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healthcare financial management association

## the BUCKEYE connection

### FALL 2018 ISSUE

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## president's message

Greetings everyone!

Recently, John Ziegler and I attended our Fall Presidents Meeting (FPM) in Chicago. This meeting is an annual meeting of the Regions (we are in Region 6, which includes 4 Ohio and 3 Michigan chapters) attended by the Regional Executive, RE 2, RE 3, Presidents, Presidents-elect, representatives from the HFMA Board and staff provide perspective and support. It was led by our Regional Executive's (RE) Danielle Kraatz from SW Ohio. Justin Williams from NE Ohio is our RE 2 and Will Sharp is our RE 3. Will is going to be our Regional Executive in 2021-2122 and we are proud to have him represent our Central Ohio Chapter in this role.



The meeting placed an emphasis on Chapter Success Plans. As HFMA has moved away from requiring chapters to reach certain metrics and goals (referred to as the Chapter Balance Score Card), we are now focusing on creating Success Plans to help each chapter reach their own individual growth goals. This will help us focus on what our members need from HFMA with the ever-changing healthcare industry. Our goal is to continue to make our chapter a leader in innovation and provide our members with the education and tools to help them prosper in their careers and professions.

We have some upcoming events that you need to mark on your calendars. On November 16th we will hold our annual Accounting and Auditing Update Conference. This year's event, under the leadership of Matt Rakay, promises to be very informative and relevant to the current changes. We are able to provide 5-6 CPE hours of education for the 1-day event.

Following the November Conference is our Holiday Gala on December 7th at the Crown Plaza Downtown. If you have never attended this event, I highly recommend that you plan to attend this year! Also known as "Jeffrey's Prom", it is simply a fabulous occasion that allows us to get dress up, bring our significant others and enjoy an evening of fun. We always like to remind everyone to bring a gift for our "Toys for Tots" drive. Everyone who brings a gift is given a ticket for their chance to win a special gift that is shared and provided by our Corporate Partners. This event gives

Continued on page 2 —

### events calendar

See Central OH HFMA website for complete details - [www.centralohiohfma.org](http://www.centralohiohfma.org)

**Accounting & Auditing**  
**November 16, 2018**

**Holiday Gala**  
**December 7, 2018**  
**Crown Plaza at Nationwide**

**Board Meeting/Mini LTC**  
**January 16, 2019**

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us an opportunity to also recognize our members that have made significant achievements in their leadership roles in our chapter. There will be cocktails, heavy hors-d'oeuvres and dancing throughout the evening. Please plan to attend! Last year we had record breaking attendance with fantastic reviews – and this year promises to be even better, thanks to the hard work of Jeffrey Carranza!

In January, we will be holding our annual Mini-LTC (Leadership Training Conference). If you would like to learn more about our chapter and the opportunities to help and be a part of an excellent leadership team, this a meeting you need to join! Plan to attend our informal meeting on January 16th at the Brio at Easton mall at 4:00pm. There will be more details to follow, so watch your emails.

Looking forward to seeing you at an event soon!

Patti McFeely  
President, Central Ohio HFMA



## Members on the Move

**Mark Kausel** recently took a new job with Vee Technologies as the Director Client Services. Vee Technologies is a leader in Business Process Outsourcing with a mission to “globalize prosperity to make lives better.

**Ken Stoll**, Past-President and current Board Member, has joined Credit Adjustments, Inc. (CAI), a values-led, family-owned call center and receivables management company as the new Vice President of Sales and Marketing.



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## CMS Final Rule Provision Aims to Improve Hospital Price Transparency

Jackie Nussbaum

Effective January 1, 2019, the Centers for Medicare & Medicaid Services (CMS) will require hospitals to list their standard charges on a publicly available domain. Updating guidelines from Section 2718(e) of the Public Health Service Act, CMS aims to further improve the overall price transparency of hospital charges for patients with this requirement. The list of standard charges for items and services provided by the hospital, which could be in the form of the charge master itself or another form of the hospital's choice, must be updated at least annually and available to patients via the internet in a "machine-readable format." Under this provision, CMS hopes patients will not only better understand their financial obligation, but also can explore and compare charges at other hospitals.

The announcement of the CMS update drew comments of both support and concern. Some commenters who supported the guidelines indicated many states are already requiring that hospitals make their standard charges available to the public. On the other hand, opponents of Section 2718(e) said listing charge master prices likely would increase confusion as it would not inform patients of their out-of-pocket costs for services. CMS responded to concerns about the charge master information not being useful by encouraging hospitals to provide context surrounding the charge master information, as many hospitals are already doing by providing cost estimates and web-based tools to help patients estimate out-of-pocket costs. CMS stated that although the guidelines don't require payer-specific information to be publicly available, it does not preclude hospitals from taking additional steps to provide this information to their patients. Some commenters noted that payer-specific charge information is proprietary and confidential, and making this information publicly available could undermine competition.

After careful consideration of public comments, CMS indicated it does not believe there's a need to further alter the guidelines at this time. Accordingly, the CMS final rule will be in effect starting January 1, 2019.

CMS will continue to address the broader price transparency initiative—including enforcement actions—in future rulemaking, but encourages hospitals to keep determining the best approach to making price transparency information available to consumers. Contact Jackie or your trusted BKD advisor for more information.

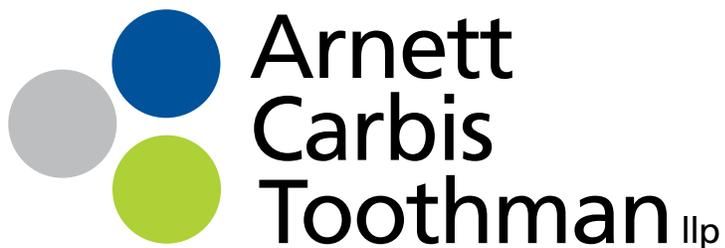


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## The Uncompensated Care Saga Continues

Julie DiFrancesco and Nick Ficklin

The Center for Medicare and Medicaid Services (CMS) continues to refine the uncompensated care calculation. Three factors are utilized to calculate uncompensated care reimbursement for Inpatient Prospective Payment System (IPPS) hospitals. Factor 3 is developed by compiling the cost of uncompensated care that is reported on the Medicare cost report Worksheet S-10. Effective with federal fiscal year 2020, the uncompensated care calculation will fully utilize uncompensated care data taken from the Medicare Cost Report Worksheet S-10. It is now critical that hospitals report complete and accurate uncompensated care information. For cost reporting periods beginning on or after October 1, 2016, the Worksheet S-10 will be subject to audit during the desk review or field audit.

For cost reporting periods beginning on or after October 1, 2018, Medicare disproportionate share eligible hospitals must submit a patient-level listing of charity care and/or uninsured discounts as part of their cost report supporting documentation. CMS has not yet provided comprehensive instructions on what data elements will be required as part of this detail listing. At the direction of the CMS, the Medicare Administrative Contractors (MAC) have recently sent Additional Documentation Requests regarding the information claimed by hospitals on the FY 2015 Worksheet S-10. The requests have been very extensive and detailed, however, the time frame for responding to the requests has been short. To prepare for these changes, hospitals should review financial assistance policies to ensure compliance. In addition, hospitals must determine that all applicable uncompensated care amounts are being captured and properly reported on Worksheet S-10.

### Background

The original intent of the Medicare Disproportionate Share Hospital (DSH) payment was to provide additional reimbursement for IPPS hospitals that incur higher-than-average costs per case because they serve a disproportionate share of low income patients. Low income patients

tend to have more health issues and are more costly to treat resulting in higher overall operating costs for these hospitals. The traditional DSH adjustment, aka Operating DSH or Empirical DSH is reported on the Medicare Cost Report on Worksheet E Part A, Line 34 and is based on a product of the provider's low income patient percentage multiplied by the Diagnosis Related Group (DRG) payments. As a result of the Affordable Care Act (ACA), this calculation now represents only 25% of the provider's DSH reimbursement. The remaining 75% will be an allocation of a pool of funds defined as the Uncompensated Care (UCC) Payment. This pool consists of three factors:

- Factor 1: Fund UCC Pool with 75% of total projected DSH payments for all DSH hospitals nationally
- Factor 2: Adjustment for the change in the uninsured population
- Factor 3: The "old" Method was based on each provider's share of insured low income days reported by Medicare DSH hospitals – based on the sum of total Medicaid eligible days and Medicare Supplemental Security Income (SSI) days. The "new" method distributes funds to hospitals based on the ratio of their specific UCC reported on the Worksheet S-10 to total UCC for all DSH hospitals.

Factor 3 is now utilizing a three-year average of data to protect hospitals from undue payment fluctuations. Federal Fiscal Year (FFY) 2018 is the first year that UCC data from the Medicare Cost Report Worksheet S-10 will be used to calculate total UCC payments. In this first year, 1 year of the hospital's UCC will be combined with 2 years of the low income days proxy. In the second year, 2 years of the hospital's UCC will be combined with 1 year of the low income days proxy. By FFY 2020, the UCC payment will be based entirely on Worksheet S-10 uncompensated care factors.

### Focus Areas

Charity Care: CMS issued a change in reporting requirements for cost reporting periods beginning on or after October 1, 2016. Charity should now include total charges or the portion of total charges written off to Charity Care and should be reported based

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on write-off date. Amounts written off related to professional fees should be excluded. Previous reporting requirements included full charges, or the “initial obligation” of the patient and was reported during the period when services occurred. After this change, there should be little to no patient receipts for Charity Care and should be reported in the year the payment was received. Self-pay discounts that are applied uniformly and documented in the hospital’s Financial Assistance Policy (FAP) may be reported as Charity Care. Other courtesy or prompt pay discounts should be excluded.

**Bad Debts:** There have been no changes in the reporting requirements for Bad Debts. Bad Debts should be reported in the year that the account was actually written off. Recoveries should be reported in the year of receipt. Professional fees should be excluded.

**Cost-to-Charge Ratio (CCR):** Hospitals should monitor any changes in their CCRs. Every hospital should perform an annual review of cost and revenue assignments on the Medicare Cost Report. Overhead allocations should also be reviewed annually to assess accuracy and appropriateness as well as to ensure proper matching of cost and charges.

**Other:** Hospitals should understand its relative ranking for UCC compared to other like facilities. Does it make sense? What is the financial impact? An annual and thorough review of transaction codes should be performed of all charity write-offs to ensure that all appropriate charity care is reported on Worksheet S-10. Hospitals should review their accounting methodology for Medicare/Medicaid crossover bad debts to ensure it is reported on Worksheet

S-10 in total. Many hospitals report this bad debt as a contractual allowance item and not bad debt.

Many hospitals’ Worksheet S-10 is currently being reviewed by the MAC. It is critical to pay attention to the results of these reviews and incorporate any findings into future filings.



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## New HFMA CHFP Certification Program Available Now!

The redesigned CHFP Certification Program has officially launched and is now available for purchase on the HFMA website. The target audience has been broadened to include:

- **Professional Staff – new to healthcare/early careerist**
- **Management – experienced, seeking to advance career**
- **Executive – experienced, need to develop staff**
- **Those who aspire to be managers, leaders in healthcare roles, clinical and non-clinical providers, vendors, and payers.**

Certification is now a learning program designed to build comprehensive industry understanding and sharpen business skills. The program consists of two learning modules:

- **Module I:** HFMA's Business of Health Care - Healthcare environment overview, healthcare reform and evolving payment models, healthcare finance & accounting concepts, cost analysis principles, strategic financial issues, revenue cycle and the future of healthcare. This module contains a 75-question, 90-minute timed end-of-course assessment.
- **Module II:** Operational Excellence - Exercises and case studies on the application of business acumen in health care. This module is a 3 hour timed assessment.

Both modules are delivered via HFMA's e-learning platform on the HFMA website, so candidates will no longer need to travel to a testing location. Module I is now available to all members at a cost of \$400. Upon successful completion of Module I, members may purchase Module II for an additional \$300. There are no retake fees. However, both modules must be completed within a 24-month period to obtain the CHFP credential.

The Chapter has provided financial support for Members pursuing Certification in the past, and is currently evaluating how to best support the new Certification format. If you wish to be among the first to receive any updates, please express your interest in Certification to the Chapter Certification Chair, Brian Meinardi (brianme@fmchealth.org; 740-687-8048).



**November 16, 2018**

**Central Ohio HFMA Presents: Current Issues Update**  
Embassy Suites by Hilton, Columbus Airport

Event Description

The Central Ohio Chapter of HFMA is proud to present the following program:

8:00 – 8:30	Registration
8:30 – 9:15	<b>Bond Market Update – Glendon Pratt, Dinsmore</b>
9:15 – 11:45	<b>Accounting and Auditing Update – Dawn Stark and Brian Ulliman, Plante Moran</b>
10:45 – 11:00	Break
11:00 – 12:00	<b>A&amp;A Best Practices – Wes Ernst, BKD CPA's &amp; Advisors</b>
12:00 – 1:00	Lunch
1:00 – 2:00	<b>Central Ohio Landscape – Carrie Baker, Healthcare Collaborative of Greater Columbus</b>
2:00 – 2:30	Break
2:30 – 3:30	<b>New Market Tax Credits – Wes Ernst &amp; Scott Bezjak, BKD CPA's &amp; Advisors</b>
3:30 – 3:45	Closing Remarks

Lunch will be served. 5 hours of CPEs for CPAs will be offered for those attending the entire program.

Who Should Attend

The focus of the education session is for healthcare accounting and finance professionals at all levels. There are no prerequisites. The sessions are designed as general finance and accounting updates and each presentation is scheduled to include a question and answer period, allowing an opportunity for more specialized questions for attendees.

Learning Objectives

Attendees will gain valuable information on the latest and most relevant changes affecting healthcare finance and accounting, and, more importantly, how these changes will affect healthcare and their organization. All of these topics provide excellent and timely takeaways to bring back to any healthcare organization.

Location Details

Embassy Suites by Hilton, Columbus Airport, 2886 Airport Dr., Columbus, OH 43219  
Free parking is available

Pricing (including lunch)

Members \$60, Non-Members \$75

Registration Information

<http://www.cvent.com/d/9bqz5d>

For More Information (Who to Contact)

Please contact Matt Rakay (Matt.Rakay@bhmcpgroup.com) 614-389-5775

# HFMA New Members

## NEW MEMBERS FALL 2018

Missy Fleeman  
Memorial Health System  
Director, Revenue Cycle - Patient Access

Cathy Cannone  
OhioHealth  
Director of Facilities Management

Brooke Gamiere  
OhioHealth  
Strategic Planning Analyst

Shelly Hall  
OhioHealth Grant Medical Center  
Director of Nursing

Dawnyel Donaldson  
OhioHealth  
Director of Nursing

Stacey Armstrong  
OhioHealth Grant Medical Center  
Chief Operating Officer

Gunnar Cerda  
OhioHealth  
Manager Pastoral Care

Barbara Bullock  
OhioHealth  
Director - Pastoral Care

Paula King  
Grant Medical Center  
Director

Erika Beck  
OhioHealth  
Nursing Director

Maggie Redinger  
OhioHealth  
Financial Analyst

Daniel Weston II  
Cleverley + Associates  
Senior Data Integration Consultant

Vicki Mash  
OhioHealth  
Director of Medical Staff Services

Leah Millerman  
OhioHealth  
Manager of Quality

Matthew Miller  
OhioHealth  
Director of Operations

Blake Warren  
OhioHealth  
Sr. Advisor, Business Development

Sandra Hood  
OhioHealth  
Sr. Director Operations

Erika Connolly  
OhioHealth  
Revenue Cycle Manager

Scott Dures  
OhioHealth  
Revenue Cycle Manager

Cammie Lindner  
OhioHealth  
Revenue Cycle Manager

Julia Zeisler  
OhioHealth  
Revenue Cycle Manager

Steven Linhoff  
Revenue Cycle Manager

Denise Alexander  
OhioHealth  
Revenue Cycle Manager

Stephanie Johnston  
OhioHealth  
Revenue Cycle Manager

Chad Collins  
OhioHealth O'Bleness Hospital  
Accounting Clerk

Lisa Johnson  
OhioHealth  
Revenue Cycle Manager

Jessica Hatala  
Mount Carmel Health System  
Regional Director of Clinical Documentation Improvement

Krista Harris  
Marietta Memorial Hospital  
Director of Revenue Cycle

Samantha  
Glaspie Mount Carmel Health System Senior Accountant Foundation and Grants

Terri Riley  
OhioHealth  
Executive Assitant

Will Roland  
Ohio Health  
Intern

Diane Sasalar  
James Cancer Hospital  
Finance Manager

Krista Sullivan  
OhioHealth  
Director, Revenue Cycle

Jed Karas  
OhioHealth  
Administrative Nurse Manager

Cameron DeWitt  
Trinity Director

Marius Douglas  
OhioHealth  
Senior Financial Analyst

Jill Ulliman  
OhioHealth Corporation  
Director, Accounts Payable

Monica Brooks  
OhioHealth  
Manager, Accounts Payable

Will Sellheim  
OhioHealth  
Director

Calen Bowshier  
Grant Medical Center  
Sr Director

April Whittaker  
OhioHealth  
Office Supervisor

*More new members page 15*



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To learn more, contact Michele at [msudina@myadvicare.com](mailto:msudina@myadvicare.com) or (863) 267-8008.

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## Credit Adjustments, Inc. Welcomes New Vice President of Sales and Marketing Industry Sales Leader Ken Stoll Joins to Accelerate Growth at Leading Call Center Solutions Firm

Defiance, OH – Oct. 5, 2018 – Credit Adjustments, Inc. (CAI), a values-led, family-owned call center and receivables management company, welcomes Kenneth Stoll, Jr. as the new Vice President of Sales and Marketing. In his new role, Ken is responsible for developing CAI’s marketing initiatives both internally and externally for CAI and creating a sales strategy, building and managing a national sales team with a focus on customer satisfaction and business development. He will create the strategic direction to accelerate revenue growth, as well as align company resources, to deliver call center solutions that enable client success.



“Ken has deep roots and a sterling track record in the accounts receivable industry,” says Lisa Bloomfield, President of CAI. “We will look to Ken’s leadership and experience as we prepare for continued growth of our call center solutions over a variety of vertical markets. His national exposure with industry organizations and reputation as a creative and collaborative leader will drive the CAI brand to market.”



With United Collection Bureau, Inc. for 22 years, Ken has nearly 30 years in marketing and business development with 23 years in third-party outsourcing solutions. “CAI has given me an opportunity to develop and lead a marketing and sales strategy for a faith-based organization that aligns directly with my personal values,” says Stoll. “I look forward to creating a team and bringing this brand to the marketplace that has a unique vision in our industry.”

A current board member and Past President of the Central Ohio Chapter, Ken has held a variety of offices and roles with the chapter. Most recently, he has participated as a member of the Chapters 2.0 National Steering Committee and helped lead the Administrative Task Force.

From Westerville, OH, Ken and his wife of 24 years, Kelly, have two children. Their weekends are spent traveling to watch their children compete in college athletics. Their daughter, Jordan, is on the track and field team at Otterbein University in Westerville, OH, and son Chris, is on the football team at Penn State University, State College, PA.

### About Credit Adjustments, Inc.

Credit Adjustments, Inc. (CAI) is a world-class leader in receivables management. Founded in 1977 and headquartered in Defiance, OH, CAI has additional call centers in Toledo, OH, and Manchester, NH. CAI employs actionable analytics with experienced personnel to provide a fully secure suite of contact management solutions in first and third-party engagements. As a faith-based corporation, CAI believes it is part of the company’s mission to invest in our communities by partnering with other organizations to help address social issues. CAI follows the motto: Delivering Respect. Collecting Results. To learn more, visit: [www.credit-adjustments.com/](http://www.credit-adjustments.com/)



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**Dawn Stark, partner**  
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member spotlight: Tasha Wilson

**Name:** Tasha Wilson

**Organization:** OhioHealth

**Position:** Financial Consultant

**Hometown:** Youngstown, Ohio

**College:** Ohio University

**First Post-Collegiate Job:** Physical Therapist



**HFMA Experience:** Photographer at our last new member reception in August 2018

**Great HFMA Memory:** Women in Leadership conference

**What do you enjoy most about working in healthcare?** Stimulating and Rapid Work Environment and Helping out People and the Community

**Aside from your busy work schedule, what else keeps you busy?** Hanging with my Family and traveling

**What is your favorite vacation spot?** Cabo San Lucas

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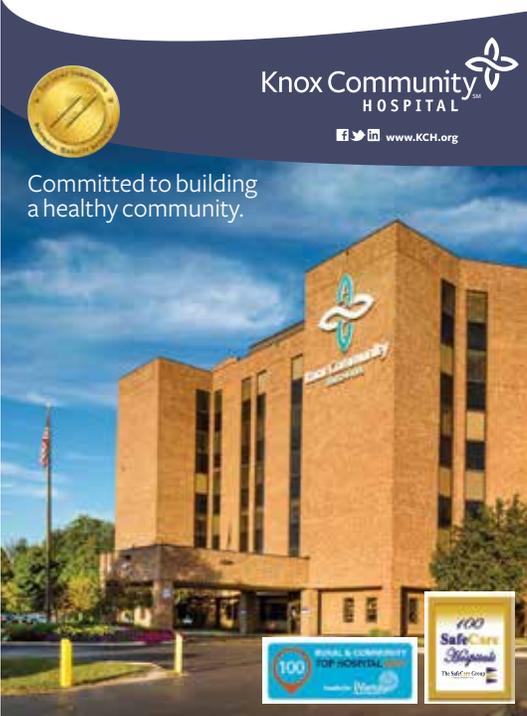
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Central Ohio Chapter of KFCMA

# Holiday Gala

December 07, 2018

7:00 p.m.

You are cordially invited to attend an evening of holiday cheer. Celebrate the season with fellow chapter members, colleagues and friends in a relaxed, festive atmosphere. Cocktails and heavy hors d'oeuvre will be served.

## Venue

Crowne Plaza at Nationwide  
33 East Nationwide Blvd  
Columbus, OH 43215

## Pricing

\$45.00 per person  
\$65.00 per couple

## Accommodations

Guests planning to stay overnight may book rooms at the hotel for the discounted rate of \$105.00. To secure the discounted rate, reservations must be made by November 29th. There is a \$12.00 overnight parking fee and complimentary Valet For The Event.

## Win Fabulous Prizes

Everyone attending the Gala will have a chance to win prizes, thanks to the generosity of our event sponsors.

## Toys for Tots Donations

In the spirit of the season, the chapter will be collecting new, unwrapped toys to donate to Toys for Tots. Bring a toy and receive an extra chance to win prizes!

RSVP by December 5, 2018,

via on-line registration at <http://www.event.com/d/3bqmc6/4W>

Attire: Suits & Cocktail Dress

## NEW MEMBERS FALL 2018 (continued)

CONTINUED FROM PAGE 8

Jediah Love  
Genesis Healthcare System  
Director

Angie Santo-Walter  
Russell Investments  
Director

Jen Dittmar  
Ohiohealth  
Director, Business Operations, Surgery

Kelly Ellis  
Ohio State Wexner Medical Center  
Director of Coding and Compliance

Dan Polonia  
OhioHealth  
Medical Doctor

Laura Deck  
Mount Carmel  
Staff Accountant

Katie Homan  
Craneware Inc.  
Customer Success Manager

Lori Parrish  
Nordic Consulting Partners  
Senior Consultant

Jennifer Lanter  
The Ohio State University Wexner  
Medical Center  
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*Do you have comments or suggestions regarding the Central Ohio HFMA newsletter, programming ideas or other chapter matters? Have an article you would like to see published in a future newsletter? We would love to hear from you. Please send all correspondence to John Ziegler at john@ambsw.com.*

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