



hfma™

central ohio chapter

healthcare financial management association

the BUCKEYE connection

president's message

SUMMER 2017 ISSUE

in this issue

- page 1-2 president's message
- page 3-6 pricing transparency back in the spotlight
- page 8 seven essentials for health-care IT project assurance
- page 13 new members
- page 14-15 upcoming webinars
- page 17 2017-2018 sponsors

events calendar

See Central OH HFMA website for complete details - www.centralohiohfma.org

OHA Medicare Update
August 14, 2017

New Member Reception
August 15, 2017
The Crest Gastropub

Tri-State Event
September 20-22, 2017
Hyatt Regency, Cincinnati

Accounting & Auditing Update
November 17, 2017
Northeast Conference Center

Holiday Gala
December 8, 2017
Crown Plaza Downtown

Local LTC
January 2018 - TBD

Dear HFMA Members,

We now live in a world of 24/7 news, celebrity gossip, and an endless news feed delivered right to your phone via Facebook, Twitter, Instagram, and others. Without even noticing it's easy to spend several minutes or even hours scrolling through posts that we do not even find interesting. I was listening to a podcast recently about the importance of being present and mindful of our time. The podcast guest described his feeling of needing to check the apps and email constantly, and how his relationships and work suffered as he wasn't present even though he was physically there. We've all seen the table full of people sitting in silence at a restaurant because they are all staring at their phones. He later discussed the feeling of relief when these apps were restricted on his phone so he could only spend a predetermined amount of time on them, or could only check them a certain number of times per day. He noted that this caused him to think about when and for how long he wanted to indulge in social media. This ultimately allowed him to use his time for what he found important the rest of the day.



This got me thinking about how this related to the healthcare industry and it dawned on me that we all should move from a volume to value model in our personal lives. Payors are moving to a model where they want to reduce unnecessary tests, days spent in the hospital, and readmissions (i.e. costs) while not sacrificing the quality of care or the outcomes (i.e. value). I think many of us could benefit from a reduction in the time spent on these semi-addictive apps and actively deciding where that time would give us the greatest value, whether it be work, with family or taking time for oneself. With all the changes in our industry we will feel pressure at work to increase our productivity, and that will lead to many asking where they will get the time. By asking ourselves where our time is adding the most value to our lives, I think we will all come up with that answer.

I'll close by asking everyone to think about what is valuable to you and pay for it with your most precious resource, TIME.

All the best for a great, focused year.

Matt Rakay

New Member Reception

To celebrate your new membership, a Happy Hour Reception is being held in your honor on Tuesday, August 15. As a member of less than one year, we would like to invite you to the event as our guest. The event will be held from 6:00 – 9:00pm at The Crest Gastropub on Parsons Ave. See the link below for venue details.

The Happy Hour will include 2 drink tickets and light appetizers at no charge to you, as the new member. This is a great opportunity to meet the members of the chapter leadership team and get to know current members. Members and non-members are very welcome and encouraged, so invite your friends!

- **Event:** Central Ohio HFMA - New Member Reception
- **Date:** Tuesday, August 15, 2017
- **Time:** 6:00pm – 9:00pm
- **Location:** The Crest Gastropub
- **Venue Website:** www.thecrestgastropub.com
- **Address:** 621 Parsons Avenue, Columbus OH 43206
- **Cost:**
 - New Member – Free
 - Member - \$10
 - Non-Member (or Guests) - \$15

REGISTRATION LINK:

www.eventbrite.com/e/central-ohio-hfma-new-member-reception-tickets-35086775490

Chapter website: www.centralohiohfma.org



Members on the Move

Congratulations to the following associates on their accomplishments:

- **Lauree E. Handlon**, Director, Data Quality & Reimbursement at Cleverley + Associates passed the CHFP exam in March and then graduated from the MHA program at the University of Cincinnati in April.
- **Brian M. Ulliman** with Plante Moran has been promoted to Assurance Manager. Additionally, Brian has joined the New Member Reception Committee & Weekly Leadership call participant.
- **Katelyn M.J. Daniel** with EY has a new role and is now a Manager in our Transaction Advisory Services (TAS) practice, specializing in Healthcare M&A and Value-based Care Transformation.
- **Matthew Julien** is now a consultant with Infor providing consulting services for their new Cloudsuite Financials product (formerly Lawson). Matthew is also recently engaged to Mikayla Amspaugh.

**Central Ohio HFMA
2017-2018 Leadership Team
At a Glance**

President: Matt Rakay
President-Elect: Patti McFeely
Secretary: John Ziegler
Treasurer: Jeffrey Carranza

2017-2018 Committee Chairs

Committees	Chair	Co-Chair
Programming	Mary Britton	
Membership	Lauree Handlon	
Communications	John Ziegler	
Sponsorship	James Monroe	

Board of Directors

Board Chair: Lynette Vermillion		
Will Sharp	Ken Stoll	Christine Aucreman
Jamie Cleverley	Jacki Nussbaum	Dick Schrock
Brian McCallister	Jonathan Kelly	Chris Hardgrove

Regional Executive: Amy Bilyea
Regional Executive-Elect: Danielle Kraatz
Regional Executive-Elect-Elect: Justin Williams

Pricing Transparency Back in the Spotlight

By Catherine Owens BKD, LLP

This article will cover how the new U.S. Congress and presidential administration may place price transparency as a top priority and the direct effect on hospital revenue cycle.

Terms Used in this Article

- *Hospital Charges* – Similar to the manufacturer's suggested retail price, the hospital's charge is the suggested amount for their services. There is often little relationship between the actual hospital charges and the price an insurer or patient pays.
- *Hospital Costs* – These are costs a hospital incurs to provide care, including all costs to treat an individual patient.
- *Price* – This is the amount the insurer or patient actually pays the hospital for the services provided.

Price transparency often is thought of as the next significant consumer issue in health care. A renewed focus on publishing hospital pricing will likely occur with the new Congress and presidential administration in hopes of increasing the power of a consumer-driven health care market. This renewed focus on pricing will require hospitals to strengthen several components of their revenue cycle, including the charge description master (CDM), estimation processes, front-end cash collections and financial counseling. This article will review the potential effects of upcoming and recent price transparency legislation on hospital revenue cycles.

Reinvigorating Price Transparency in Congress

Price transparency often is referenced as a significant subject gaining momentum in health care. Several forward looking states, including Colorado, Maine and New Hampshire, have successfully built robust state wide methods to deliver meaningful price information to patients, not simply a listing or menu of hospital charges. This focus on providing meaningful price information in hopes of sparking a consumer driven market only will increase as replacement legislation for the Patient Protection and Affordable Care Act continues to move forward.

At the time of this article, Congress had introduced the American Health Care Act of 2017, but the proposed legislation was pulled due to the anticipation of not having the necessary votes. However, additional replacement legislation is likely to be proposed soon. If Republicans can move forward with replacement legislation, it will likely emphasize Health Savings Accounts (HSA) by expanding their use and contribution limits. Expanding HSA usage is an attempt to encourage the consumer to become more involved in the price of their health care. In addition, President Trump's proposed plans, previously introduced in 2016 legislation, and Republican Congressional legislation, recently introduced by Senators Cassidy and Collins, all include common themes of increasing consumer involvement in health care pricing. Specifically, the legislation introduced by Senators Cassidy and Collins would require providers to publish cash prices for services paid for with an HSA or with cash. While it is difficult to predict the path a Republican replacement legislation may take, it is likely the legislation will focus on increasing the involvement of the consumer in the health care market, price transparency and competition in the health care market based on patient price.

Price Transparency at the State Level

Currently, price transparency at the state level has picked up more inertia than at the federal level. However, states are enacting legislation that differs greatly from state to state. Significant differences between states include a requirement to publish hospital charges versus publishing patient estimated price after insurance and discounts. This distinction is significant since the price after insurance/discounts is more meaningful to the customer than the hospital charge. Going forward, it will be important for states to follow industry best practice and focus on publishing the price after insurance/discounts instead of charges. In addition, Congress introduced legislation in 2016 that, "calls for research on the types of cost information that individuals find

Continued on page 4

useful in making decisions regarding health care and how useful information varies according to an individual's health insurance coverage". While this bill didn't progress past introduction in the last session of Congress, similar legislation providing guidance to states on price transparency legislation is likely.

Recent Price Transparency State Legislation

Despite the variability between states on price transparency, several states have developed price transparency programs or introduced legislation requiring increased pricing transparency. In the past year, states including Florida, Ohio and Missouri have approved or negotiated legislation on price transparency. The status of this legislation is explained in the table below.

State	Legislation	Summary	Status	Charges or After Insurance
Florida	Transparency in Health Care HB 1175	<ul style="list-style-type: none"> Requires hospitals and surgery centers to share pricing information with a state agency, which will be tasked with making information accessible on a consumer-friendly, public website Based on what providers receive from insurance companies (not charge master prices) 	Effective as law on July 1, 2016	After insurance
Ohio (Legislation Currently Suspended)	Health Care Price Transparency Law HB 52	<ul style="list-style-type: none"> Before providing non-emergent care, health care providers must provide patients an estimate that is in "good faith and reasonable" of a procedures total price to the patient and how much private or government sponsored insurance will pay Current Ohio law requires that hospitals include a hospital charge list for common procedures (3727.42) OAC 	A successful lawsuit has suspended this legislation as of February 6, 2017. Rework from a broader stakeholder base is expected.	After insurance
Missouri	Health Care Cost Reduction and Price Transparency Act SB 608	<ul style="list-style-type: none"> Must provide an estimate of cost (hospital charge) to the patient within three days of request or produce pricing on website (applies to charges, does not include private/government payment) Hospitals must provide publicly available hospital charges for the hospital's 100 most prevalent Diagnosis-Related Group 	Effective as law on July 1, 2017	Charges

Anticipated Effects on Price Transparency Legislation

Despite the initial emphasis on price transparency in recent years, analysts report the health care industry is generally not ready for complete price transparency or to begin competing based on cost and consumer pricing. This is especially true when considering the effect price transparency has on the overall revenue cycle. Primarily, hospitals should anticipate more frank and up front conversations with patients about hospital charges, the insurance payment process and patient payment expectations after insurance.

What Can Hospitals Expect with Increased Price Transparency Requirements?

- Assume consumers will have a need for increased knowledge around the pricing of services
- Anticipate consumers will begin to expect a price listing for common non-emergent services readily available on your hospital website
- Anticipate legislation both at the state level and federal level that requires some form of pricing transparency in the next year if there is currently no legislation in your state
- Expect an increasing number of vendors entering the market to provide hospitals with a cost

from page 4 —

estimation tool that includes the price after insurance payment

It is important to note that state legislation differs in scope to apply only to hospital facilities and ambulatory surgical centers or other related health care facilities. For example, the Missouri Senate bill applies to health care facilities that include practitioners such as pharmacists, physical therapists, podiatrists and long term care facilities. While some state legislation may currently limit scope only to hospitals, it is important for other health care facilities to monitor legislation because these regulations will likely expand to all related health facilities.

Many hospitals that have already addressed price transparency and successfully published charges focused first on their most uniform and frequently used services. Hospitals have then moved to frequent elective services with less variability, such as lab and radiology. After building confidence in these procedures hospitals can then move to lower acuity surgical procedures, such as cataracts and endoscopy procedures. Using this method, hospitals can build skill in price estimations before tackling more complex procedures and surgical groups of procedures.

Hospital's Current Use of Pricing Tools

Working with third party vendors, some hospitals have been successful in implementing patient estimation tools that include the patient price after insurance. These tools allow patients to enter in their insurance information and/or the procedure(s) they expect to receive. The estimation tool will provide the patient's estimated out of pocket price after insurance. Hospitals are able to provide the estimates by working with the vendor to upload their contract information for all major payors. The estimation tool allows the patient to better understand what they might owe out of pocket. However, hospitals can expect to see an uptick in financial counseling and patient inquiries as a result.

How Will This Affect my Revenue Cycle & Can I Prepare?

While price transparency is an initiative that will influence your entire revenue cycle, the front and middle of hospital revenue cycles will be significantly affected.

Preparing Your Front-End Revenue Cycle

- Financial counseling staff must be available to cover an increased demand for patient financial questions, as well as prepared to explain health care pricing, insurance coverage and other common questions
- With the expansion of HSAs and consumer awareness of pricing, hospitals also will need to be ready to collect payment at the time of service after providing an accurate price estimate to the patient
- In addition, the efficiency of front-end procedures also will be essential to quickly and accurately quote a price to the patient for common procedures, including real time eligibility verifications and price estimation tools
- Many hospitals that have built price estimation tools or have charges listed on their website also include a brief educational explanation to the patient of the difference between charges and negotiated third-party payment price. This type of education can help to reduce the volume of patient inquiries to financial counselors

Preparing Your Middle Revenue Cycle

Hospitals will need to review their CDM and charges to determine if a consumer could reasonably understand both the procedure being described as well as the logic behind the listed charges. Some questions to consider when evaluating your hospital's CDM and charges include:

- Does the charge make sense compared to other charges listed, especially when comparing acuity of

Continued on page 6 —

from page 5

procedures, e.g., is a colonoscopy more expensive than a knee replacement?

- Does the charge make sense when compared to other locations within your hospital that are performing the same procedure?

- o If your hospital charge is based on timing and resources, does the charge make logical sense based on time and resources? Can your financial counselors explain this charge?

Many hospitals are currently conducting CDM cleanups and charge structure reviews to help ensure their charges are sound and CDMs are prepared for pricing transparency initiatives. In addition, states such as North Carolina and Missouri have initiated legislation requiring that patient bills list procedures in layperson language.

In the upcoming year, a dramatic increase in consumer participation in the health care market as well as increased legislation encouraging and/or requiring price transparency is possible. Hospitals must be confident in their charges, CDMs and discussing charges and the insurance payment process with patients to remain competitive and compliant.

BKD, LLP health care consultants specialize in CDM assessments and revisions, and assist in reliable and common sense pricing. Our consultants have decades of experience in assisting hospitals in reimbursement consulting, CDM reviews, charge structure redesigns, rational charges, billing and coding and can assist your hospital in preparing for these upcoming changes. Article printed with permission from BKD, bkd.com. All rights reserved.

experience momentum

BKD National Health Care Group

In the health care industry, the waves of change never stop. You can't afford to tread water. **BKD assists approximately 3,200 health care clients with a range of tax, accounting and consulting issues.** Experience how our expertise can help you get ahead of the curve.

Scott Bezjak // Partner
Brenda Christman // Managing Director
513.621.8300 // bkd.com

experience BKD
CPAs & Advisors

See what a difference *WE* can make in healthcare finance.

At OhioHealth, we collaborate, learn and succeed together – and it's earned us a spot on Fortune's "100 Best Companies to Work For" in 2015. Here you'll join 26,000 of the most talented physicians, associates and volunteers in a unified effort to deliver compassionate care. You will belong to a team that collaborates, learns and succeeds as one. You'll work with the latest technology and partner with skilled experts. Our commitment goes far beyond producing world-class results. It's about helping each other be the best we can be.

We have opportunities for the experienced healthcare finance professional and invite you to learn more about a career with OhioHealth. Visit jobsatohiohealth.com for a list of our current openings, or contact our Recruiter, Betsy Joseph at Betsy.Joseph@OhioHealth.com.



At OhioHealth, you'll find that we're making a difference. Together, inclusion and equal opportunity make us great.

ACT *with confidence*

Arnett Carbis Toothman is a **TOP 100 ACCOUNTING FIRM** with expansive health care knowledge and seasoned team members serving clients in the areas of consulting, audit and tax. We take the care and time to develop and invest in long-term relationships with clients.



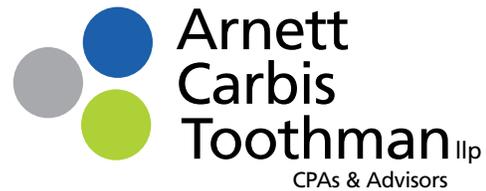
Health Care SERVICES

- Medicare and Medicaid Cost Report Preparation
- Reimbursement Enhancement
- Revenue Cycle Improvement
- Coding & Compliance Assistance
- ICD-10 Readiness
- 340B Implementation & Compliance Assistance
- Audits, Reviews & Compilations of Financial Statements
- Physician Practice Services
- Form 990 Preparation

800.642.3601 • actcpas.com

ohio • pennsylvania • west virginia

9 offices
275 professionals



Holistic solutions to make your hospital stronger.

Key Healthcare keeps you focused on your priorities by enhancing the financial strength of your organization. Our team of 250 professionals offers:

- Financing and strategic advisory services for real estate, equipment, and healthcare payments
- Broad capital markets capabilities*
- Comprehensive approaches to acquire, refinance, and develop senior care facilities
- A full suite of services to help your physicians accumulate, protect, and invest their wealth

Whatever your financial need, the Key Healthcare team will tailor a solution that's right for your organization. Because a stronger hospital delivers better care.

To learn more, visit key.com/healthcare.



* Securities products and services such as investment banking and capital raising are offered by KeyBank Capital Markets Inc., Member NYSE/FINRA/SIPC. Securities products and services: Not FDIC Insured • No Bank Guarantee • May Lose Value
Key.com is a federally registered service mark of KeyCorp. ©2014 KeyCorp. KeyBank is Member FDIC. E79696

Seven essentials for healthcare IT project assurance

LINDA BAILEY-WOODS

July 10, 2017

Today's healthcare information technology projects pose new demands and challenges that can only be met with strong project delivery practices. These seven best practices can help you better manage resources, communications, and expectations — and achieve success.

Project assurance in today's healthcare information technology (IT) environment poses new and increasing challenges. We're in the midst of a data explosion, with demands for electronic health record (EHR) systems that require optimization to support clinical and revenue cycle operations. At the same time, health systems need their EHR systems to provide a foundation for analytics to support meaningful use, improved clinical outcomes, and reduced costs of care.

As a result, the velocity of healthcare IT project requests is at an all-time high, and each requires a careful balance of often-competing stakeholder interests with limited resources and time. Factor in rapid changes in technology — cloud computing and mobile technology, for example — then add external factors, such as HIPAA and MACRA regulations, and the threat of cyberattacks and data breaches to the mix. It's a recipe for uncertainty and added risk.

The velocity of healthcare IT project requests is at an all-time high, and each requires a careful balance of often competing stakeholder interests with limited resources and time.

Now, more than ever, healthcare organizations must have thorough IT project delivery practices in place to best manage not only project resources, communications, and expectations, but also the heightened risk and new demands.

These seven best practices can help you consistently ensure successful IT project delivery:

1. Create an IT governance structure.

Proper IT governance is critical to the organization's mission and success. First, develop an IT steering committee. Healthcare organizations must have alignment and understanding

between executive and IT leadership. The overwhelming majority of IT projects, even those that seem small-scale, aren't just "technology issues" but typically, complex and multifaceted. And, they invariably affect a significant swath of personnel and ultimately, consumers and other stakeholders. An IT steering committee helps you gain that alignment by bringing key decision-makers to the table.

Next, connect IT and overall business strategy. Business strategy devoid of an integrated IT strategy is as pointless as a business plan lacking revenue projections. Create a simple, multiyear IT roadmap that supports and enables your organization's business strategy. If your organization doesn't have a usable business strategy for IT planning purposes, then align your IT strategy with high-level business goals or pillars of success. Plenty of IT issues and IT-related angst can be mitigated through this one best practice alone.

2. Develop a project management office.

Your office should have defined project management standard operating procedures to support defined and open planning processes. These include:

- Well-defined project objectives and requirements. Define your project scope, delineate necessary roles and associated responsibilities, and identify available resources, including external sources of support. Populate your team with capable problem-solvers; you'll need them. Establish your baseline standards, identify the timing of milestones and success stages, and be sure to measure and re measure progress throughout the entire effort.
- Project management tools and templates. These pro-

Continued on pg. 9

Bringing clarity to the challenges of your healthcare business.

- Revenue Cycle Transformation
- Performance Improvement
- Clinical Documentation Improvement

THE CLARO GROUP
CLARITY • VALUE • INTEGRITY®

Contact Venanzio Arquilla at varquilla@thecларogroup.com or call 312.546.3430 for details.

COMPLEX QUESTIONS. CLEAR SOLUTIONS.
www.thecларogroup.com/healthcare

vide guidance, simplify processes, and provide defined parameters, such as document naming conventions, folder structure, and approval protocols in a project management application. Be sure to centralize project related information, which will aid communications and help you track historical data.

- HIPAA compliant project management policies and procedures. If team members are accessing protected health information (PHI), you'll also need to implement the following safeguards:
- Secure patient information against potential malicious attacks.
- Limit the sharing of patient information.
- Have documentation in the form of business associate agreements showing that any service providers and other vendors who access PHI are HIPAA compliant.
- Enforce a training program for employees about protecting patient information, and put safeguards in place limiting who can access sensitive information. The rule is to restrict it to the "minimum necessary."

3. Ensure appropriate training of project team members.

In addition to project-specific team training, for example, on new system or technology implementation build and support, all team members should understand not only project requirements, expected outcomes, and what defines the project endpoint and success criteria but also the fundamentals of project management. These include project justification, charter, schedule, critical path, resource constraints, budget, action items, and risks.

4. Support open and effective communications.

Create and maintain a communications environment in which all staff, IT, stakeholders, vendors, and consultants feel empowered to voice their opinion on the status and progress of projects. You want to encourage team members to divulge concerns, such as procrastination of other team members, vendor or product challenges, unrealistic expectations, or scope creep, even under the pressure of tight timing and budgets. Give all team members the latitude to express their concerns about developments that could negatively impact the project.

5. Eliminate resource constraints.

Staff the project appropriately and backfill operational functions so team resources can focus on a successful delivery. In complex healthcare organizations, IT staff must possess technical skills, operational knowledge, and experience. They also must be adroit in planning, time management, communications, and relationship skills. Consider outsourcing to gain the necessary assistance and/or employing IT consultants. Your external hiring costs likely will be offset by the productivity gains of an on-time project delivery.

6. Identify project risks and prepare for problems.

Develop contingency plans to address risks and challenges. The unexpected is a sure thing in any IT project. Despite the best planning and design efforts, infrastructure changes, technology advances, interoperability issues, or more serious problems can wreak havoc even with the most exhaustive work plan.

7. Document and endorse project closures.

Once your business and clinical users have accepted all deliverables, be sure to decide and document improvements to make on the next project. Creating a "lessons learned" document also will make subsequent projects easier.

Develop a plan for return on investment (ROI) to ensure you gain all of the project benefits identified in the initial project justification phase. If the project promised streamlined operations and cost savings, make sure you have a realization plan and get user buy-in.

Recognize and endorse project completion and the successful delivery by reinforcing acceptance with stakeholders and users, recognizing and rewarding project team members. Take the team and key users out to celebrate and create lasting bonds because there will always be another project headed your way.



Essential business services. Targeted to meet your needs.

Blue & Co.'s breadth and depth of expertise is unmatched across the Healthcare Industry in our region. Our team of experienced professionals understands the unique challenges faced by healthcare providers. We deliver strategies and customized services to help you operate effectively and efficiently. Our healthcare specialists provide practical solutions with professionalism, enthusiasm and integrity.

- Audit and Assurance
- Financial and Tax Reporting
- Managed Care Services
- Physician Practice Management
- Revenue Cycle / Billing Improvement
- Physician Services
- Group Purchasing
- Medicare / Medicaid Compliance
- Productivity Improvement / Controls
- Supply Chain Management

We are responsive. We are caring. We are advocates.

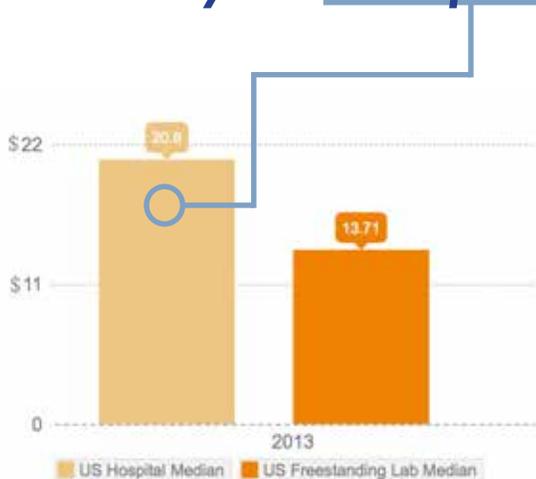
CPAS / ADVISORS



614.340.6676

blueandco.com

How do you compare to Freestanding Facilities?



Average Charge for Blood Draws

Cleverley + Associates provides quality benchmarking and consultative services to hospitals. **Let us compare your hospital to state and national benchmarks.** We can help you determine if your pricing is competitive and defensible.

Call 888.779.5663 for a **Free**
Freestanding Transparency
Report!



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).

THE (NEW) GOLD STANDARD

Certified Healthcare Financial Professional

Business skills
for today's
healthcare leaders

Health care is changing – and so is the Certified Healthcare Financial Professional (CHFP) designation.

The new CHFP from HFMA prepares finance professionals, clinical and nonclinical leaders, and payers to address the continually evolving healthcare business environment. Multidisciplinary courses focus on providing today's essential skills: business acumen, strategy, collaboration, and leadership.

Course modules include:

The Business of Healthcare

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

Take the next step in your professional development – check out the new CHFP at hfma.org/chfp.



hfma
healthcare financial management association

for growing stronger.

Decades in healthcare provide unparalleled insight.
Long-standing relationships deliver results.

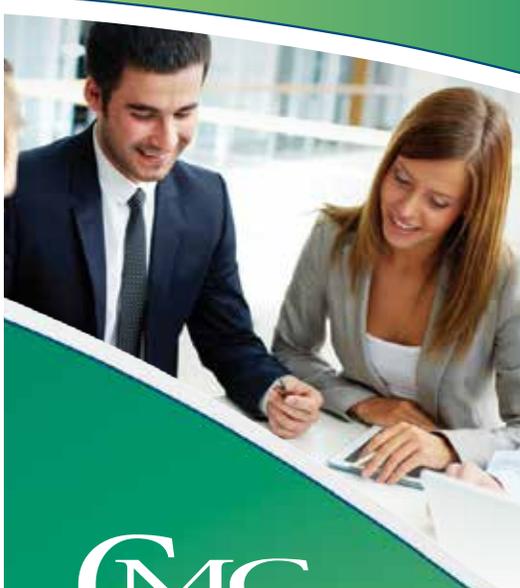
To learn more, visit pnc.com/healthcare or contact George Gevas
at 614-463-7346 or george.gevas@pnc.com

for the achiever in you® 

PNC and "for the achiever in you" are registered marks of The PNC Financial Services Group, Inc. ("PNC"). Banking and lending products and services, bank deposit products, and treasury management products and services for healthcare providers and payers are provided by PNC Bank, National Association, a wholly owned subsidiary of PNC and **Member FDIC**. Certain banking and lending products and services may require credit approval.

©2015 The PNC Financial Services Group, Inc. All rights reserved.

CIB ENT PDF 0615-0134-194314



Exceeding client expectations.

Credit Management Company, CMC, has been providing full-service accounts receivable and collection management services to the healthcare industry since 1966.

Our Services

- Early Out Programs
- Debt Recovery Programs
- Letters & Statements
- Insurance Verification

To find out more about our service offerings visit www.creditmanagementcompany.com



Toll Free: 800-472-1483
E-mail: cmcsales@creditmanagementcompany.com
www.creditmanagementcompany.com

HFMA New Members

NEW MEMBERS SUMMER 2017

Carrie Baker
President

Michael Ball
Adena Health System
Manager, Financial Planning

Katayoon Bereston
OhioHealth
Senior Director Patient Access

Melissa Bowling
Craneware
Customer Engagement
Specialist

James Flynn
Bricker & Eckler LLP
Partner

William Gregory
Ohio Health Corporation
Senior Accountant

Suzanne Griffin
Huntington Bank
Senior Vice President

Tory Hogan
Assistant Professor

Mark Kausel
RevCycle+
Regional Sales Executive

Benjamin Kitto
Ice Miller LLP
Attorney

Kevin Mason

Joe McDaniel

Lorraine (Lori) Napier
Buckeye Health Plan
Data Analyst III

Karla Pierce

Michael Sandor
OhioHealth Corporation
Real Estate Strategic Asset Manager

Kathy Savenko
OhioHealth Group
Vice President, Business
Operations

Brian Schmitmeyer
Nationwide Children's
Hospital
Senior Reimbursement
Analyst

Dale Shields
OhioHealth
Sr. Accounting Coordinator

Maggie Sorg
Blue and Co.
Staff Accountant

Yijang Wang
Staff Accountant

Katie Warren

Amy Webster
Knox Community Hospital
Director of Patient Access

Jennifer Weeks
Comprehensive Reimbursement Inc.
Senior Consultant

Sarah Wierwille
Cleverley and Associates
Data Quality and
Reimbursement Consultant

Meredith Williams
Ohio Health
Senior Accountant

Christy Wilson
Genesis HealthCare System
Director, Managed Care



integrated healthcare liability risk specialists
insurance programs for hospitals/healthcare entities,
physicians, and ancillary healthcare providers

ProAssurance.com

PROASSURANCE.
Treated Fairly

Upcoming Webinars

FY 2018 Medicare Inpatient Final Rule

Join us for a webinar on Aug 31, 2017 at 10:30 AM EDT.

Register now! <https://attendee.gotowebinar.com/register/4943862058866934785>

Speaker: Vickie Kunz

Vickie is senior director, health finance in the MHA Policy Division. Since joining the MHA in August 2001, Vickie's efforts have been focused on health policy issues for the major payers, primarily Medicare and Medicaid, including hospital reimbursement, wage index and the quality assurance assessment program (QAAP).

Prior to joining the MHA, Vickie was a reimbursement specialist at Sparrow Health System in Lansing. She began her career in the reimbursement department of Hospital Corporation of America (HCA) in Nashville, TN, and worked there for nine years before relocating to Michigan in 1998. Vickie has a BBA in Accounting from Belmont University in Nashville.

After registering, you will receive a confirmation email containing information about joining the webinar.

Presentation Design for Non-Designers – Intermediate Level

Join us for a webinar on Sep 12, 2017 at 1:00 PM EDT.

Register now! <https://attendee.gotowebinar.com/register/5584468320045661187>

Presentation design isn't a skill most of us have been taught, so the task becomes a point of stress and the results are often unsatisfactory. This presentation will focus on basic presentation design principles and the process of developing them. I will cover, principles of screen presentations; graphics for presentations (in contrast with proposal graphics); a step-by-step process of designing a presentation from scratch.

Takeaways:

- Understand screen basic design principles
- Identify bad presentation design and understand basic fixes
- Work with teams to create better presentations from scrap

Bruce Farrell, Manager, Management Consulting for Plante Moran

Bruce Farrell is a Proposal and Presentation Specialist for the Management Consulting group of Plante Moran. He has worked in business communications and development for over 20 years. His specialty is helping professionals identify and organize their key points, then working with them to translate their "big ideas" into quality documents and presentations. He regularly works with pursuit teams, conference presenters, and keynote speakers to develop presentations that make an impact.

Brian Hojnoski, Associate, Technology Services for Plante Moran

After registering, you will receive a confirmation email containing information about joining the webinar.

Microsoft PowerPoint Tips and Tricks – Intermediate Level

Join us for a webinar on Sep 26, 2017 at 1:00 PM EDT.

Continued on pg. 15



- Medicaid Eligibility Services
- Uncompensated Care Management Services
- Receivable Management Services
- MedAssist Advantage Plan (MAP)



HFMA staff and volunteers determined that this product has met specific criteria developed under the HFMA Peer Review Process. HFMA does not endorse or guarantee the use of this product.

www.medassistsolutions.com | Tel: (800) 736-2107

Register now! <https://attendee.gotowebinar.com/register/3008983278259594243>

This webinar will focus on PowerPoint tips and tricks, enabling you to use PowerPoint more effectively and create better presentations more quickly. We will cover things like creating custom toolbars, aligning objects, creating animations/transitions, creating hyperlinks, and other useful functions.

Takeaways:

- Create cleaner, more consistent presentations more quickly
- Customize your PowerPoint toolbar
- Align text/objects with more accuracy and more quickly
- Create more effective animations/transitions
- Edit templates
- Create alternatives to bulleted lists

Bruce Farrell, Manager, Management Consulting for Plante Moran

Bruce Farrell is a Proposal and Presentation Specialist for the Management Consulting group of Plante Moran. He has worked in business communications and development for over 20 years. His specialty is helping professionals identify and organize their key points, then working with them to translate their “big ideas” into quality documents and presentations. He regularly works with pursuit teams, conference presenters, and keynote speakers to develop presentations that make an impact.

Brian Hojnoski, Associate, Technology Services for Plante Moran

After registering, you will receive a confirmation email containing information about joining the webinar



{ Elevate your view. }

Sometimes the best solutions are revealed when you change your perspective — and finding the right perspective is easier when you have a knowledgeable advisor. Our health system experts can help your organization gain a new perspective to rise above its challenges. Helping providers succeed in today's ever-changing healthcare industry is

a higher return on experience.

Jordan Pace 614.222.9054
jordan.pace@plantemoran.com

Mary Schafer 614.222.9119
mary.schafer@plantemoran.com

plantemoran.com

plante
moran

audit • tax • consulting

healthcare financial management association leadership team

President: Lynette Vermillion
(OhioHealth)
614-788-4568

President Elect: Matt Rakay
(Plante Moran)
614-222-9173

Secretary: Patti McFeely
(StreamlineMD)
330-316-0394

Treasurer: Jeffrey Carranza
(OhioHealth)
614-544-4160

Board Chair: Mary Laile

Board Members:

Jamie Cleverley (Cleverley & Associates)

Jackie Nussbaum (BKD, LLP)

Christine Aucreman (Mount Carmel Health System)

Preston Belding (OhioHealth)

Ken Stoll (UCB Inc.)

Mike Ambrosiani (Knox Community Hospital)

Dick Shrock (Retired)

Will Sharp (Plante & Moran)

Brian McCallister (OhioHealth)

Comments, suggestions, articles?

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.

Membership Chairman

Lauree Handlon

Communications Chair

John Ziegler

Certification Co-Chairman

Mary Laile & Matt Julien

Programming Co-Chairman

Mary Britton & Aaron Fields

Sponsorship Chairman

James Monroe



Power comes from being understood.®

When you trust the advice you're getting, you know your next move is the right move. That's what health care professionals can expect from McGladrey. That's the power of being understood.

For more information, please contact **Andy Jenkins** at **614.224.7722** or go to www.mcgladrey.com/healthcare



Assurance ■ Tax ■ Consulting

© 2015 McGladrey LLP. All Rights Reserved.

Visit the HFMA website!

www.centralohiohfma.org

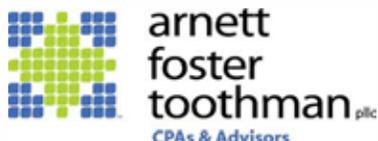
Stay updated on the latest chapter information, upcoming events, and healthcare news!

2017 - 2018 corporate sponsorships

Central Ohio Platinum Level Corporate Sponsorships



audit • tax • consulting



Gold Level

BKD

McGladrey

Firstsource Solutions (MedAssist)

The Claro Group

Mount Carmel

Silver Level

JP Recovery Services, Inc.

Cardon Outreach

Capio Partners

Credit Adjustments, Inc.

Huntington Bank

Fidelity National Collections

Human Arc

Parallon (formerly Outsource Group)

ProAssurance Companies

UCB, Inc.

For information regarding corporate sponsorship, please contact Sponsorship Chair, James Monroe at (330) 417-3986.

Bronze Level

Credit Management Company

Arbor Health

