



The Bottom Line



January 2012

Third Quarter 2011-2012



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President's Message

Happy New Year!!! The start of the New Year is a time to welcome longevity, wealth and prosperity. With the start of a new year it is also an opportunity for HFMA to look forward to even more timely educational topics and networking events.

For those members who did not attend the Uninsured Conference on January 12th at Children's Hospital you missed a very thought provoking presentation from the keynote speaker Former Governor Richard Lamm. A big thank you to the Uninsured Committee for putting on a very successful conference.

One of the areas that the Chapter is behind in is the area of Certification. Chad Krcil, Chair of the Certification Committee, addressed the audience at the Uninsured Conference letting the members know what the Chapter is willing to do to help the members get certified and the benefits once you become certified. To meet our goal set by National we need five more people to take the certification exam between now and May 31st. Of the Colorado chapter members only 6.9% of them are certified compared to the HFMA average of 7.9%. If you have any questions regarding the certification exam, please contact Chad Krcil, Chip Davis or Hal Prink.

The results of the Chapter Member Survey were released last week and the members have provided some great feedback on what they would like to see from the Chapter in the future. Thank you for participating in the survey and your feedback. The Chapter leadership will take this information from the survey to their Mini Leadership Training Conference and use it to form a strategic plan for the upcoming chapter year.

The membership will be receiving their Board Ballots via email survey monkey. Please vote by **February 15th**. There are five open positions on the Board and a great slate of candidates to fill those positions.

Upcoming Education:

Webinar - Building and Leveraging Trust in Healthcare – February 9, 2012.

Compliance Conference – February 23 & 24, 2012 at the Denver Marriott South. Ralph Lawson, 2012-13 HFMA National Chair will be the keynote speaker.

Annual Meeting – April 19-21, 2012 at the Denver Marriott South. Word has it that you might need your finest beach wear on Thursday night.

Rural Road Show – July 24th at Medical Center of the Rockies, Loveland, July 26th Parkview Medical Center, Pueblo and July 27th at Valley View Hospital, Glenwood Springs.

Great Fall Rural Conference - September 19-21, 2012 at the newly remodeled Hotel Colorado in Glenwood Springs.

Thank you to all who volunteer and make these programs a huge success and also a big thank you to our sponsors.

Cathy Wolff

All Payer Day

The snow did not stop the second annual All Payer Day on December 1, 2011. This year the event was held at Children’s Hospital of Colorado and co-sponsored by Colorado HFMA, Rocky Mountain AAHAM, and CMCC.

The event was well attended by providers and payers including; Aetna, UnitedHealthcare, Centers for Medicare and Medicaid Services, Kaiser Permanente, Rocky Mountain Health Plans, Colorado Department of Health Care Policy and Financing, CIGNA of Colorado, Anthem BCBS, and Humana.

The payers provided information regarding trends, payment mechanisms in 2012, high dollar account management, medical records requests, reporting requirements, carve out services, policies on medical records requests and hospital acquired conditions, as well as information on ICD-10 implementation. Additionally, providers had an opportunity for questions to all payers.

Despite the snow we had a good day and a very nice networking event after the conference. A big thanks to all the attendees and the exhibitors for making this a great event!

Michele Olivier
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Are you volunteering for HFMA? If so, you are eligible for Founder’s Points!

Some of the activities for which you may be awarded points are:

- Write an article for the local chapter or national
- Chair or co-chair a committee
- Be a committee member
- Volunteer at an event
- Speak at an event

Please check your points frequently throughout the year at www.hfma.org and click on Founder’s Points.

Point corrections are retroactive and are transferrable from one chapter to another. Report missing points to Jeff Hyre at jeff.hyre@360compliance.com.



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Page 3
Why and How to Become HFMA Certified

Enhance your knowledge, skills and credentials and help your chapter become recognized for excellence in certification at the same time!

READ MORE BELOW AND START THE PROCESS TODAY!

Certification Benefits

Professional development can increase the ability to get recognition in the form of raises and promotions, and open doors of opportunity.

Employers expect individuals to be productive, knowledgeable and skilled, as well as responsible for their own career growth.

Credentials such as certification are part of the verification of current knowledge and skills that add value to an organization.

HFMA certification provides an independent assessment that you have a cross-functional set of financial skills, including: revenue cycle; budgeting & forecasting; financial reporting; internal controls; contract management; and disbursements.

Earning the CHFP credential enhances your credibility and demonstrates a high level of commitment to the field.

A growing number of healthcare organizations are requiring, or strongly encouraging, certification of finance leaders.

The healthcare industry is projected to offer one of the strongest job markets, with nearly 100,000 positions created in healthcare financial management through 2018.

Process

Effective January 1, 2011, HFMA changed its certification process to a single exam with no waiting period after joining HFMA. The exam is offered at times more convenient to your schedule, through Castle Worldwide. There are 12 sites in the Front Range, from Ft. Collins to Pueblo, and one in Durango, which typically operate 6 days a week during normal business hours. The exam consists of 150 multiple-choice questions delivered via the internet, covers 6 content areas, with 4 hours allowed to complete. Certification is immediate upon passing the exam, with no additional application (exam/CHFP application is \$395). Passing is 21 out of 30 on the score scale. If the exam needs to be retaken, there is a 90-day waiting period and a \$200 fee.

To be eligible to sit for the exam, HFMA recommends 3-5 years hospital or healthcare system operations management experience, including financial responsibility or as a senior accountant/analyst. A candidate must also be a full member of HFMA. If you are uncertain about your eligibility (particularly experience), contact Joe or Shirley, at HFMA national (email below).

Best ways to prepare for exam

Healthcare management experience with financial applications

On-line study guide (\$195 for one year). This interactive self-study module brings the material up-to-date on an annual basis and prepares you for the new, more practical, exam.

Coaching course from your Colorado Chapter. The next offering in person is at the Colorado Chapter Annual Conference in April (1/2-day), or via a webinar beginning February (90-min with content area focus). This course differs from the self-study materials in that it offers a case-based approach among the group of participants. However, it is recommended that the self-study materials be completed before attending the coaching course.

Certification Maintenance

90 hours of continuing education in a 3 year period

45 hours must be in healthcare finance

The remaining 45 hours may be used in areas of professional development and education deemed by the certified member as important to maintain professional currency and competence.

Reported through HFMA's online reporting tool

Whom to contact if you have questions (first 3 are in the Colorado Chapter)

Chad Kreil, Chair, Certification (chad.kreil@mcgladrey.com)

Chip Davis, Co-Chair (chip_davis@msn.com)

Hal Prink, Committee member (halprink@comcast.net)

Joe Abel or Shirley Heavlin (both at certification@hfma.org, especially regarding eligibility)

Additional information can be found at: www.hfma.org/certification/ or www.hfma-co.org/ (click on "Certifications").

Patient Experience– The Soft Stuff

John Gies, Regional Vice President, Professional Finance Company

Recently I have been involved in a number of conversations and presentations that deal with the “patient experience.” And there are a number of approaches that providers are taking to enhance that “experience” so that they can drive more volume and revenue. They are exploring a variety of methods to do this. Some of these include:

- ⇒ Lobby or reception area design
- ⇒ Wi-Fi throughout patient and waiting areas
- ⇒ Executive Chefs or Artisanal coffee
- ⇒ Rooms that rival hotels with hardwood floors and fire-places.

And yet if everyone is doing this, how do we differentiate ourselves from the provider down the street? If we all have comfortable reception areas (waiting rooms) and if we all offer Wi-Fi and artisanal coffee and our clinicians are all well trained and credentialed what makes the difference?

It is in the “how” we deliver our services. Think about the place where you always get your hair done, or where you go to buy your clothes. Why do you go there? There are other places to get your hair done and other places to buy clothes. What is it that brings you back to your place?

If you step back, I suspect it is in the way that the people treat you, it is the way they help you find the best solution to meet your needs whether it is a pair of light grey slacks or a hair style that is easy to care for when traveling. It is the way people greet you, it is the way they communicate with you, it is the way they feel about you when they see you and it’s about how you feel when you are done with the transaction.

Now put yourself in the shoes of your patients. How are they greeted and welcomed? Is your staff eager to see them or are the patients interrupting something else?

It may require a change in culture. And, that is not a quick or easy fix. It requires a commitment to change, it requires continual reinforcement and it may require training to develop new skills.

The commitment comes from leadership deciding that we want to change the “How” of how we do things. We may have to decide what the culture looks like. Our choices could include:

- Easy to do business with
- Friendly and courteous
- The latest technology to enable interaction on line
- Professional and accurate
- Academic and Clinical
- Or a combination of the above.

Let’s say we decide it is going to be friendly courteous and easy to do business with.

We might start with a staff meeting to gain input and buy in from our staff. This shouldn’t be hard, who doesn’t want to be friendly and courteous?

Then we gain their input on how they might define friendly and courteous. Is it with a smile and by knowing the patients name? Is it having the chart ready to review and confirm insurance, co-pay and deductible so that when the patient walks in we are not looking for it?

(Continued on page 12)



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Uninsured Conference– Still Strong After 9 Years

The Chapter's Annual Uninsured Conference was held on January 12, 2012, at The Children's Hospital in Aurora. The 150 registrants were given a lot to think about and several perspectives on the uninsured issues facing our Healthcare system, as well as new requirements coming due to Healthcare Reform.

Here are just a few of the highlights from the day's presentations:

Former Governor Dick Lamm, Co-Director of the Institute for Public Policy Studies at the University of Denver, kicked off the day with a thought provoking presentation about the Healthcare challenges currently facing our nation and the budget issues ahead. Estimates show that by 2030, there will not be enough tax revenues generated annually to cover entitlement costs. Governor Lamm discussed the impacts of socioeconomic factors as a driving force in healthcare more so than issues with accessibility of healthcare. Final thoughts surrounded what the Nation's moral responsibility was in providing healthcare to all of citizens of the U.S.

Jeff Bontrager, Senior Research Analyst with the Colorado Health Institute discussed the loss of health care coverage for many Coloradoans throughout the recession. Mr. Bontrager discussed findings from a 2011 Colorado Health Access Survey, which supported what many health care providers are seeing in their facilities. The number of uninsured is rising and the number of underinsured is rising. In Colorado, nearly 29% are uninsured or underinsured. Furthermore, 27% of that population falls in the 19 to 34 age range. The main reasons stated are the cost of insurance, coverage not being offered or the potential insured are not eligible or loss of employment.

Nancy Dolson, Manager Safety Net Programs Section, Department of Health Care Policy and Financing, discussed the changes as a result of House bill 09-1293, and the resulting provider fee which increased Medicaid and Colorado Indigent Care program payments to hospitals. She discussed how payments are calculated and what the future holds for the provider fee.

Chad Krcil and Kim Harrison, RSM McGladrey: Mr. Krcil discussed the changes in charity care reporting and the requirements for the Medicare cost reports. Ms. Harrison shared the upcoming requirements of the Community Needs Assessment that will be required as a result of 501(r).

Alan Spidel, CEO of Colorado Rural Health Center, shared with the audience the importance of rural healthcare in Colorado and what his organization is doing to help. One of the most interesting statistics

was that 77% of Colorado is considered to be rural, but only 16% of the population lives in those rural communities, which is making access to quality healthcare increasingly difficult. The rural issue is not only in Colorado; Nationwide 10% of physicians practice in rural communities, but 25% of the U.S. population lives in rural communities. A sobering reminder of the physician and other health care provider shortages of our rural communities.

Sean-Casey King, Manager, Fee for Service Rates Section and Susan Mathieu, Program Development Specialist, Department of Health Care Policy and Financing discussed the changes that will result from the current uninsured populations shifting to Medicaid and how that increase in Medicaid will impact the current delivery system. Current estimates show that Medicaid spending will increase by \$464 billion due to the Medicaid expansions nationally.

Tammy J Rivera CPA
Manager BKD LLP

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Member Highlight

This quarter we are excited to highlight an outstanding member of HFMA who has been recognized by Denver Business Journal as The Chief Financial Officer of the Year in Large Non-Profits, is involved in numerous volunteer activities and was recently certified by HFMA. Peg Burnette is the Chief Financial Officer at Denver Health and Hospital Authority. So, how did this exemplary member get her start? Peg shared that she literally “fell into healthcare.”

Peg grew up in Kansas then went to college at Kansas University. She did head down the financial track in college as she received a degree in accounting and business administration. Upon graduation, she came across a position in a CPA Firm, Myers & Stauffer which heavily focused on Medicaid. Not surprisingly her skills were well-recognized and she began to work as an auditor for a large contract her firm had with the State of Colorado with significant travel until the firm decided to open a location in Colorado. Peg was then transferred and continued at the Colorado office for another year.

At this point, Peg realized that she had a passion for both healthcare finance and Colorado, and decided to apply for a reimbursement analyst position at National Jewish Health. Fortunately, her strong knowledge and skills that she developed at Myers & Stauffer along with her quick pick up of operations benefited National Jewish Health and she was then promoted to Budget Director. Peg’s new role at National Jewish Health fed into her interest in insurance as well as healthcare models.

One healthcare model that Peg became particularly interested in was the Kaiser model. This interest led her to accept a position at Kaiser. Peg enjoyed this position, but was at this time a mother and was traveling quite a bit. She then noticed that there was an Assistant CFO position available at Denver Health. This position struck Peg’s interest because they were at that time separating from the City of Denver and she saw ample opportunities for Denver Health as a result. Peg was selected for the Assistant CFO position in February 1996. The weather conditions of her first day at Denver Health were less than desirable as well, in fact, there was a snowstorm that day; also Peg had a case of “stomach flu” too! Now, you know that you have a committed leader if they can successfully make it through all of that and still have a great attitude. Peg served as the Assistant CFO until 2000, when she was promoted to Associate CFO and then promoted to CFO in 2004.

The biggest reason that we selected Peg for our featured member this month is her big heart and ability to mesh “doing the right thing to help the patients and their families at Denver Health” with her financial brilliance to make that possible. Her passion for helping those who are underserved while keeping Denver Health “healthy” certainly doesn’t appear to be a common trait. Peg stated that she couldn’t have done all of this alone, she shared that Denver Health’s CEO, Dr. Patricia Gabow’s efforts, relationships and leadership have greatly benefited the hospital as well as the community.

Additional professional activities that Peg is involved in include, The State’s Provider Fee Board, multiple Denver Health Boards, and functioning as a Financial Secretary for her church. Peg certainly keeps busy with everything that she is involved in!



Member Highlight Continued

If you think that Peg's professional background is impressive, wait until you hear about her personal background! Peg has a 19-year-old son named Chris who is a sophomore at George Washington University studying engineering. Peg cited her son Chris as her top motivator in life! In addition to being an engineering student, Chris also plays Club baseball at George Washington University. Peg and Chris are avid baseball fans and they love the Rockies!

Peg has a sister and brother-in-law who live in Colorado and most of Peg's family lives in Kansas. Peg had some fascinating hobbies and interests to share. She has become very interested in Genealogy and shared that she loves ancestry.com. Recently she discovered that she is related to King Henry III! Peg loves to travel and recently went on a fishing trip up in Canada. She has some interesting trip ideas that she would like to pursue including a cruise to see the Titanic site or something unique such as visiting Sweden. In September, Peg and her friends plan to take a drive all the way down Route 66 and of course rent a fun car!

It goes without saying that someone who has the impeccable character and has contagiously shared her professional expertise to better organizations and colleagues would have learned some of that from someone somewhere down the line. Indeed, Peg shared that she was fortunate enough to have learned from the best. Peg's grandmother, Sarah Ellen Rock, taught her to be independent and not to think that there is ever anything that she can't do as well as instilling a strong foundation of faith and sense of duty to those less fortunate. Peg also shared that two of her former CFO-bosses Frank Barrett and Bernie Fellner, as well as her current boss Patricia Gabow, M.D. have served as her mentors and made a remarkable, lasting positive impact on her as well!

Dani Kimlinger, MHA, PHR Consultant, MINES and Associates



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Did you know that Colorado HFMA has a Job Board on their website? We update the site on a regular basis to bring job seekers and employers together. Please check it out at <http://www.hfma-co.org/careerjobs.php>

Here is a Current list of the Job Opportunities on the Website

[Assistant Manager, System Reimbursement \(Healthcare\) – Geisinger Health System, Danville, PA](#), Updated on January 22, 2012

[Audit Senior Manager \(Healthcare\) – Clark Nuber, Seattle, Washington](#), Updated on January 16, 2012

[Business Systems Analyst 1699 \(ADT analyst\) – University of Colorado Hospital](#), Updated on January 16, 2012

[Director of Physician Coding – Southeast US](#), Updated on January 8, 2012

[Director, Revenue Cycle, Physician Practices – St. Joseph Health System, Bryan, Texas](#), Updated on December 27, 2011

[Healthcare Partner/Executive Search Consultant – Grant Cooper Healthcare, St. Louis, Missouri](#), Updated on December 27, 2011



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Calendar of Events

Compliance Conference **February 23-24 2012**
 Marriott Denver South at Park Meadows- This years conference will be kicked off by the Chair Elect of HFMA, Ralph Lawson. He will address “An industry in Transition: US Healthcare Economics”. Additional topics will include EMR audits, Collaboration Between Physician and Hosptials

Annual Conference **April 19-20, 2012**
 More Details to be announced– Marriott Denver South at Park Meadows

Rural Road Show **July 24, 26 and 27**
 More Details to be announced– Loveland, Pueblo, and Glenwood Springs

Great Fall Rural Conference **September, 19-21**
 More Details to be announced– Glenwood Springs



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Patient Experience– The Soft Stuff- Continued

Once we know how we want to deliver what we deliver, we will need to reinforce this on a regular basis. We may all have had the experience of a “Big” initiative that is announced and then everyone goes back to doing business as normal. So we want to reinforce the change:

- ⇒ In the newsletter
- ⇒ In our meetings
- ⇒ In our one on ones
- ⇒ In the moment when we see someone doing well in the new way
- ⇒ In the moment when we see an opportunity to improve.

Training may be required. Sometimes people are uncomfortable with change because they don't know how to do it.

Let's use collection pre-service as an example? I don't know of many people who entered the healthcare profession to collect money. Most got into it because they wanted to deliver “care” on some level. So asking for money might be hard. In today's competitive market and with declining reimbursements many providers are now asking for co-pays AND deductibles up front. And this is a big change from the way things have always been done. I heard one Director recently share how her staff said, “How can we ask for money up front? We are a non-profit and we have not done that in the 17 years I have been here.”

So we might want to provide our staff with some tools. Teaching them:

- ⇒ How to ask for money
- ⇒ How to deal with the people that don't want to pay or that “forgot” their payment
- ⇒ How to prepare the patient for the request for money.


One simple way I recently observed, to prepare the patient that co-pays and deductibles are expected, was from Starbucks. On the side of their cup they say something like, “thank you for doing your part to help keep the planet green by recycling”. What if on our statements, reminders and on the signs we had in our offices we said something like, “***Thank you for doing your part to help keep the costs of health-care down by bringing in your co-pay and insurance information***”! This gets the patient subliminally involved in the drive to control costs.

This may mean that we have people trained for the front desk; people who have the natural inclination to enjoy greeting and communicating with patients. For the conversation that requires asking for payment in advance we may want to give them some training and talking points so that they have a model to work from. In my own experience role-playing was helpful at the start so that I could hear myself having that conversation.

It might mean that we need to redesign work space and work flow so that the people behind the front desk are not also trying to bill and or collect from insurance companies; this way, patients are not an interruption, but an opportunity to provide excellent service.

In closing, the patient's satisfaction is effected in a big way by the way we interact with them. I found a survey on the MGMA website that had 36 questions. Only 19% of the questions dealt with the clinical experience. The rest were about ease of scheduling, clarity of billing and quality of communication.

The market is competitive, but we don't always need to invest in new infrastructure. Sometimes we can make minor modifications to the way we do business. We can change how our customers experience our organization. **What will you do today to change the way your patients experience your organization?**



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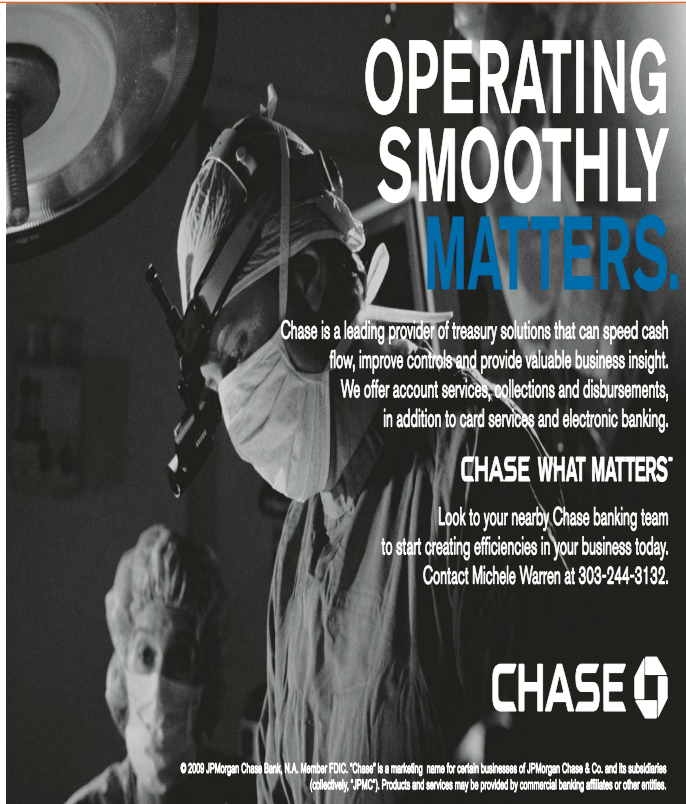
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The Right Stuff– Leading By Example

Are you tired of reading about super committees, sustainable growth rates and revenue reductions? I am.

Lily Tomlin said, “I always wondered why somebody didn’t do something about that, then I realized I was somebody.” We don’t need to wait for legislation or the threat of revenue reductions to implement change. Health professionals in rural Colorado are not waiting for someone else to make it right.

Physician Assistant Ken Jenks isn’t waiting. He provides medical care to a ranching community in Paradox, Colorado (located on Colorado’s western border with a population of maybe 200). Ken has been described as an “angel in disguise” by residents of the Paradox Valley. Montrose Memorial is the nearest hospital and is more than 100 miles away. Rebecca “Beka” Warren is the Chief Quality Officer at The Memorial Hospital in Craig and she isn’t waiting either. Beka researches and implements best practices from industries *outside* of healthcare to improve patient care within the hospital. Thanks to Beka’s work, The Memorial Hospital now uses techniques adapted from the Bureau of Land Management as part of their daily planning process.

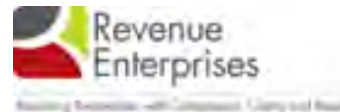
Denice Baucke, RN, doesn’t have time to wait for someone else to fix what ails her community. Denice, a Community Outreach Coordinator, provides health education aimed at decreasing the frequent visits to the emergency department at Wray Community Hospital. How’s this for a healthy dose of common sense? Denice has even installed hand rails in private homes at the hospital’s expense. Talk about giving her community a hand! Funding an Outreach Coordinator may decrease emergency department revenue, but the leadership at WCH understands the bigger picture while quietly delivering on their mission of providing quality care to their community.



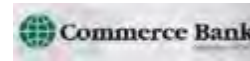
As John F. Kennedy said, “One person can make a difference and every person should try.” From all of us at The Colorado Rural Health Center, thank you to Ken, Beka, and Denice. *Alan J. Spidel is the CEO of the Colorado Rural Health Center and is a raving fan of HFMA.*

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HHS extends a meaningful-use deadline

From ModernHealthcare.com

By [Joseph Conn](#)



HHS has extended until 2014 the compliance date for Stage 2 meaningful use for those hospitals, physicians and other eligible professionals that qualify as Stage 1 meaningful users in 2011.

The announced rollback came in an HHS news release about a visit today by HHS Secretary Kathleen Sebelius to Cuyahoga Community College in Cleveland to discuss health information technology's role in job creation.

Under the current rules for the Medicare portion of the electronic health-record system incentive program created under the American Recovery and Reinvestment Act of 2009, hospitals, doctors and other eligible professionals who qualified for incentive payments as Stage 1 meaningful users in 2011—the program's first year—would have to meet new and expectedly more stringent Stage 2 standards in 2013.

But according to HHS' statement, if those providers had delayed participation until 2012, "they could wait to meet these new (Stage 2) standards until 2014 and still be eligible for the same incentive payment."

The fast pace of changing stages and the assumed-to-be escalating meaningful-use criteria still being developed for Stage 2 have been deemed by critics as disincentives <http://www.modernhealthcare.com/article/20110926/MAGAZINE/309269950> for early program participation.

"To encourage faster adoption," according to the release, "the secretary announced that HHS intends to allow doctors and hospitals to adopt health IT this year, without meeting the new standards until 2014. Doctors who act quickly can also qualify for incentive payments in 2011 as well as 2012."

In May, a work group of the federally chartered Health Information Technology Policy Committee [recommended that the CMS extend the compliance deadline](#) by one year for these first-year meaningful users. The recommendation was subsequently adopted by the committee and supported by Dr. Farzad Mostashari, head of the Office of the National Coordinator for Health Information Technology at HHS, who reports to Sebelius.