be able to compare performance against the industry as a whole and against a customized peer group. The MAP App also will offer successful practices and includes a community discussion forum for airing common concerns and sharing ideas and strategies. A pilot of this tool was unveiled at this year's ANI. Look for more information at www.hfma.org/mapapp.

MAP Award

Being able to measure revenue cycle performance means that we can recognize high performers. To honor hospitals that achieve revenue cycle excellence, we have created the MAP Award for High Performance in Revenue Cycle. MAP Award winners excel in meeting the benchmarks established in the MAP Keys and **PATIENT FRIENDLY BILLING**® practices. The MAP Award is sponsored by 3M Health Information Systems.

The award was established in 2009, and the 2010 winners were announced in June at ANI. Their successful practices will be shared in the MAP App, HFMA publications, and live education, including the MAP Event. Additional information about the award and this year’s winners is at www.hfma.org/mapaward.

MAP Event

At the MAP Event, high-performing organizations share their cutting-edge strategies. The MAP Event brings together the best ideas in today’s healthcare industry for improving revenue cycle performance, strengthening cash position, and ultimately generating the resources to support the mission of care.

This year’s MAP Event took place November 7-9 in San Diego. The MAP Award-winning organizations who presented were Baylor Health System, Danbury Hospital, Princeton Baptist Medical Center, Carolinas HealthCare System, Hospital of the University of Pennsylvania, Touchette Regional Hospital, and Sharp Grossmont.

At the MAP Event, attendees learned these organizations’ methods to:

- Identify efficiency improvements to decrease Net Days in A/R
- Reduce denials and ultimately decrease Aged A/R
- Educate consumers on payment expectations to increase POS Cash Collections
- Develop a comprehensive financial counseling process to identify payment sources and reduce Bad Debt
- Improve operational performance and reduce Cost to Collect
- Use technology to increase Front-End Efficiencies, including Insurance Verification and Pre-Authorization
- Simplify charity care policies to ensure consistent application and compliance

For more information on their presentations, visit www.hfma.org/mapevents/2010.

Welcome New Members

Amanda	Dennis	Director of Clinical Services	
Lillian	Estep	Systems Business Analyst	Comanche County Memorial Hospital
Kevin	Kadavy	OHH System Assistant Controller	Oklahoma Heart Hospital
Shelly	Gamble	Certified Public Accountant	Lohrey & Associates
Amber	Harris	System Director, Patient Access	INTEGRIS Health
Jordan	Jobe	Manager, Managed Care Consulting	VHA Oklahoma/Arkansas

FORM 990: Significant Areas for Boards to Assess

Organizations, both calendar and fiscal year-end, have been through at least one year of the revised Form 990 reporting. Governance best practices, transparency, and accountability were key messages addressed in the revised Form 990. These key messages serve as reminders to the boards of exempt organizations of their fiduciary duty of care. Now that the most overwhelming year of reporting has been completed, it is important for boards to take a step back and assess the most significant areas of the Form, as well as those that caused the most concern.

Governance and Management

The IRS believes good governance comes from having an engaged and independent board and that good governance leads to better tax compliance. As you recall, the Form 990 asks numerous questions related to the exempt organization's governing body. Two of the most significant are:

- How many voting members are independent?
- Are there family and/or business relationships between the board members or other key executives?

While there is no federal law requiring a minimum number of independent board members, the IRS clearly favors this. Boards should be well educated on what impairs independence – the definition is complicated and may not appear logical. Many organizations found the task of gathering information on independence cumbersome.

Organizations must also disclose family or business relationships amongst board members and key executives. Again, many organizations found this information-collecting process difficult and time consuming. Factors contributing to the frustration were improper education on what constitutes a family or business relationship and lack of advance notice that this information would be disclosed in the return. Boards should be aware it is sufficient to list “family relationship” or “business relationship” without greater detail.

One recommendation to improve these processes for 2009 and beyond is to start gathering information early. Organizations may find distributing an annual letter or checklist to board members asking them to respond “Yes” or “No” to specific independence, family relationship, and business relationship questions helpful. Including examples and definitions in the letter/checklist may reduce the number of questions from board members and key employees, as well as speed up the process. Organizations should also clearly communicate that this information may be included in the return, which is open for public inspection. By sending a letter, the organization can track responses and meet the reasonable effort requirement of the IRS. Another suggestion would be to distribute this letter/checklist at a board meeting and require completion by the next board meeting.

Organizations relying on their conflict of interest (COI) policy for gathering this information should do so with caution. In most cases, a COI policy will not contain all of the information needed on the Form 990. For example, most COI policies do not cover business relationships between interested persons that do not involve the reporting organization. This comes into play when there is a current or former officer, director, trustee, or key employee with an indirect business relationship through ownership of more than 35 percent in another entity (individually or collectively) with another person or persons who are current or former officers, directors, trustees, or key employees.

Transactions with Interested Persons

Another significant area boards need to be aware of is Schedule L – Transactions with Interested Persons. Organizations are required to disclose transactions which are broken down into four parts:

- Excess benefit transactions
- Loans to and/or from interested persons
- Grants or assistance benefitting interested persons
- Business transactions involving interested persons

Again, the organization is required to gather this information and determine if disclosure is necessary. It is important to note each part has a different definition of “interested persons” and different thresholds for reporting transactions. Many organizations struggle with how much effort is required to capture and report these transactions when management of the organization may not know all of the respective relationships and arrangements.

For parts related to grants or assistance and business transactions the organization may rely on reasonable effort. Therefore, organizations may rely on the diligence and accuracy of board members’ responses to an annual letter or checklist. Organizations may choose to distribute one letter or checklist that covers independence, family and business relationships, and other transactions in order to reduce the number of requests made of board members.

Again, organizations relying on their conflict of interest (COI) policy for this information should be cautious. The COI may have a different definition of interested person.

Boards should analyze whether or not their current method for requesting this information is adequate. In addition, they should be educated on the various types of transactions that may require disclosure.

Policies and Procedures

The Form 990 asks detailed questions on a variety of policies that are not required by the IRS, but nonetheless must be answered. Some of the more significant and scrutinized questions are:

- Is a copy of the Form 990 provided to the full governing body before filing?
- Is there a conflict of interest policy?
- Did the compensation process (for certain individuals) include a review by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

Board Review

In order to respond “Yes” to whether or not the Form 990 was reviewed prior to filing, an organization must be able to say each voting member of the governing body received a final copy prior to filing. Many organizations have the form completed just before the filing date, which hampers the governing body’s ability to review it prior to filing. The IRS states an organization may answer “Yes” if it emails the entire governing body a copy of the Form 990 and notes in the email the Form is provided for review. Therefore, regardless of whether or not the governing body actually reviews the Form 990, the organization is able to respond “Yes” that a copy was provided.

The IRS’ intent in asking this question is to ensure boards take an active role in the tax compliance process and understand what is being reported. Though it is not necessary for a member of the governing body to review the Form 990 to satisfy the fiduciary duty of care, it is considered to be best practice. Depending on the size of the governing body, it may make sense to distribute a copy to everyone, and designate a committee to review the Form 990 in depth and report back to the full board.

Conflict of Interest

Most organizations have a conflict of interest (COI) policy. However, if an organization states they have a COI, but then indicates they don’t require officers, directors or trustees, and key employees to make annually disclosures – what kind of policy is it? Some organizations have individuals complete a COI statement when they first become a board member or are first employed, but never require it to be updated on an annual basis. Also, many organizations structure their COI policy to cover the governing body only. The IRS asks whether the governing body **and** key employees are required to disclose conflicts. Board members need to carefully review their COI policy before answering these questions.

Many organizations have responded by adopting a practice to request board members to state potential conflicts at each separate meeting versus relying on an annual signed COI statement. If an organization does not already have a COI in place, it is highly recommended that one be developed. See the appendix to the instructions for Form 1023 – Application for Exemption for an example policy.

Compensation Review

An organization's compensation review policy is of great interest to the IRS and will be for the foreseeable future. The excess benefit transaction regulations provide procedures by which a public charity can establish a "rebuttable presumption" that compensation is reasonable. The Form 990 asks whether or not an organization followed these procedures when establishing compensation for the top management official as well as other officers and key employees:

- Review and approval by independent persons
- Comparability data
- Contemporaneous substantiation of deliberation and decision

If an organization cannot answer "Yes" to this question, it is highly recommended the organization make changes to its current policy or adopt and implement a policy that includes all of these elements. If an organization is currently responding "Yes" for the top management official and "No" for other officers and directors, boards should consider whether changes be made in order to respond "Yes" to both questions.

Schedule H-Hospitals

The IRS eased hospitals into Schedule H reporting by only requiring Part V – Facility Information for the 2008 tax return. The entire schedule will be required for the 2009 tax year and is completed by anyone that operates one or more hospital facilities licensed, registered or recognized in its state as a hospital.

Schedule H requires disclosure of charity care and other community benefits, community building activities, bad debt expenses, Medicare shortfall, debt collection practices, management companies, and joint ventures. In addition, depending on their responses to specific questions, organizations must also supply detailed narratives. Boards need to be aware of the type of information and the responses reported to the IRS in this schedule. The IRS intends to use data collected from Schedule H to focus its resources on areas where problems may exist.

Many larger organizations have systems and processes in place to capture the required data. However, capturing data is a small piece of the puzzle, as there is room for interpretation when it comes to reporting and describing the data.

This schedule will only become more prominent in the future with the passing of The Patient Protection and Affordable Care Act in March of 2010. This Act has four new requirements for maintaining tax-exempt status.

- Community health needs assessment
- Financial assistance policy requirements
- Limitations on charges
- Billing and collection requirements

The requirements are intended as a means to differentiate tax exempt hospitals from for-profit hospitals and provide further transparency on how tax exempt hospitals fulfill their charitable purposes.

The IRS has promised more guidance on how to implement these four requirements, but nothing has been released to date. The 2010 tax year Schedule H will include new questions for these requirements, but will be optional for hospital organizations with tax years beginning on or before March 23, 2010. Answering questions on the community health needs assessment will be optional for all hospital organizations on 2010 tax year returns. It will be important for boards to stay up-to-date on guidance released in order to be proactive on implementing a process.

While the initial year for the revised Form 990 has come and gone, the Form continues to undergo change. Boards are encouraged to revisit previous responses and narratives on an annual basis and not rely on prior years' answers. In addition, boards need to be more engaged than ever due to the amount of information contained in these returns.

Deb Nelson, CPA – Deb is a Manager in Eide Bailly LLP's tax practice in Minneapolis. She can be reached at ddnelson@eidebailly.com

CERTIFICATION NEWS

Congratulations to the following Oklahoma Chapter members who have recently passed a certification exam:

Rick Smith	McBride Clinic Orthopedic Hospital	Core Exam
Steven Ewing	Pauls Valley General Hospital	PFS Exam.

Congratulations to our chapter's newest CHFP's (Certified Healthcare Financial Professions):

John Hammann – HPI, LLC
Carol Black – Bailey Medical Center
Bill Clark – BKD, LLP

Congratulations to our chapter's newest FHFMA (Fellow HFMA):

Morris Brown – Southwestern Regional Medical Center

As you are aware, the pathway to becoming CHFP changed beginning January 1, 2011. Here is a brief outline of the major changes; study guides will be available online, testing will be held at designated testing sites throughout the state and there will be one comprehensive certification exam. The new certification exam will focus on several key components of Healthcare Finance; Revenue Cycle, Supply Chain, Budgeting, Internal Control, Financial Reporting and Managed Care. This new format will consist of 150 multiple choice questions and candidates will be allotted four (4) hours to complete. You must be an active HFMA Member to sit for the exam.

Once the certification exam is successfully passed, the candidate will automatically be designated as CHFP. The two year active member status requirement no longer applies.

It is important to mention that the requirements to becoming FHFMA did not change.

If there are any questions concerning the new certification pathway, please feel free to contact me.

Morris W. Brown, FHFMA
Certification Committee Chairperson
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Many Thanks to Our Corporate Sponsors

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Silver (continued)

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Silver (continued)

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