

# First Illinois *Speaks* hfma<sup>™</sup>

HFMA's First Illinois Chapter Newsletter

February 2021

hfma Your Challenge.  
Our Mission. 20-21

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## Two Ways Cybercriminals Can Breach Your Health Care Organization and Three Ways to Ruin Their Chances

The COVID-19 pandemic has been the source of many challenges for hospitals and health care systems, from providing critical patient care to maintaining operations and managing a changing workforce dynamic. Given the complexities and increased system vulnerabilities, health care organizations have also experienced growing challenges related to cybersecurity. The cybercriminals continue to find ways to exploit growing digital vulnerabilities.

Cybercriminals continue to find ways to exploit growing digital vulnerabilities. What should you and your health care organization be watchful for and how can you mitigate these cyber risks?

### 1 Remote Workforce

Remote workers unwittingly can expose their organizations via phishing emails, ransomware, vulnerable storage locations, as well as compromised employee remote networks or personal systems. Once in, cybercriminals can hang out in breached systems, often undetected, gathering organizational and patient data for a period of time, eventually

capitalizing on the data and wreaking system havoc. The enterprise environment is extended beyond the walls of the traditional hospital.

### 2 Third-party providers

Vendors and partners provide valuable resources and additional services to health care organizations; however, if data is not secured in a consistent manner from system to system, this signals a potential risk opportunity. Third-party access control should be assessed and managed to prevent unwanted elevated access. Cybercriminals are always looking for that break in the system.

### 3 Ways to Keep Them Out

#### 1 General risk analysis

This analysis measures data storage, access controls, security policies, governance, antivirus protection, incident response planning, liability insurance and more. The key to addressing cybersecurity risks is understanding security needs as early as possible and communicating risks effectively up and down the

(continued on page 2)



## Two Ways Cybercriminals Can Breach Your Health Care Organization

and Three Ways to Ruin Their Chances (continued from page 1)



organization. This analysis helps organizations form the baseline to mitigate vulnerabilities.

### 2 Remote workforce assessment

This assessment focuses on employee tools, solutions, controls, shared data processes, virtual private networks, regulatory considerations and more. Tabulating a risk registry of possible exposures and frequently evaluating those concerns are key.

### 3 Framework certification

Aligning to a security framework, like HITRUST, that fits organizational requirements can be an effective way to mitigate cyber risks. Performing a gap analysis against what the requirements dictate and what the health system has in place can provide an excellent baseline for the organization. Receiving an attestation of compliance to a framework can also provide a market differentiator showing how seriously the organization takes security.

Best practice for a dedicated security budget is between 5% to 10% of the IT budget; however, many organizations may spend significantly more to battle cyber vulnerabilities. RSM can work with you and your health care organization to determine where you should focus your cybersecurity next steps to help prioritize financial implications and resources. Our security, privacy and risk consulting professionals have deep experience in the health care industry as well as cybersecurity strategies.

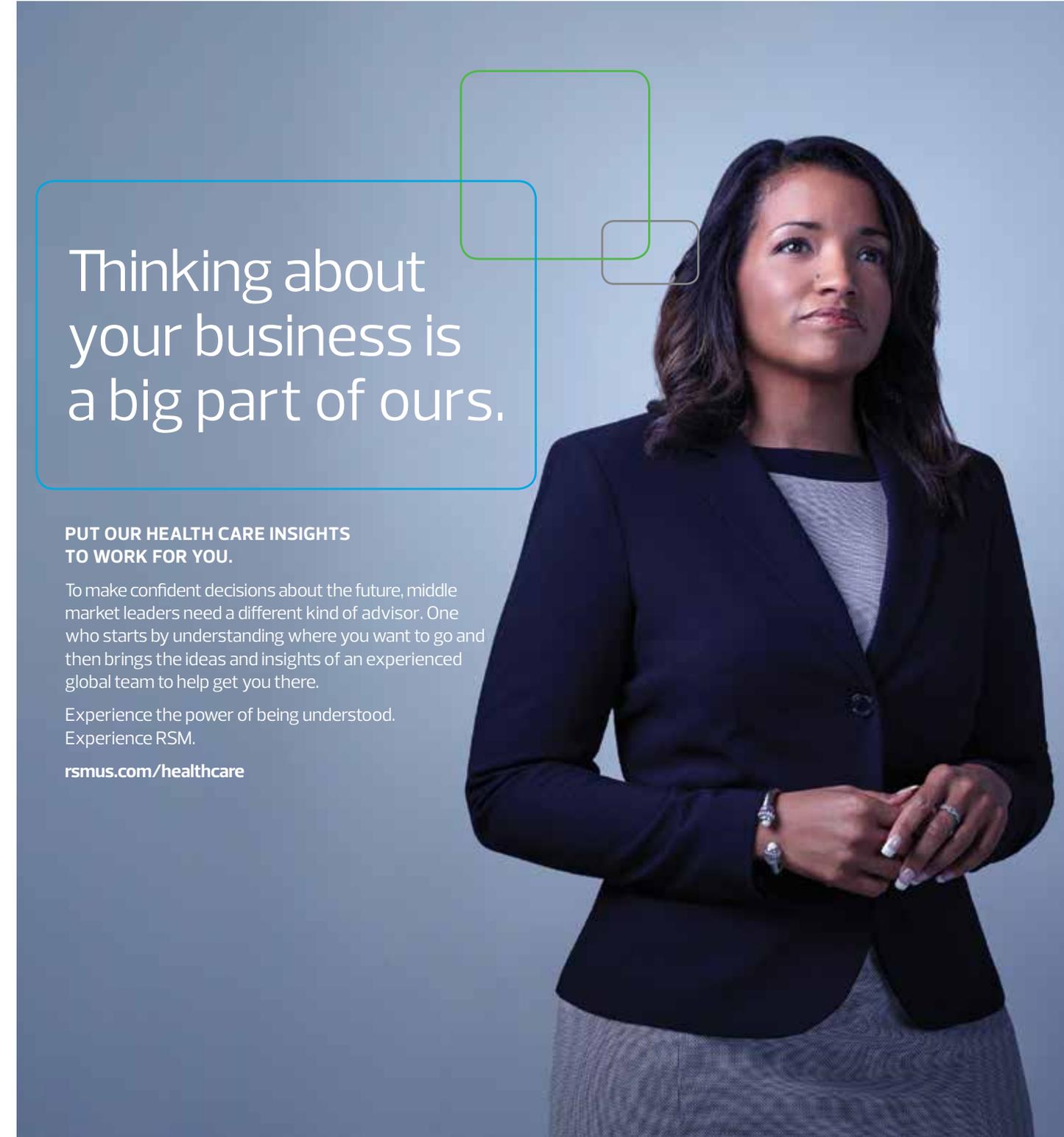
#### About the Author

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*Thank you* to all our frontline healthcare workers who are taking care of patients during the pandemic. We appreciate you and the caring work you do.

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# Summary of 2021 National CFO Survey



The healthcare industry had been in a constant state of disruption for more than a decade. Then, the pandemic changed everything again. What were once viewed as long-term opportunities became immediate requirements. Care, cash, coordination and creativity took on new meaning as the eyes of the country turned to our healthcare system in its moment of greatest need.

It proved up to the challenge.

Healthcare leaders have navigated surges and shortages, all while working to ensure the best care for their patients and protecting their essential workforce. Now, even with continued prevalence of cases, the healthcare industry is moving forward with haste to form partnerships and solidify operating models that will help meet areas of patient need and overcome areas of distress.

The story of healthcare in 2020 is certainly marked by a national tragedy, but it also has many heroes in the form of doctors, nurses, researchers and workers. Crisis also puts everything into new perspective, allowing healthcare organizations to set sights on long-term silver linings for the industry.

Case in point, according to the BDO 2021 Healthcare CFO Outlook Survey, 52% of healthcare CFOs say that their organization made faster decisions during the pandemic. Healthcare leaders channeled that decisiveness into action that will shape the future of the industry.

## Transformation Tracks

In late 2020, BDO surveyed 100 healthcare CFOs to determine how their organizations have pivoted during the pandemic and what they

forecast for the future. For most healthcare organizations, transforming to meet the future needs of care will follow one or more of these paths: partnerships, product and practice optimization, and enhanced patient experience.

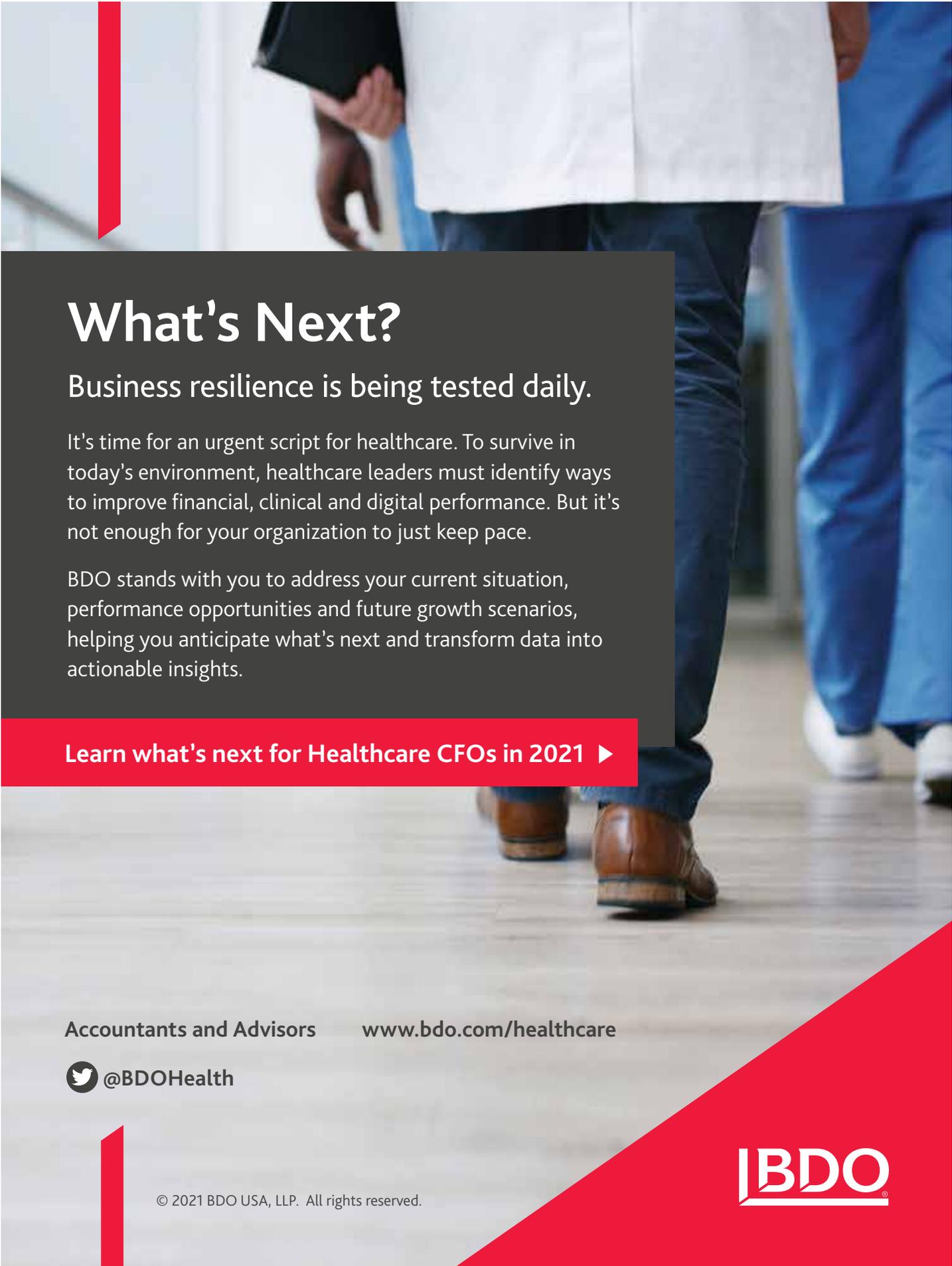
## Partnerships and Consolidation

Healthcare partnerships continue to be on the rise, following years of mega-mergers that aimed to break down silos in the industry and get closer to the patient. From improving relationships between payers and providers to research partnerships between academic medical institutions and pharmaceutical companies, the walls in the healthcare ecosystem continue to come down in favor of collaboration and community to serve the greater good.

Healthcare CFOs' intentions suggest that 2021 will see a further uptick in deals and partnerships. Some of the key findings include:

- **Partnerships proliferate:** 2021 will be a big year for healthcare deals. Among the CFOs' plans, 31% will acquire physician practices, 28% will merge with another organization and 24% plan to enter a joint venture.
- **More consolidation:** 42% say the pandemic will cause increased consolidation, and more than one third (35%) say that they will transform their operating model this year.
- **Capital flows to care:** While healthcare leaders will pursue several paths for funding, PE is the top cited source of outside capital for 2021.

*(continued on page 6)*



# What's Next?

Business resilience is being tested daily.

It's time for an urgent script for healthcare. To survive in today's environment, healthcare leaders must identify ways to improve financial, clinical and digital performance. But it's not enough for your organization to just keep pace.

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**BDO**

While industry deal flow slowed during the peak of the pandemic, Teledoc and Livongo's \$18B merger in August is one of the biggest deals of 2020, according to S&P. Partnerships and consolidation will also fuel the ability to scale, through forming managed service organizations, and the ability to expand into new areas of service like behavioral health, where it is often more strategic to buy or partner than build.

### Product and Practice Optimization

Healthcare organizations also viewed the crisis as a driving force to reset their areas of focus and specialties, given both the short- and long-term needs of their patient populations. In some cases, healthcare executive teams will make moves based on essentialism. In others, it will be about changes in demand for care.

For example, as demand for virtual and behavioral health surged in 2020, many healthcare practices saw slower demand for primary care, dental, vision and other areas of care that consumers decided to put off. Looking ahead, healthcare organizations are hoping to fund and fuel a shift back to the primary care office as the center of health. More than 3 in 4 CFOs say they will invest in primary care in the next year, a notable increase over 51% who reported planned investment in primary care last year. A majority of healthcare organizations also plan investments in digital and mental health services to meet growing needs.

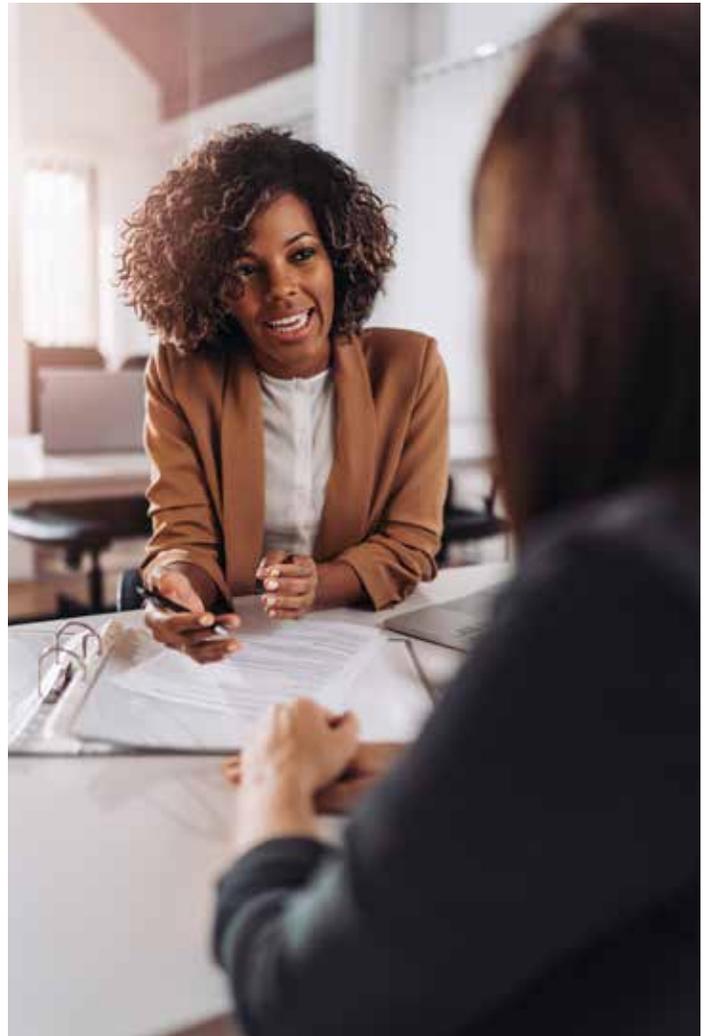
Even if patient confidence can be restored and generational care preferences can be evolved, the reality is no one service or provider has a full view of the patient. No matter the investment or area of focus, access to data and coordination across specialties will be critical to both preventative and reactive care.

### Patient Experience

It's telehealth's time to shine as the digital health industry surges amid enthusiasm from patients and investors alike. More than one in four healthcare CFOs say the pandemic has increased the industry's focus on opportunities in telemedicine, but it is not without challenges. CFOs top cited concerns related to telehealth include efficacy of care (46%), patient experience (39%) and productivity (34%).

When it comes to patient experience, getting it right will require coordinated investment in technology, education and change management. That's likely one reason why 24% of healthcare CFOs say their biggest priority is investing in technology or infrastructure, and 61% will be spending more in IT this year. Nearly 3 in 4 healthcare executives also pointed to improved consumer experience as a top digital objective in BDO's 2020 Healthcare Digital Transformation Survey. Patients will be expecting high quality support with both speed and personalization—whether they are in office or on their mobile device.

As digital health becomes mainstream, healthcare organizations must also keep in mind that telemedicine works best when it supplements vs. replaces in-office care. It's a tool in the shed, rather than a brand-new type of shed.



### Resilience Through Distress

Even amid optimism that healthcare organizations are on the right path for recovery, for more than one in three that path will require restructuring or reorganization. The pandemic brought a financial cliff to many healthcare organizations who lacked more than a month or two of cash on hand. Government assistance helped stave off crisis for some, but the events of this year provided clarity to healthcare organizations across every sector around the importance of liquidity, what are truly essential services and operations, and where they have underperforming assets or specialties.

Learn more about what CFOs are expecting this year in the **BDO 2021 Healthcare CFO Outlook Survey**. 

**Click here to read the Report**

#### About the Author

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# Adaptability: The Must-Have Skill of 2021



They say every crisis is an opportunity. If so, 2020 was one of the most opportunity-packed years in living memory. Most of us faced several challenges as we adapted to the so-called new normal—multiple times, for many of us.

The upside is that the adaptability you've shown has risen from being a highly-valued soft skill to a must-have as employers look for people who can help organizations navigate through uncertain times.

## How adaptability can boost your career journey

Diane Domeyer, executive director of Robert Half's creative staffing division, recently wrote: "Throughout your career, you won't have one single career path. As your goals, ambitions and priorities change over time, new paths will form and wind together into ... your career journey."

For some, the steps in that career journey are involuntary—they might lose their job or miss out on a promotion. Adaptable people lean into the journey and seize every chance to move forward, regardless of the impetus.

Being adaptable means you:

- **Explore new possibilities** — According to Robert Half research, 64% of people think it's beneficial to change jobs every few years. Being adaptable means you're open to pursuing opportunities outside your comfort zone, even if that means leaving your current company or moving to another city.
- **Succeed with new working practices** — The pandemic forced many of us to adopt new workstyles, such as telecommuting and windowed working. And 57% of managers have increased their use of interim hires. If you're adaptable enough, you can use these new practices to improve your productivity and work-life balance or find entirely new opportunities.
- **Have leadership abilities** — Management is all about adaptability. Every day, leaders think on their feet and respond to new challenges. If you're flexible and responsive, you stand out as someone with leadership potential.
- **Learn new skills** — Technology is transforming every aspect of working life. The only way to future-proof your career is by pushing yourself to acquire new skills as tech and business practices advance.

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## Adaptability: The Must-Have Skill of 2021 (continued from page 8)

- **Deal with the unexpected** — The pandemic will have lasting social and economic effects. When you can handle unexpected challenges as they arise, it helps you and your employer survive tough times.

### 5 ways to become more adaptable

Adaptability can be easier to develop than you might think. Here are a few ways to go about it:

**1 Know your limits (and work around them).** If you need some stability sometimes, that's okay. For example, some people like to prioritize tasks on the fly, while others dedicate specific times of day to specific types of work.

Play to your strengths. For example, you might block out your mornings for productivity and use the afternoon for various other tasks, as needed.

**2 Keep reviewing priorities.** Priorities change every day, and sometimes they change during the day. You might have scheduled Monday for emails and meetings, but you'll have to drop all that if there's an urgent client issue. Dorney calls this the "see a need, fill a need" philosophy. Rather than just working through your to-do list, you're finding the best ways to help the business.

**3 Question everything.** Every business has zombie processes — procedures that everybody follows because nobody owns them and nobody's questioned them. Zombie processes can appear anywhere, from key financial controls to the way you use the copier. Challenge these processes by asking questions like:

- Why do we do things this way?
- Is there a better way?
- Which departments are dependent on this process?
- Are there any issues to consider, like safety, privacy or compliance?

By questioning everything, you become a driver of adaptability — and efficiency.

**4 Keep learning.** Training and development can help make you more adaptable. If you have skill gaps, spend time developing those areas. It's also good to listen for news about new skills required in your position, like digital communication or working with data.

You can also learn from the people around you. Pay attention to colleagues and leaders and see how they stay relevant in changing times.

**5 Be fearless.** Change involves a certain amount of risk. What if a new process doesn't work? What if you try to learn a new skill but fail?



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It's safer to stick to what you know — but it's only safe in the short-term. You're always at risk of obsolescence if you don't keep moving forward. Challenge yourself, challenge the people around you and keep growing.

Change is the only certainty right now. That can be a scary thought, but if you embrace that change, the future is full of opportunity. ■

#### About the Author

*This article is provided courtesy of Robert Half. For additional management and career advice, visit the Robert Half blog at [roberthalf.com/blog](https://roberthalf.com/blog).*

# Solving the Unique Complex Claims Challenge to Optimize ROI

BY GREG SNOW, SENIOR VICE PRESIDENT OF MARKET STRATEGY, ENABLECOMP

The percentage of hospitals outsourcing complex claims has doubled over the past several years. The number of complex claims outsourced to specialized, third-party companies has increased from 20.4% to 39.8% and continues to grow.

Nationwide, reduced operating margins require healthcare management to capture 100% of net expected reimbursement, according to the recent survey responses for 1,309 hospital chief financial officers and business office leaders.

Approximately 76% of healthcare administrators believe outsourcing complex claims improves productivity of in-house staff and frees up their time to focus solely on optimizing traditional claims. With respect to the growth within this area, there is an emphasis on complex claims outsourcing and this segment is expected to grow 18% annually.

Complex claims typically include Veterans Administration, Workers' Compensation and Motor Vehicle Accident accounts, as they present a mixture of challenges for the revenue cycle management staff. These claims tend to be marginalized because they represent a relatively small amount of total hospital reimbursement in conjunction with a lower productivity rate. This results in complex claims being written-off when it is determined that limited revenue cycle resources are better spent managing traditional claims. When compared to traditional claims, complex claims were adjusted/denied at a much higher rate than traditional claims (i.e., 3X greater).

Outsourcing complex claims to a specialized, first-tier partner rose 51% in recent years and continues to increase. Both payers and providers cannot find enough specialized talent for the successful resolution of complex claims, especially Veterans Administration. Revenue cycle processes must be extremely efficient in this new age of healthcare, requiring the utilization of more experienced personnel for making high-risk decisions in order to optimize hospital resources.

The overhead for recruiting, retaining and utilizing specialized staff challenges the largest systems, let alone the small to medium-sized organizations. Outsourcing complex claims has become the standard operating procedure for complex claims needing specialized review. This allows in-house staff to focus solely on optimizing traditional claims while improving internal productivity in excess of 80% based on current productivity standards.

Complex claims present a mixture of challenges for the healthcare system revenue cycle staff, who usually have limited experience in dealing with non-traditional payers. These claims also tend to be marginalized because they account for a relatively small amount of total hospital reimbursement (i.e., 3% to 4%). This often results in complex claims being written-off or not fully pursued.

## Key Findings:

- Hospitals state that 81% of them lack the specialized talent to resolve difficult complex claims, including 92% of hospitals with less than 150 beds.
- 69% of hospital CFOs state they must utilize high-cost back office associates to compensate for current systems, which lack the functionality to manage complex claims.
- 49% of hospital CFOs acknowledge that outsourcing is becoming a more viable alternative for various segments of their revenue cycle claims processing.

In conclusion, a recent survey reported that 96% of healthcare system leaders surveyed (1,100 CFOs and revenue cycle leaders) reported they are now in the process of evaluating, acquiring and/or deploying advanced, external complex claims solutions. Write-offs have increased dramatically in recent years and the payer's systems are rejecting and/or downgrading complex claims, which the typical healthcare business office is not staffed to handle. In the current situation, with hospital margins decreasing significantly, the need for greater net revenue and reduced time in accounts receivable is critical to the organizations' survival in 2021 and beyond.

During the coming months, we will be publishing a series of case studies to further highlight the results achieved for our customers. ■

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## Notes:

<sup>1</sup> Becker's Hospital CFO Report: "Outsourcing of complex claims is a trend set to expand, Black Book survey finds," December 8, 2016.

<sup>2</sup> RevCycle Intelligence, "Revenue Cycle Management Outsourcing Market to Grow at 11.9% CAGR," July 27, 2018.

<sup>3</sup> Black Book RCM Survey Response – June 6, 2017

<sup>4</sup> BHM Healthcare Solutions: "Outsourcing Complex Claims and Cases Review," May 2017.

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For more information, contact **Matt Ellis**, vice president, Client Services, EnableComp at [mellis@enablecomp.com](mailto:mellis@enablecomp.com).

# A Summary of President Biden's Healthcare Plan

BY EDDIE STATEN, THE BDO CENTER FOR HEALTHCARE EXCELLENCE AND INNOVATION

President Biden presented his healthcare plan on January 22, 2021. While he didn't have a specific name for it, we all agree it is safe to refer to it as "The Affordable Care Act 2.0."

The president proposed adding a Medicare-like public option for consumers while also enabling Americans to choose their own private insurance, including a lower threshold for support. Biden campaign officials say the healthcare plan serves as a transitional piece of legislation that could pave the way to a Medicare-for-All single payer system in the future. Below is a quick summary:

## Goal

The goal of the Biden healthcare plan is to create a more achievable way to expand coverage. This will be done by building on the Affordable Care Act. Overall, he wants to give Americans the option of buying into a "Medicare-like" plan or to keep their private insurance.

## How

- Reversing the efforts of the Trump Administration to undercut the Affordable Care Act
- Increasing Medicaid coverage by providing premium-free access to people living in Republican-led states that failed to expand Medicaid
- Changing provisions in the Affordable Care Act to improve access to health care by:
  - Eliminating the 400 percent income cap on tax credit eligibility
  - Basing tax credit on gold plans rather than silver plans
  - Changing the spending cap of 9.86% of income to 8.5% for those buying insurance in the individual marketplace

## Cost

The Biden healthcare plan would cost approximately \$750 billion over the next 10 years. This will be paid mostly through repealing the Trump Administration's tax cuts for the wealthy and returning the top tax rate back to the previous 39.6%.

## Other Key Points

- The individual mandate is back: President Trump got rid of the individual mandate in the 2017 GOP tax bill. President Biden would bring back a penalty for not being covered under health insurance. Since the individual mandate currently is not federal law, a Biden campaign official said that he would use a combination of executive orders and negotiations with colleagues to undo the changes.
- Spending rate is out: The Biden plan allows for consumers to buy into the individual marketplace and choose their health care provider of choice. In an effort to expand access even on that front, the plan will only allow consumers to spend 8.5 percent of their income on



insurance. Under the Affordable Care Act, consumers could spend almost 10 percent of their income when paying for insurance.

- Negotiating Drug Prices: To address skyrocketing costs of prescription drugs, the Biden plan would repeal existing law that bans Medicare from negotiating lower prices with drug manufacturers. The plan would also limit price increases for all brand, biotech, and abusively priced generic drugs and launch prices for drugs that do not have competition. Consumers would also be able to buy cheaper priced prescription drugs from other countries, which could help mobilize competition. And, the plan would terminate their advertising tax break in an effort to also help lower costs.
- Undocumented immigrants can participate: The Biden plan would also allow undocumented immigrants to buy into the public option, but it would not be subsidized. The Affordable Care Act did not allow undocumented immigrants from buying into the system.

Another important piece of legislation is the "Protecting Access to Post-Covid-19 Telehealth Act of 2021" bill. Its goal is to expand access to telehealth beyond the COVID-19 pandemic and make telehealth coverage expansion permanent. The proposed legislation has four main provisions:

- 1 Eliminate most geographic and originating site restrictions on the use of telehealth in Medicare and establish the patient's home as an eligible distant site.

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- 2 Authorize the Centers for Medicare and Medicaid Service to continue reimbursement for telehealth for 90 days beyond the end of the public health emergency.
- 3 Make permanent the disaster waiver authority, enabling Health and Human Service to expand telehealth in Medicare during all future emergencies and disasters.
- 4 Require a study on the use of telehealth during COVID, including its costs, uptake rates, measurable health outcomes, and racial and geographic disparities.

There's other important work to be done in healthcare. Other Areas of Focus for the Biden Healthcare Agenda include:

- Expansion of Population Health Management and Value-Based Care:
  - Integration of Mental Health and Substance Abuse
  - Address Health Equity
- Medicaid Funding, Expansion, Waivers, Managed Care growth
- Fraud, Waste & Abuse (FWA) Enforcement and Billing Reform Initiatives

- Addressing Workforce Shortages
- Continuation of Provider Relief Funds

### Update on Provider Relief Funds

- On January 15, 2021, the Department of Health and Human Services (HHS) announced a delay in reporting of the Provider Relief Fund. Further details on the deadline for this reporting have not yet been communicated by HHS. Recipients of Provider Relief Fund payments greater than \$10,000 may register to report on use of funds as of December 31, 2020, starting January 15, 2021.
- Healthcare providers should go into the portal and register to establish an account now, so that when the portal is open for reporting they are prepared to fulfil their reporting requirements.
- Recipients who have not used all of the funds after December 31, 2020, have six more months, from January 1 to June 30, 2021, to use remaining funds. Healthcare organizations will have to submit a second report before July 31, 2021, on how funds were utilized for that six-month period. ■



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# 2021 First Illinois Chapter HFMA Upcoming Educational Events



## Accounting & Reimbursement Event (Virtual)

**Thursday, April 22; 10:00 AM – 1:30 PM Central**

**Friday, April 23; 9:00 AM – 1:00 PM Central**

[Click here to add the date to your calendar](#)

Join your colleagues for an excellent slate of accounting and reimbursement topics including the latest on provider relief funding matters, the impact of consumerism and quality-based programs on reimbursement, State of Illinois reimbursement updates from the Illinois Hospital Association, the impact of social determinants of health, and how diversity and inclusiveness can enhance healthcare finance. This will be a diverse array of topics for the well-rounded healthcare finance and reimbursement professional and a great opportunity to earn 6 CPE credits. Don't miss out!

## Revenue Cycle Conference (Virtual)

**Tuesday, May 11; 9:00 AM – 12:00 Noon Central**

**Wednesday, May 12; 9:00 AM – 12:00 Noon Central**

[Click here to add the date to your calendar](#)

Join local and national revenue cycle leaders for this virtual two-day event as they share their areas of focus amid the challenges that continue to be felt within the industry. We will be discussing innovation in technology, denials management, patient access, patient liability management, and more. Also, on the docket will be conversations around new federal legislation, such as the no surprise billing act. You won't want to miss this event!!

## Fall Summit – October 2021

**Dates and Format TBD**

## WEBINARS

visit <http://firstillinoishfma.org> for updates

### Patient Throughput Series, Part 1

**Friday, February 26, 12:00 Noon – 1:00 PM Central**

[Click here to add the date to your calendar](#)

### Patient Throughput Series, Part 2

**Tuesday, March 16, 12:00 Noon – 1:00 PM Central**

[Click here to add the date to your calendar](#)

### How to Become a Certified Healthcare Financial Professional (CHFP)

**Friday, March 19, 12:00 Noon – 1:00 PM Central**

[Click here to add the date to your calendar](#)

During this 30-minute informational webinar, learn the value of becoming a Certified Healthcare Financial Professional no matter where you are in your career path. This Healthcare Financial Management Association (HFMA) certification demonstrates the business acumen, strategic financial thinking, and nuanced healthcare understanding of its holders.

### Topic TBD

**Wednesday, April 28, 12:00 Noon – 1:00 PM Central**

[Click here to add the date to your calendar](#)

### The Hospital Price Transparency Final Rule: Lessons Learned and What's Next

**Thursday, May 20, 12:00 Noon – 1:00 PM Central**

[Click here to add the date to your calendar](#)

### How to Become a Certified Healthcare Financial Professional (CHFP)

**Friday, May 21, 12:00 Noon – 1:00 PM Central**

During this 30-minute informational webinar, learn the value of becoming a Certified Healthcare Financial Professional no matter where you are in your career path. This Healthcare Financial Management Association (HFMA) certification demonstrates the business acumen, strategic financial thinking, and nuanced healthcare understanding of its holders.



# Message From Our Chapter President

BY BART RICHARDS, FHFMA

### Dear Friends and Colleagues,

It is hard enough to operate in the healthcare industry given all of the top-line and bottom-line pressures. Add to those challenges vaccine distribution, revenue recognition of the CARES Act monies, pricing transparency, the pandemic and other issues; it seems like 2021 has started off with just as many challenges as we had in 2020.

Recently, I had an experience that reminded me of the importance of what we do and the difference we make working in the healthcare industry. I underwent an outpatient procedure. The day before, I had diagnostic imaging, COVID testing, pre-admission testing, a clinic visit and calls from the billing department. The day of the procedure I went through patient access, point of service collections, the procedure, recovery, transport out and finally home. Admittedly I felt anxious during the process; however, the professionalism and the caring attitudes of the hospital staff that I experienced over those two days helped me through the process.

At First Illinois HFMA, we continue to demonstrate how much we care about our community, and how we are serving our community and meeting our mission of providing healthcare finance education and professional development to our members. We continue to adopt to our virtual environment and plan on providing our typical top-notch educational opportunities in 2021.

To recap a bit on some of our key events:

- The Fall Summit was held in October and almost 400 members registered for the event with approximately 100 registrants attending each presentation on average.
- We continued our support for The Boulevard of Chicago in December through raising funds for this wonderful organization that helps homeless Chicagoans get back on their feet.
- Our certification committee recently held the CHFP practicum in early February. Thanks to our friend Christoph Stauder for teaching the class once again.

This year we are very excited to deliver our big three events to start off 2021:

- The Managed Care Symposium, which was held February 17-19
- Accounting and Reimbursement on April 22
- Revenue Cycle on May 10

In addition:

- We continue to have our monthly First Illinois webinars. In fact, I will be presenting on February 25 in the first of a two-part series on patient throughput and length of stay. The second presentation will be held on March 16.
- And don't forget about our Scholarship Program. For those members with college bound children, consider having them apply to the First Illinois HFMA Scholarship.

I want to encourage all members to give us feedback on how we are doing as a chapter. Feel free to contact me if you have thoughts on how we can improve and what is going well. HFMA is sending out our streamlined membership survey. Each month, this survey is sent to one-twelfth of the member base to ensure widespread representation. This questionnaire assesses the ongoing value members place on the many features of HFMA membership, such as publications, chapter activities, education and certifications. Please consider giving your chapter a 9 or 10 if you receive the membership survey. These scores make a difference.

Thank you to all of our annual partners for supporting the chapter. We recently went through our annual renewal process, and I'm very happy to report that the majority of our annual partners have renewed. Your support of the chapter allows us to continue to provide top-notch education to our members. Thank you so much for your commitment.

Finally, we recently received good news that Dan Yunker, First Illinois Chapter president in 2013-2014, has been nominated and accepted to be a regional executive of HFMA, representing Region 7. This is a great honor for Dan, and we appreciate Dan's willingness to step up and continue to serve our HFMA community.

In closing, I want to thank everyone who is volunteering their time to support the chapter. I would like to recognize the following volunteer leaders who have made such a difference this chapter year.

- **Stu Schaff, FHFMA, CVA, Intentionate Healthcare** – Programming and Webinars
- **Rich Franco, FHFMA, Northwestern Medicine** – Executive Golf Outing and Partnerships
- **Vince Pryor, FHFMA, CPA, Silver Cross Hospital** – First Illinois Scholarship Committee
- **Cathy Peterson, Peterson Healthcare** – Managed Care Symposium
- **Lee Kuhn, CHFP, Claro Healthcare** – Managed Care Symposium
- **Meagan Edgren, CHFP, CRCR, Northwestern Medicine** – Certification Committee
- **Connor Loftus, CHFP, CRCR, Claro Healthcare** – Certification Committee



**Bart Richards, FHFMA**

2020-2021 President  
First Illinois Chapter HFMA  
Managing Director, Claro Healthcare  
brichards@clarohealthcare.com

To View the Video Message From Our Chapter President [CLICK HERE](#)



# HFMA Legal and Regulatory Compliance – visit [hfma.org](https://hfma.org)

## Fact Sheet | Legal and Regulatory Compliance

### Anti-Kickback Statute and Civil Monetary Penalty Final Rule Summary

HFMA presents a detailed summary of the OIG's federal anti-kickback statute and civil monetary penalty final rule, published in the December 2, 2020, Federal Register.

## Fact Sheet | Legal and Regulatory Compliance

### Physician Self-Referral Final Rule Summary

HFMA presents a summary of the final rule updating the regulations implementing the physician self-referral law, published by CMS in the December 2, 2020, Federal Register.

## How To | Legal and Regulatory Compliance

By Brian Matney, CPA, CHFP

### 340B Program success depends on the quality of self-auditing

Healthcare organizations participating in the 340B Drug Pricing Program should self-audit their compliance with the program to ensure its ongoing success and effectiveness.



## Highlights from February issue of *hfm*

- Can healthcare mend its racial inequities?
- Why preventing injuries should be a priority for hospitals
- How to self-audit 340B program compliance
- HFMA's revamped online learning experience
- Eight recommendations to impact SDOH

# 2021 First Illinois Chapter HFMA Scholarship Program and Call for Donations



## Application Deadline

The chapter's scholarship program was established 15 years ago and has provided 63 students with over \$157,500 in scholarship support during this time. Funding for the program has historically been provided by the Annual Executive Golf and Scholarship Event and supplemented from the chapter's general funds. This year's event is August 20, 2021 (see page 17).

This year's scholarship applications must be postmarked by March 1, 2021, and scholarships will be awarded by May 31, 2021. [Click here to download an application.](#)

## Help Continue the Tradition - Make a Donation Today

Like for many of our organizations, the pandemic has created some challenging times. Ultimately this impacts the various programs that the chapter funds annually. Chapter leadership is committed to continuing the scholarship program, but we are in need of your financial support. Please consider a donation for the benefit of the First Illinois Chapter Scholarship Program.

Providing financial support to this wonderful program will allow for access to the resources necessary to continue this investment in the program today and into the future. All funds will be restricted for use only for the scholarship program.

Over the years many of you have expressed tremendous support and pride in our ability to help our future leaders pursue their educational dreams. So, please take a moment to consider providing some level of financial support to continue this program. Gifts of any size are greatly appreciated.

Here's how to donate:

- To make an online donation, click here to access the Scholarship tab and scroll down to the "Donate" button; please note the contribution is for the "Scholarship Fund."
- To make a donation by check, make your check payable to First Illinois Chapter HFMA and note "Scholarship

Fund" in the memo section. Please mail your check to: Vince Pryor, Silver Cross Hospital, 1900 Silver Cross Blvd., New Lenox, IL 60451.

Thank you for supporting our efforts to make a difference!

*P.S. Please note that a contribution to the First Illinois Chapter HFMA Scholarship Program is not a tax deductible gift.*

## About the Author

*Vince Pryor, FHFMA, CPA is executive vice president and chief financial officer at Silver Cross Hospital and chair of the Scholarship Committee. He is also past president of the First Illinois Chapter. You can reach Vince at [vp Pryor@silvercross.org](mailto:vp Pryor@silvercross.org).*

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## HFMA Event Promotions

# First Illinois Chapter Executive Golf and Scholarship Event 2021

Friday, August 20, 2021 • 1:00 pm Shotgun Start

Hilton Chicago Oak Brook Hills Resort and Conference Center  
Oak Brook, IL 60523-2573



Join us for an afternoon of golfing, camaraderie and good food in support of the First Illinois Chapter's scholarship fund. Annually, the First Illinois Chapter awards \$15,000 in scholarship monies to collegebound students of chapter members. The August golf event is the chapter's only golf event of the year and the largest source of funding for this worthy cause. **Click here** for information on how to apply for First Illinois Chapter college scholarship monies.

Located on the 150-acre estate of Hilton Chicago Oak Brook Hills Resort and Conference Center, Willow Crest Golf Club offers premiere course conditions combined with a spectacular natural setting for a memorable golf experience.

- 18-hole, 6,433-yard par 70 course designed by architect Dick Nugent
- Rated one of the "Top 40 Public Golf Courses" in Illinois by Chicagoland Golf
- Multi-tiered tees providing a quality and challenging golf experience for players of all experience levels
- Two putting greens and practice nets

For more information about golfing or event sponsorship opportunities, contact Golf Event and Partnership Coordinator at [ecrow@firstillinoishfma.org](mailto:ecrow@firstillinoishfma.org).

# Welcome New Members

**Jessca Adamski**

PB Cash Application Manager  
University of Chicago Medicine

**Karen Amick**

Financial Analyst  
Advocate Aurora Health

**Jean Appel**

Director Special Programs,  
Revenue Cycle  
Advocate Aurora Health

**Tiffany Avelar**

Manager of Patient Accounts  
(Accounts Receivable)  
Advocate Aurora

**Lauren Baginski**

Internal Audit  
Advocate Aurora Health

**Mirza Baig**

Compliance Audit Analyst  
University of Chicago Medicine

**Mallorie Barber**

Associate  
Huron Consulting Group

**Jacob Barefoot, CHFP**

Associate Consultant  
Strata Decision Technology

**Carol Baron**

Manager Medicaid Billing  
Advocate Aurora Health

**Lynn Batha**

AR Manager  
University of Chicago Medicine

**Amelia Beck**

Consultant  
Guidehouse

**Katie Becker**

Finance Analyst  
OSF Healthcare Little Company  
of Mary Medical Center

**Teresa Benavidez**

Engagement Manager  
Chartis Group

**Brian Benjamin**

Senior Internal Auditor  
Advocate Aurora Health

**Michele Benoit**

Manager Coding Quality  
Advocate Aurora Health

**Cathy Berg**

Director, Internal Audit  
Advocate Aurora Health

**Nicole Bolger**

Manager, Patient Accounts  
University of Chicago Medicine

**Jennifer Bouma**

Manager Managed Care Billing  
and Collections  
Advocate Aurora Health

**Anika Bowen**

Patient Case Specialist  
University of Chicago Medicine

**Derek Boykins**

Consultant  
Guidehouse

**Dominica Bradley**

Cancer Insurance Specialist  
The University of Chicago  
Biological Services

**Mary Brann**

Director - Finance Operations  
Advocate Medical Group

**Bri Buch, CRCR**

Consultant  
Guidehouse

**John Burgess**

Supervisor of Patient  
Access - ED  
Advocate Christ Hospital &  
Medical Center

*(continued on page 18)*

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**Ginger Burns**  
**Financial Transplant**  
Coordinator  
University of Chicago Medicine

**Joanna Buschbach**  
Accountant  
Advocate Christ Hospital &  
Medical Center

**Jeremy Bush**  
Associate Consultant  
Chartis Group

**Priscilla Cabrera**  
**Supervisor, Patient Access -**  
**ED**  
Advocate Illinois Masonic  
Medical Center

**Christine Campbell**  
Senior Marketing Manager

**Caroline Campbell**  
Administrative Fellow  
Advocate Aurora Health

**Yongli Cao**  
Sr. Accountant  
The University of Chicago  
Biological Services

**Susan Cap**  
Reimbursement Manager  
University of Chicago Medicine

**Tima Cardenas**  
Patient Access Supervisor  
OSF HealthCare Little  
Company of Mary  
Medical Center

**Jessica Carrillo**  
PAS  
OSF Little Company of Mary

**Brenda Carroll-Cobb**  
Interim Director of  
Physician Billing  
Mercy Hospital and  
Medical Center-Chicago

**Lindsay Cartolano, CRCR**  
Consultant  
Guidehouse

**Richard Casey**  
Project Director, Finance  
Northwestern Memorial  
Hospital

**Michael Cavato**  
Director of Finance  
Sherman Hospital

**Christina Chazaro**  
Senior Internal Auditor -  
Compliance  
Advocate Aurora Health

**Lisa Chopske-Drish**  
Manager of Document Imaging  
Advocate Aurora Health

**Sylvie Cohen**  
Associate Consultant  
Chartis Group

**Sarah Collins**  
Manager, Budget &  
Resource Analysis  
University of Chicago Medicine

**Tammy Cook**  
Consultant  
Guidehouse

**Amanda Cooper**  
Manager, Patient Accounts  
University of Chicago Medicine

**Nancy Couty**  
Supervisor Business Office  
Advocate Aurora Health

**Patricia Craddock**  
Advisor, Business Operations

**Benjamin Dahlberg**  
Manager, Financial Planning  
Advocate Aurora Health

**Hardik Dalal**  
Executive Director of Finance  
Advocate Aurora Health

**Kelly Davis**  
Revenue Cycle Manager  
Community Counseling  
Centers of Chicago

**Francis de la Vega**  
Manager, Revenue Integrity  
University of Chicago Medicine

**Michaela DeGrande**  
Administrative Fellow  
Advocate Aurora Health

**Moneal Desai**  
David Divine, CRCR  
Managing Consultant  
Guidehouse

**Nuara Drury**  
Manager Internal Audit  
Advocate Aurora Health

**Sue Egan**  
Consultant  
Guidehouse

**Susan Eilman**  
Engagement Manager  
Chartis Group

**Stephanie Ellis**  
Director, Revenue Performance  
and Audit Management  
UChicago Medical Center

**Natalia Ellis**  
External Self Pay Collections  
Supervisor  
Advocate Aurora Health

**Mary Engstrom**  
Manager Financial Clearance  
Advocate Aurora Health

**Tracy Essling**  
Director Coding  
Advocate Aurora Health

**Patrick Fallon**  
Analyst  
Claro Healthcare

**Vincent Fazio**  
Business Development  
Unislink

**Timothy Fergus**  
Senior Financial Analyst  
Advocate Aurora Health

**Erika Fernandez**  
PFS Manager  
Ingalls Health System

**Lynsey Fiebelkorn**  
Reimbursement Support  
Specialist  
Tempus Labs

**Ernesto Flores**  
Managing Consultant  
Guidehouse

**Qiana Flowers**  
Claims Coding Specialist  
University of Chicago Medicine

**David Forbrich**  
Consultant  
Chartis Group

**Sandra Frederick**  
Manager of Billing  
Optimization  
Advocate Aurora Health

**Sabrina French**  
Account Executive  
AbbVie

**Amberley Gallivan**  
Operations Coordinator  
Northwestern Memorial  
Hospital

**Caitlin Galvin**  
Patient Access Associate  
OSF Healthcare System

**Luis Garcia**  
Care Coordinator  
Rush University Medical  
Center

**Kristin Gavin**  
Claims Coding Specialist  
University of Chicago Medicine

**Sehrish Ghafoor, CRCR**  
RN-Clinic Appeals  
Ensemble Health Partners

**Susan Gibbon**  
Charge Integrity Sr Analyst  
Advocate Aurora Health

(continued on page 20)

**Cynthia Gingrich-Truty**

Manager of Regulatory Integrity  
Advocate Aurora Health

**Pat Glass**

**Angelita Golden**

Manager Utilization Management  
Advocate Aurora Health

**Gray Goodwin, CRCR**

Consultant  
Guidehouse

**Carole Grant**

Patient Access Specialist  
OSF Little Company of Mary

**James Green**

Director  
Chartis Group

**Shjavon Griffin**

PFS Manager  
University of Chicago Medicine

**Mitchell Gruesen**

Vice President,  
Healthcare Banking  
FifthThird Bank

**Christine Grzeszkiewicz**

Financial Analyst  
Advocate Aurora Health

**Jennifer Gunhus**

Consultant  
Guidehouse

**Kara Hakos**

Team Lead, Financial Analyst III  
Advocate Aurora Health

**Robert Hamer**

Analyst  
Claro Healthcare

**Anvita Hariharan**

Analyst  
Claro Healthcare

**Rod Hart**

Vice President, Advisory Services  
Premier Healthcare Alliance

**Ali Hartnett**

SC  
Guidehouse

**Ashley Henderson**

Cancer Center Insurance Specialist  
University of Chicago Hospital

**Gail Hennessy**

Patient Access Associate  
OSF Little Company of Mary

**Catherine Hennessy, CRCR**

Strategic Account Lead  
Olive LLP

**Kristen Hill**

Associate Principal  
Chartis Group

**Donna Howard, CRCR**

Consultant  
Guidehouse

**Linda Howard-Lawson**

HIM Manager Metro Region  
OSF Little Company of Mary

**Eric Howell**

Analyst  
University of Chicago Medicine

**Kemi Hubbard**

Revenue Integrity Specialist  
University of Chicago Medicine

**James Huelsman**

Manager, Physician Services  
Advocate Illinois Masonic Medical Center

**Sean Huffman**

Engagement Manager  
Chartis Group

**Rosalie Hughes**

Manager of Patient Access  
University of Chicago Medical Center

**Tim Hunsaker**

Director of Operations/  
Co-Founder  
LocumsPro

**Sam Huzar**

Sr. Financial Operations Analyst  
Advocate Aurora Health

**Alex Hymanson**

Consultant, Chartis Group

**Amy Ide**

Principal, Ide Consulting

**Rose Ikard**

Revenue Cycle Financial Specialist  
University of Chicago Medicine

**Daniel Jackson**

Healthcare Analytics Manager  
Plante Moran

**Betty Johnson**

Patient Case Specialist  
University of Chicago Medicine

**Rachel Johnson**

Director, Accounting & Revenue Cycle  
Associates in Nephrology

**Oreale Jones**

Transplant Coordinator  
University of Chicago Medicine

**Anjali Kacha**

Senior Manager,  
Business Operations  
speroMD

**Mary Kanoski**

Senior Financial Analyst  
Advocate Christ Hospital & Medical Center

**Megan Kaper**

Consultant  
Guidehouse

**Prashant Karamchandani**

Director  
Chartis Group

**Sam Karmin, CRCR**

Consultant, Guidehouse

**Karla Kasik**

Director of Budgeting and Financial Planning  
Advocate Aurora Health

**Christine Kearney**

Accounting Manager  
Advocate Aurora Health

**Tim Kelleher**

Director Entity Finance  
OSF Healthcare

**Mark Keller**

Senior Internal Auditor  
Advocate Aurora Health

**Nicole Kelly**

IMH Manager, General Accounting  
University of Chicago Medicine

**Megan Kelly**

Patient Access Associate  
OSF Little Company of Mary

**Haziq Khan**

Director Revenue Cycle  
Aurora Health Care

**Michael Kim**

Sr Financial Analyst  
Advocate Aurora Health

**Meaghan Kleinfeldtm**

AR Manager  
University of Chicago Medicine

**Christine Kopf**

Manager  
Advocate Aurora Health

**David Kreutzer**

Decision Support Analysis  
Advocate Aurora Health

**Kaitlyn Kruger, CRCR**

Consultant, Guidehouse

**Brandi Kuczek**

Patient Inquiry  
University of Chicago Medicine

(continued on page 21)

## Welcome New Members (continued from page 18)

**Ann Kupczyk**  
Business Analyst  
University of Chicago Medicine

**Philip Labella, CRCR**  
Consultant  
Guidehouse

**Lauren Laier, CRCR**

**Minh Lam**

**Brandon Lange**  
IT Audit Manager  
Advocate Aurora Health

**Jordan Lassiter**  
Consultant  
Guidehouse

**Petar Lazic, CRCR**  
Consultant  
Guidehouse

**Jacqueline Leatherwood**  
Managed Care Billing  
Supervisor  
Advocate Aurora Health

**Morgan Lechowicz**  
Budget Analyst  
University of Chicago Medicine

**Lavera Lee**  
Patient Access  
OSF Healthcare System

**Aryan Lester**  
Patient Access  
OSF Healthcare System

**Lisa Ligue-Nieves**  
Director  
Ingalls Health System

**Vildan Ludwig**  
Manager Internal Financial  
Reporting  
Advocate Aurora Health

**Amber Macon**  
Project Manager - Finance  
University of Chicago Medicine

**Simran Maini**  
Analyst  
Claro Healthcare

**Ajeema Mansuri**  
Revenue Integrity Specialist  
University of Chicago Medicine

**Frances Marshall**  
Supervisor of Cash Accounting  
Advocate Aurora Health

**Michelle Martel**  
Program Manager  
Northwestern Memorial  
Hospital

**Stacy Martin**  
Financial Coordinator  
University of Chicago Medicine

**Debra Massi**  
Manager, Off-Site Operations  
University of Chicago Medicine

**Amanda McCarthy**  
Patient Accounts Operations/  
Systems Quality Analyst  
University of Chicago Medicine

**Celeste McCarty**  
Manager, Clinical Risk  
Adjustment Program  
Advocate Medical Group

**Tanya McClendon**  
Claims Coding Specialist  
University of Chicago Medicine

**Brian McCloy**  
Performance Management  
Consultant  
Trinity Health

**Scott McGrail**  
Senior Consultant  
Business Analyst  
Advocate Aurora Health

**Laura McIntyre**  
Director Accounting & Finance  
Advocate Aurora Health

**Christopher McLaughlin**  
Student

**Bertrina McLaurin**  
Manager  
University of Chicago Medicine

**Brigid Miller**  
Senior Financial Analyst  
Advocate Aurora Health

**Juanita Moore**  
Patient Accounts Operations/  
Systems Quality Analyst  
University of Chicago Medicine

**Charlie Mullen**  
Analyst  
Claro Healthcare

**Susan Munger**  
PFS Billing Supervisor  
University of Chicago Medicine

**Tori Munnik**  
Director, Revenue Cycle  
Advocate Aurora Health

**John Murphy**  
Manager, Assurance Services  
RSM US LLP

**Erin Murphy**  
Charge Master  
Advocate Aurora Health

**Angie Myelle**  
Supervisor Cash Applications  
and Refunds  
University of Chicago Medicine

**Kathy Najarian**  
VP Managed Care  
University of Chicago Medicine

**Anthony Navarra**  
Director of Managed Care  
Contracting & Finance  
University of Chicago Medicine

**Maribel Nepomuceno**  
Account Receivables Clerk  
University of Chicago Medicine

**Drew Nietert**  
Consultant  
Guidehouse

**Dawn Nolan**  
Director of Finance  
Advocate Aurora Health

**Lisette Nungaray**  
Supervisor Financial Clearance  
Advocate Aurora Health

**Kelly O'Hara**  
Executive Director of  
Finance - Multi site  
Advocate South  
Suburban Hospital

**LaTonya O'Neal**  
Principal  
Chartis Group

**Susan Oh**  
Director HIM  
Norwegian American Hospital

**Nicole Orange**  
Associate Principal  
Chartis Group

**Erica Ortiz**  
PB Coding Manager  
Advocate Aurora Health

**Kim Osinaike**  
Regional Director, Revenue  
Cycle, Patient Access Services  
Advocate Aurora Health -  
South and Central Wisconsin  
(Region C)

**Kandi Owens Francis**  
Patient Access Associate  
OSF Little Company of Mary

**Tonia Pace**  
Director, Patient Accounts  
Advocate Aurora Health

**Kyle Palhegyi**  
Patient Accounts  
Quality Analyst  
The University of Chicago  
Biological Services

**Patricia Parga**  
Manager of Revenue Cycle  
and Practice Transitions  
Advocate Aurora Health

*(continued on page 22)*

## Welcome New Members (continued from page 19)

**Kirit Patel**

Manager, Joint Venture  
Financial Reporting  
University of Chicago Medicine

**Vishal Patel**

Associate Principal  
Chartis Group

**Neil Patel**

Senior Financial Analyst  
Advocate Aurora Health

**Denise Pedersoli**

Patient Accounts Supervisor  
UChicago Medicine Ingalls  
Memorial Hospital

**Robert Pekofske**

VP of Finance  
Advocate Christ Medical  
Center

**Kelli Perkins**

Treasury Analyst  
Advocate Aurora Health

**Thomas Pfiffner**

Vice President Business  
Systems and Finance  
Operations

**Advocate Aurora Health****Teresa Pierri**

Manager  
Advocate Aurora Health

**Christina Pinsky**

Program Manager in Finance  
Northwestern Medicine

**John Plichta**

Engagement Manager  
Chartis Group

**Michael Porcelli**

VP, Professional Arrangements,  
Physician Compensation and  
Contracting  
Advocate Aurora Health

**Crystal Porter**

Patient Account Analyst  
University of Chicago Medicine

**Elaine Prendergast**

Financial Analyst  
OSF Healthcare Little Company  
of Mary Medical Center

**Angelica Purpura**

Consultant  
Chartis Group

**Vanessa Quintero**

Finance Manager  
RHG

**LaKeisha Rattler**

Patient Accounts Operations/  
Systems Quality Analyst  
University of Chicago Medicine

**Shane Rector**

Program Manager  
Internal Audit  
Northwestern Memorial  
Hospital

**Rosemary Reji**

Patient Access  
OSF Healthcare System

**Luz Renteria**

Director of Revenue Cycle  
Management  
Regent Surgical Health

**Richard Rife**

Sales Associate  
Parathon

**Dee Riley**

Manager, Managed Care  
Contracts  
Advocate Aurora Health

**Antonella Rio Salerno**

Manager, Pre-Service  
Advocate Aurora Health

**Melissa Ripkey**

Business Analyst  
University of Chicago Medicine

**Hugh Robinson**

VP Finance  
Advocate Aurora Health

**Stephanie Robinson**

Manager Pre-Bill Department  
Advocate Aurora Health

**Emmanuel Rockwell**

Data Analyst  
Olive LLP

**Adin Rodriguez**

Gov't Billing Manager  
Advocate Aurora Health

**Diane Rodriguez**

Director of Finance Advocate  
Aurora Health

**Shannon Rokos**

AMG Contracting & Field  
Operations Manager  
Advocate Aurora Health

**Kristine Roloson**

Consultant  
Guidehouse

**Jennifer Roman Maldonado**

Supervisor Revenue Cycle  
Support  
Advocate Aurora Health

**Sue Rosales**

Vice President - Finance  
Advocate Medical Group

**Marlene Rosen**

Manager, Revenue  
Optimization  
Advocate Aurora Health

**Marian Ruebe****Laura Sak-Castellano**

Senior Vice President,  
Internal Audit  
Advocate Aurora Health

**Raquel Santiago**

Revenue Cycle Manager  
The Salvation Army Harbor

**Sabrina Santoni**

Consultant  
Guidehouse

**Lauren Schingel, CHFP, CRCR**

Analyst  
Claro Healthcare

**Maribel Servin**

Accounts Receivable Biller  
University of Chicago Medicine

**Nyeshia Shannon**

Percert  
University of Chicago Medicine

**Rick Shi**

Managing Consultant  
BKD, LLP

**Matthew Shipon**

Account Executive  
TransUnion

**Dave Sholeen**

Implementation Consultant  
AthenaHealth

**James Sims Jr**

Senior Advisor  
Impact Advisors LLC

**Anita Singh**

CEO  
Jorie Healthcare Partners

**Amie Solber**

Manager of Financial  
Planning & Analysis  
Northwest Community  
Hospital

**Kristine Sommerfield**

Manager Ministry  
Outpatient Coding  
OSF HealthCare

**Ted Sorensen**

Account Executive  
TransUnion

**Christopher Sowl**

Senior Financial  
Operations Analyst  
Advocate Condell  
Medical Center

*(continued on page 23)*

## Welcome New Members (continued from page 20)

**Claudia Steele**

Director of Revenue Integrity  
Advocate Christ Hospital &  
Medical Center

**Bryan Steller**

Consultant  
Guidehouse

**Danae Still**

CFO  
Amita Health Adventist Hin-  
sdale & La Grange Medical  
Centers

**Gloria Stryczek, CRCR**

Revenue Recovery Spec  
Ensemble Health Partners

**Anusha Subramanian**

Decision Support Analyst  
Strata Decision Technology

**David Suchowski**

Manager, Patient Accounts  
Advocate Aurora Health

**Mary Swanson**

Director, Patient Pre-Service  
Advocate Aurora Health

**Barbara Sylvander**

Spec Contract Modeling  
Ensemble Health Partners

**Javetta Tate-Spraags**

Regional Director,  
Patient Access  
Advocate Christ Hospital &  
Medical Center

**Martha Tellez**

Student  
University of Illinois at Chicago

**Susan Toler**

Manager  
Advocate Aurora Health

**Ramona Marijo Tomas**

Manager-Finance  
Amita Health

**Peter Troia**

Direction of Self Pay  
Collections  
Advocate Aurora Health

**Raymond Truong**

Consultant  
Guidehouse

**Andrew Turner**

Associate Consultant  
Chartis Group

**LeeAnn Valenti**

Manager  
Advocate Aurora Health

**Rosaura Vega**

Financial Assessor  
Northwestern Memorial  
Hospital

**Maria Vega**

Supervisor of Medicaid and  
Medicaid Managed Care  
Hospital Billing  
Advocate Aurora Health

**Nathaniel Vergara**

Consultant  
Chartis Group

**Ryan Vilnius**

Senior Vice President  
Fifth Third Bank

**Jennifer Wachholz-Bero**

Receivables Clerk  
University of Chicago Medicine

**Jerel Walker**

Patient Accounts Analyst  
University of Chicago Medicine

**Terri Walker**

Financial Coordinator  
University of Chicago Medicine

**Latonya Wallace**

Lead Claims Coding Specialist  
University of Chicago Medicine

**Tiara Ward**

Patient Accounts Operations  
Analyst  
University of Chicago Medicine

**Toussaint Ward**

Manager Patient Access  
Advocate Aurora Health

**Lottie West**

Receivables Clerk 1  
University of Chicago Medicine

**Darren West**

VP, Finance  
CVS Health

**Tiffany Wiksten****Faye Wilson**

Patient Command Center  
Patient Access Supervisor  
Advocate Aurora Patient  
Command Center

**Muriel Yocum**

Supervisor ED Registration/  
Admitting  
Advocate Aurora Health

**Mary Yurkovich**

Senior Internal Auditor  
Advocate  
Aurora Health

**John Zaharis**

Director Patient Access  
Advocate Health Care

**Bernadette Zita**

Senior Manager  
BKD, LLP

**Christine Zydek**

Director, Finance  
Northwestern Medicine



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# First Illinois Chapter Partners

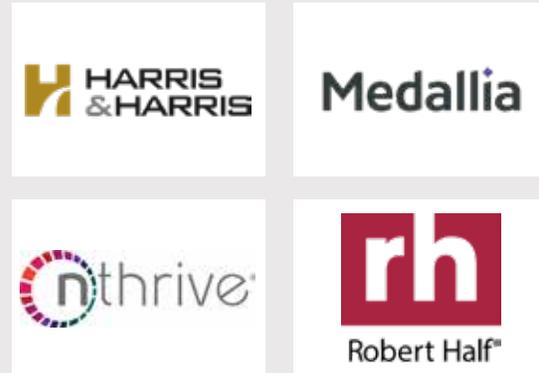
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## Publication Information

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## First Illinois Chapter HFMA Editorial Guidelines

*First Illinois Speaks* is the newsletter of the First Illinois Chapter of HFMA. *First Illinois Speaks* is published 3 times per year. Newsletter articles are written by professionals in the healthcare industry, typically chapter members, for professionals in the healthcare industry. We encourage members and other interested parties to submit materials for publication. The Editor reserves the right to edit material for content and length and also reserves the right to reject any contribution. Articles published elsewhere may on occasion be reprinted, with permission, in *First Illinois Speaks*. Requests for permission to reprint an article in another publication should be directed to the Editor. Please send all correspondence and material to the editor listed above.

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## Style

Articles for *First Illinois Speaks* should be written in a clear, concise style. Scholarly formats and styles should be avoided. Footnotes may be used when appropriate, but should be used sparingly. Preferred articles present strong examples, case studies, current facts and figures, and problem-solving or "how-to" approaches to issues in healthcare finance. The primary audience is First Illinois HFMA membership: chief financial officers, vice presidents of finance, controllers, patient financial services managers, business office managers, and other individuals responsible for all facets of the financial management of healthcare organizations in the Greater Chicago and Northern Illinois area.

A broad topical article may be 1,000-1,500 words in length. Shorter, "how-to" or single subject articles of 500-800 words are also welcome. Authors should suggest titles for their articles. Graphs, charts, and tables (**PDF or JPG only**) should be provided when appropriate. Footnotes should be placed at the end of the article. Authors should provide their full names, academic or professional titles, academic degrees, professional credentials, complete addresses, telephone and fax numbers, and e-mail addresses. Manuscripts should be submitted electronically, on computer disk or by e-mail as a Microsoft Word or ASCII document.

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In recognition of your efforts, HFMA members who have articles published will receive 2 points toward earning the HFMA Founders Merit Award.

## Publication Scheduling

### Publication Date

June 2021  
October 2021  
February 2022

### Articles Received By

May 1, 2021  
September 1, 2021  
January 2, 2022

