# First Illinois Specific Chapter Newsletter

July 2017



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# Message from FIHFMA President

his year's HFMA national chair's theme is "Where Passion Meets Purpose." The most passionate leaders in our Chicago area healthcare industry can be found right here—within our organization's volunteer leaders.

We are the original and first chartered chapter of HFMA ("First Illinois") and the second largest chapter of HFMA's 68 chapters (Florida is the largest chapter but they cover the entire state). Our goals this year include achieving 100% on our Chapter Balanced Scorecard by providing over 15,900 education hours, achieving over 50% Excellent scores on our education programs, retaining over 87% of our 1,300 members, and holding more than four distinct networking events. Mark your calendars now for this year's innovation event, a Women in Leadership education program and golf outing on August 14. We are committed to exceeding a 60% overall membership satisfaction (above average or excellent) score on the annual HFMA member survey in October. We're bringing back the Friday weekly email updates and soon will be enhancing our website to increase communications, usability and transparency. We continue to share Adam Lynch's vision to bring the Shelton Award (HFMA's "Stanley Cup") to the FI HFMA. This prestigious award recognizes those

chapters that demonstrate sustained excellence, over a five-year period, in the provision of services to members as established by HFMA's strategic plan.

#### We Need You

If you've ever considered volunteering with the FI HFMA, NOW is a great time to join us. All the professionals on our Board of Directors and committees are volunteers. Throughout my career, I've worked at large international consulting firms, and the most professional leaders I've had the privilege to work with are within our diverse, proactive and dedicated volunteer teams at FI HFMA.

Jodi Bui, our program chair, has already scheduled all our upcoming education programs for the next fiscal year. Pete Stille, membership chair, and his committee are focused on retaining and growing our membership for the year. David Pareja, partnership chair, is growing our business partners' relationships to provide you, our chapter members, with bigger and better networking and educational venues. Sue Marr is heading up our Women in Leadership innovation event. Analise Masciola has been leading and planning Early Careerist events for those new to the healthcare industry or changing their career. If you are interested in helping these leaders plan our education programs, work with our membership and business partner committees, or focus on our early careerist or women in leadership programs, please reach out to them as follows.

Jodi Bui: jodilaruebui@gmail.com

Pete Stille: p-stille@sourcing-results.com

David Pareja: David.Pareja@horizonfinancial.com

- Sue Marr: swmarr610@sbcglobal.net
- Analise Masciola: analisemasciola@gmail.com

I've been involved with our chapter for almost 15 years, and, as most volunteers will tell you, you get much more out of volunteering with HFMA than the time you put in. We appreciate any level of volunteer support you can commit to the chapter.

#### Congratulations

Congratulations to Mary Treacy Shiff on a fantastic year serving as president! In the coming year, she will serve on the chapter's Board of Directors as past president. Please join me in congratulating our newly elected board members who will serve a two-year term: Eric Brodsky, Jodi Bui, Sue Marr, Analise Masciola, Bob Rosenberger, Rich Schefke and Pete Stille. They join Kevin Fitch, Bart Richards and Denise Nedza-Szalko who will be serving their second year on the board. Also, congratulations to the chapter's elected Executive Committee:

#### Rich Franco, President-elect David Tomlinson, Secretary Lana Dubinsky, Treasurer

It's a great honor to be president of this dynamic HFMA chapter. If you have any suggestions or ideas that you would like to share, please reach out to me at 847-413-6454 or contact me at brian.katz@rsmus.com.



Brian Katz 2017 – 2018 First Illinois, HFMA Chapter President

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# New Medicare Cards with New Numbers: 3 Changes You May Need to Make

#### FROM THE FIHFMA NEWSWIRE

The Medicare Access and CHIP Reauthorization Act of 2015 requires CMS to remove Social Security Numbers (SSNs) from all Medicare cards by April 2019. CMS will begin mailing new Medicare cards with a new Medicare number (currently called the Medicare Claim Number on cards) to your patients in April 2018. You may need to change your systems to:

- Accept the new Medicare number (Medicare Beneficiary Identifier or MBI). Use the MBI format specifications if you currently have edits on the current Health Insurance Claim Number (HICN).
- Identify your patients who qualify for Medicare under the Railroad Retirement Board (RRB). You will no longer be able to distinguish RRB patients by the number on the new Medicare card. You will be able to identify them by the RRB logo on their card, and we will return a message on the eligibility transaction response for a RRB patient. The message will say, "Railroad Retirement Medicare Beneficiary" in 271 Loop 2110C, Segment MSG. If you use the number only to identify your RRB patients beginning in April 2018, you must identify them differently to send Medicare claims to the RRB Specialty Medicare Administrative Contractor, Palmetto GBA.
- Update your practice management system's patient numbers to automatically accept the new Medicare number or MBI from the remittance advice (835) transaction. Beginning in October 2018, through the transition period, CMS will return your patient's MBI on every electronic remittance advice for claims you submit with a valid and active HICN. It will be in the same place you currently get the "changed HICN": 835 Loop 2100, Segment NM1 (Corrected Patient/Insured Name), Field NM109 (Identification Code).

If you use vendors to bill Medicare, contact them if they haven't already shared their new Medicare card system changes with you; they can also tell you how they will pass the new Medicare number to you. Visit the New Medicare Card Provider webpage for the latest information. (https://www.cms.gov/ Medicare/New-Medicare-Card/index.htmal)



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# Training Different Generations to Navigate Revenue Cycle Complexity

BY JESSE FORD, MBA, PRESIDENT AND CEO OF SALUD REVENUE PARTNERS

With revenue cycle complexity continuing to grow, there seems to be an endless need to keep staff up to speed and be able to put best practices into play. Unfortunately, the vast array of payers, each with their own anomalies in claims responses, use of claims adjustment segment and remark codes and, often, differing terminology on their websites and in correspondence, make it nearly impossible to keep up with defining optimal processes, let alone effectively train staff on them. It's just as challenging to ensure that staff retain what they learn. The following principles and techniques can help you successfully address these challenges. Also, while this article focuses on revenue cycle companies, these measures can be applied to other types of firms.

Recognizing that a revenue cycle services company's most precious asset is its people, successful companies strive to have the best trained staff in the industry. Specific steps a company can take include:

- Review the quality of staff work to identify additional training needs.
- Establish incentives and rewards for quality results.
- Create an extensive and up-to-date library of resource and training materials.
- Provide frequent and scheduled educational refresher and update sessions.
- Perform ongoing quality reviews followed by feedback and advice.
- Continue to research and analyze opportunities to improve processes and investments in staff.

Another important factor to consider is that as a company dedicates more resources and attention to training, employees may not be satisfied with it. Perhaps the biggest challenge in training and retention is adapting the approaches to engage the four generations in today's workforce: traditionalists, baby boomers, Gen Xers and Millennials.

#### Millennials want just-in-time learning

In the article "Designing Learning for Millennials," the author, Akanksha Sharma, writes: "While most companies are still clinging to the traditional formal and sporadic talent development practices, they do not resonate with how Millennials prefer to learn today. Millennials choose to learn in new and different ways. For them, formal learning doesn't contribute much to substantial retention and they expect more informal, just-in-time learning sources to acquire and assimilate knowledge. For them, context is more important than content."

Other authors echo this message, adding that baby boomers may favor more traditional and static training methods like PowerPoint presentations and handbooks, while younger workers may gravitate towards more interactive, technology-based forms of learning. Others contend that new methods of training, preferred by Millennials, work well for all generations.



Understanding the need for interactive training tools does not solve the challenge of keeping training up to date in a highly dynamic healthcare environment. To address that challenge, change your corporate culture to include these guiding principles:

- Employees need to be personally accountable for their education and career development.
- Employees must be provided with the right tools to learn what they need to know.
- We must continuously maintain those tools.

#### **Participatory education**

The culture must be one in which staff can independently resolve the challenges they face. A key component is to increase employee involvement in developing their tools. Instead of top-down process improvement, engage interested staff and give them permission to spend time on research and problem-solving instead of focusing only on worklists. Collaborative teams create tools to guide decision-making, but use language and categories that they define and understand.

Reinforce structures that ensure staff can communicate what they want, when they want, and the way they want, such as through individual and group meetings, suggestion boxes, and semi-annual staff satisfaction surveys.

By monitoring the work environment and adapting to generational differences, your company can more effectively navigate the complex training environment and advance the skills and satisfaction of its most valuable asset: their people.

Jesse Ford, MBA, is president and CEO of Salud Revenue Partners, Lafayette, Ind., a revenue cycle services and technology company serving the healthcare industry. He can be reached at 765-637-2404 or jford@saludrevenue.com.



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# **CAREER** Corner

BY VICKIE AUSTIN



This issue of "Career Corner" focuses on Analise Masciola, vice president of Client Services at EnableComp. a company that partners with hospitals to provide workers' compensation billing and reimbursement services. Analise is a graduate of the University of Illinois at Urbana-Champaign's College of Business, and she also is currently chair of the First Illinois HFMA chapter's Early Careerist Committee.

Analise Masciola

#### Q: What was your first job?

A: My first healthcare job was at EnableComp, the company where I am currently employed; however, I started out as a business development executive where I spent time learning about healthcare and about EnableComp. That was a great entry-level role that allowed me to get my feet wet in healthcare, and I learned about EnableComp's work comp billing and reimbursement services.

#### Q: Who were some of your early influences and role models?

A: My first healthcare job was at EnableComp, the company where I am currently employed; however, I started out as a business development executive where I spent time learning about healthcare and about EnableComp. That was a great entry-level role that allowed me to get my feet wet in healthcare, and I learned about EnableComp's work comp billing and reimbursement services.

#### Q: What had you choose healthcare as a career?

A: I have always been interested in healthcare. For a long time, I had wanted to go into the clinical setting and jumped all over the place, first wanting to be a primary care doctor, then a dermatologist, then an optometrist... but then I realized I wasn't sure I wanted to go back to school for that long. My cousin opened my eyes to the whole revenue cycle side of healthcare, which is how I ended up where I am. For me, this is a great way to be a part of healthcare and develop my skills as well as utilize my strengths in a field that I am truly interested in.

#### Q: What was one of your most "teachable" moments?

A: I have "teachable" moments every day that come from many sources. I genuinely enjoy talking to people I don't know and feel you can learn a lot from everyone. It is important to keep an open mind as we all have different perspectives and are going through different things in our lives.

## Q: What key lessons about career management have you learned along the way?

A: I still am very early in my career but something I've realized through interacting with others who have been in the industry longer than I have is that there are tons of jobs out there. If you aren't happy with your career or the work you're doing, look somewhere else. Life is too short, and we spend way too much time working to not love what we are doing.

#### Q: What role has HFMA played in your career development?

A: HFMA has been such a huge part of my career development in two significant ways. First, you can't beat the education you receive through HFMA. Healthcare is constantly changing, and HFMA is such a great outlet and provides so many resources to ensure we have what we need to be successful in this industry. Second, my current employer, EnableComp, is based out of Franklin, Tennessee, so I work remotely, and I'm one of the few people from my company who doesn't work onsite. HFMA has provided me with a huge healthcare network in the Chicago area and has given me the "work social life" that other remote employees may lack.

#### Q: What are you reading?

#### A: I am reading The Power of Now: A Guide to Spiritual

**Enlightenment** by Eckhart Tolle. It discusses how we spend so much time thinking about the past and the future that we lose focus on the present, which is the only part of life we have any control over. The book has made me start thinking more and more about how I spend my time, and now, I constantly try to live more in the present and not worry about things that are out of my control.

## Q: What advice would you have for someone just starting out in the healthcare financial management profession?

A: Ask questions and ask them often. It's alright to ask for help you're better off asking when you need help than trying to figure something out alone. Remember, it's okay to not know everything, because no one does! Also, get involved in HFMA or some organization that allows you to meet people and grow your network. Having a strong network will pay dividends in the long run.



Vickie Austin

Vickie Austin is a business and career coach and founder of CHOICES Worldwide and author of **Circles of Gold: Honoring Your Network for Business and Career Success.** She's a frequent speaker at HFMA chapters around the country and has spoken at ANI. You can connect with her at <u>vaustin@choicesworldwide.com</u>, 312-213-1795. Follow her blog at <u>http://vickieaustin.com</u> and connect via Twitter @ Vickie\_Austin and via LinkedIn,

www.linkedin.com/in/vickieaustin.



# The Value of HITRUST Certification

BY MICHAEL BOHABOY, CHIEF REVENUE OFFICER, HFRI, LLC

The Health Information Trust Alliance (HITRUST) was born out of the belief that information security should be a core pillar of, rather than an obstacle to, the broad adoption of health information systems and exchanges. HITRUST, in collaboration with healthcare, business, technology and information security leaders, has established the Common Security Framework (CSF), a certifiable framework that can be used by any and all organizations that create, access, store or exchange personal health and financial information. The CSF is an information security framework that harmonizes the requirements of existing standards and regulations, including federal (HIPAA, HITECH), third party (PCI, COBIT) and government (NIST, FTC). www.hitrustalliance.net.

The structure of the HITRUST CSF was developed by information security and healthcare compliance experts and incorporates federal and state regulations, industry standards, and best practices focused on safeguarding Protected Health Information (PHI). Organizations that have met the stringent control requirements of HITRUST CSF are better equipped to manage complex regulatory environments and effectively secure confidential data.

As healthcare providers rely more and more on evolving technologies to store and transmit their data, compliance has become an



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increasingly complex landscape to navigate. Managing the security requirements from federal and state agencies and other third parties can be a daunting task, one that consumes considerable energy, expense and effort. When you consider that healthcare organizations and their IT vendors must not only achieve compliance but prove that they are a trustworthy resource, it's obvious that the industry needs a system that is clear, efficient and secure.

The basic compliance rule book, of course, comes straight from HIPAA. By now, experienced providers are familiar with HIPAA's baseline of requirements; they must ensure the confidentiality, integrity and availability of any data they create, receive, maintain or transmit, while providing reasonable protection against threats. This all sounds reasonable enough until providers dig a little deeper for an actionable roadmap and instead find vague language with a lot of loopholes.

As a result, providers that follow HIPAA requirements are often unsure of what constitutes "reasonable and appropriate" protections. Often they implement controls without reasonable justification—or worse, implement controls that aren't sufficient. They conduct inadequate risk assessments or skip them entirely. When you consider how many significant fines the OCR issued in 2012, the need for standardized and actionable guidance becomes clear.

This is where the Health Information Trust Alliance (HITRUST) comes in. Developed by healthcare and IT professionals, the HITRUST Common Security Framework (CSF) helps organizations by providing an efficient and prescriptive framework for managing the security requirements inherent in HIPAA. By integrating the diverse set of existing requirements applicable to agencies and businesses, HITRUST seeks to eliminate the inconsistencies and wasted resources so typical in reporting healthcare compliance. This is not to say that HIPAA is a waste or should be ignored. HITRUST should be seen, rather, as an important, industry-managed approach to meeting HIPAA security rule requirements.

HITRUST can offer providers a trusted benchmark from which they can measure and manage their own compliance—while offering proven protection to their customers.

#### The Value of the HITRUST CSF

When you consider that virtually every healthcare provider has more than just one compliance obligation, the advantages of the HITRUST CSF becomes clear. By translating HIPAA and HITECH requirements into an actionable roadmap that is cross-referenced to many other security and data privacy regulations, the CSF provides organizations with a prescriptive set of controls that can be used to manage compliance across a broad range of regulatory requirements. This comprehensive approach reduces complexity, risk and cost while protecting sensitive patient and other data.

With one simplified compliance process, the CSF:

 Incorporates existing, globally recognized standards such as HIPAA, NIST, ISO, PCI, FTC Red Flag and COBIT

(continued on page 8)



- Reduces risk of non-compliance with HIPAA
- Scales according to your organization's size, type and complexity
- Provides clear, actionable guidelines
- Evolves according to your needs, as well as to changes in both the healthcare industry and the regulatory environment

#### The Benefits of HITRUST Certification

Right now, it is virtually impossible to claim that your organization is "certified HIPAA compliant" as no formal process or status exists. Yet HITRUST offers a third-party assessment that verifies your organization has met all of the industry-defined certification requirements of the CSF.

What benefits can certification offer you? To start, it can save you considerable time and money when it comes to audits; because the consolidated controls view from the CSF provides visibility into the controls overlap among multiple regulatory requirements, you'll be able to demonstrate exactly how your controls program is meeting the combined requirements. With one assessment, you can generate multiple reports addressing multiple legislative, regulatory or best practice frameworks such as HIPAA, PCI or NIST.

Yet, perhaps the most far-reaching and competitive advantage relates to your brand. Consumers today are aware of and concerned by cybercrime and privacy breaches, and most are too cynical to truly believe an organization's marketing claims of data protection. Yet a third-party attestation—one benchmarked against a recognized controls framework specifically designed to fully address the letter and spirit of HIPAA—can lend your security program both credibility and prestige. Once HITRUST CSF Certified, your organization will be able to advertise its compliance and security with the proof to back it up.

#### A Foundation for Better Healthcare

When it comes to compliance, the world of healthcare technology can be a complicated place. HITRUST certification simplifies compliance by offering providers a tailored set of controls, founded on the expertise and best practices of leading healthcare and IT experts, for an assumed set of risks and compliance requirements. By helping organizations of all sizes and backgrounds become certified, the CSF ultimately allows providers to spend less time worrying about compliance—and spend more time focused on patient care.

Founded in 1997, HFRI has been helping healthcare providers across the country increase cash collections, decrease unpaid claims, and reduce denials and write-offs. HFRI's customized extended business office solutions, experienced staff, and laser focus on insurance claims resolution, results in more cash collected and an overall improved revenue cycle. Handling more than \$1 billion in client referred claims annually, HFRI is a proven leader in claims resolution and accounts receivable recovery.



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# Senate Republicans Release Updated Discussion Draft of ACA Repeal Bill

BY MARATHAS BARROW WEATHERHEAD LENT LLP

**Editors Note:** At press time, President Trump's "Repeal and Replace" Bill (the Better Care Reconciliation Act of 2017-BCRA) was not proceeding to a Senate vote due to lack of support votes. At press time, it appears that the President is going to leave the ACA in place for now and re-visit ACA Repeal and Replace efforts after the midterm elections in 2018. We chose to include the below article even though BCRA may be on hold for now since the article is an excellent summary of where Repeal and Replace efforts were heading.

~Thank you.

On Thursday, June 22, 2017, Senate Majority Leader Mitch McConnell of Kentucky released a 142- page healthcare "Discussion Draft" of legislation, called the Better Care Reconciliation Act of 2017 (BCRA), which is the Senate version of the Affordable Care Act (ACA) "repeal-and-replace" legislation American Health Care Act (AHCA) passed by the U.S. House of Representatives last month. An updated "Discussion Draft" of the BCRA was released on June 26, 2017, with the intention of calling for a vote on the bill before the Fourth of July recess. However, Senator McConnell had to delay that vote after it became clear that it would not get the 51 votes required under the Budget Reconciliation rules to pass. A further updated Discussion Draft of the BCRA was released on July 13, 2017. A summary of the updated July 13 draft of the BCRA by the U.S. Senate Committee on the Budget is available here and a section-by-section summary of the July 13 version is available here and here.

The July 13 Discussion Draft largely mirrors the previous draft and its primary revisions are unlikely to have a significant impact on employersponsored group health plan coverage. The revisions to the BCRA in the July 13 Discussion Draft are intended to garner enough support from certain key swing votes by senators who previously expressed reservations about supporting the prior version after the Congressional Budget Office previously reported that it would leave 22 million more uninsured by 2026 than under the ACA while providing tax cuts to the wealthy. Primary revisions in this most recent version include:

- Addition of a provision that would allow people to use their health savings accounts (HSAs) to pay for individual market health coverage to the extent that premiums exceed any tax credit amounts allowed under the law;
- Revisions to keep the 3.8% net investment income tax and 0.9% Medicare payroll tax, which previous versions had proposed repealing;
- Additional funding for state-based reforms that are intended to help cover out-of-pocket costs and additional funding for opioid programs;

- Addition of a provision that would allow all individuals purchasing health insurance in the individual market the option to purchase a lower premium catastrophic plan (that covers at least 3 primary care visits a year) effective plan years beginning on or after January 1, 2019, and allow individuals to use premium tax credits towards the purchase of such catastrophic plans; and
- Addition of a provision developed by Senator Ted Cruz (R-TX) that would allow insurers to offer non-Exchange plans that do not comply with many of the ACA mandates so long as the insurer offers "sufficient minimum coverage" through a public Exchange that remains subject to federal mandates in the ACA. Because the policies that meet the ACA mandates would likely attract individuals with adverse health conditions, the bill would create a fund to make payments to insurers for the costs of covering high risk individuals enrolled in such plans.

Except for the taxes noted above and the "Cadillac" tax on high-cost employer-sponsored coverage, which would be delayed through 2025, the updated Senate bill would repeal virtually all of the tax increases imposed by the ACA, including the individual and employer mandates, effective as of January 1, 2016.

The major substantive change in the prior updated Discussion Draft released on June 26 was to add new Section 206, beginning in 2019, that would subject an individual who has a break in continuous "creditable coverage" for 63 days or more in the prior year to a six-month waiting period (in the individual market) before coverage begins. This provision remains unchanged in the current version of the bill and is intended to provide an incentive for young and healthier individual mandate. The AHCA proposed imposing a 30% surcharge on those without continuous creditable coverage, but there were concerns over whether that provision could pass Senate parliamentary rules.

The Congressional Budget Office is expect to release its score of the legislation next week, and, if there are enough votes, a formal debate of the bill on the Senate floor could follow. It remains unclear whether the Republicans will be able to secure enough votes to advance the bill. It has already been reported that Senator Rand Paul (R-KY) and Senator Susan Collins (R-ME) intend to vote against beginning debate next week. Also on July 13, Senators Bill Cassidy (R-LA) and Lindsey Graham (R-SC) announced that they are developing an "alternative" health plan that would keep much of the federal taxes in place (though it would repeal the individual and employer mandates) and would send much of the federal tax dollars to the states to control.

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#### Senate Republicans Release Updated Discussion Draft of ACA Repeal Bill (continued from page 9)

A comparison of the House-passed AHCA and the updated versions of the Senate bills can be found below.

#### Key Issues for Employers

As noted above, the most recent Discussion Draft of the BCRA largely mirrors the previous draft, and the primary revisions to the prior versions are unlikely to significantly impact employer- sponsored group health plan coverage. For employers, the most significant change made by the AHCA to the ACA that was retained by the various versions of the BCRA is the repeal of the employer mandate penalties effective January 1, 2016. The updated BCRA retains other significant AHCA changes for employers, including unlimited flexible spending accounts, and enhancements to health savings accounts (HSAs).<sup>1</sup>

Of note for employers sponsoring fully-insured group health plans, beginning in 2020 the updated bill retains the provision from the prior version that requires states to set their own medical loss ratio rebating rules. It also retains the provision from the prior version that would add a structure under ERISA (by adding a new Part 8) that would allow for the establishment of association health plans for small businesses or individuals (Small Business Health Plans or SBHPs), allowing them to be treated as large group plans exempt from the community rating and essential health benefit requirements that are currently applicable to small group and individual plans. This new section of ERISA would preempt any and all state laws that would preclude an insurer from offering coverage in connection with an SBHP and would go into effect one year after enactment (and implementing regulations would be required to be promulgated within six months of enactment).

Also significant is that the updated bill does not include a provision capping the tax exclusion for employer provided health insurance. Many employers were concerned that the exclusion would be capped or removed as a way to increase revenue to pay for other tax cuts in the bill. Nor does the bill repeal the Sections 6055 and 6056 reporting requirements. It will remain to be seen whether, if the BCRA is passed, the IRS may continue to use the existing ACA information reporting system to determine whether an individual is eligible for a premium tax credit or is prohibited from receiving one in 2018 or 2019 because such an individual has an offer in 2018 or 2019 of affordable, minimum value employer-sponsored coverage. Or, whether in 2020 and thereafter, the IRS would need information to assess whether an individual has any offer of employer-sponsored coverage to determine eligibility for the premium tax credit.

Other provisions of the ACA that are not changed by either the House AHCA or any of the Senate proposals are:

- W-2 reporting of health coverage;
- Comparative effectiveness research fees paid annually to fund the Patient-Centered Outcomes Research Institute (PCORI) through 2019;
- Group health plan coverage mandates (e.g., dependents to age 26, no annual or lifetime limits);
- Rules for non-grandfathered group health plans (e.g., coverage of

preventive services with no cost-sharing, external appeals, etc.);

- Summary of Benefits and Coverage (SBCs); and
- Section 1557 nondiscrimination rules.

#### Key Issues for Individuals

For individuals, while the July 13 Discussion Draft of the BCRA includes some revisions to Medicaid, like the prior version it would repeal the ACA's Medicaid expansion, but at a slower rate than proposed by the AHCA, and would tighten the eligibility criteria for premium subsidies (beginning in 2020, only those earning up to 350% of the poverty level would qualify rather than the 400% threshold in the ACA); however, subsidies would open up for enrollees below the poverty level living in states that did not expand Medicaid. The bill would allocate money for cost-sharing subsidies through 2019, which are used to offset the costs for insurers to offer low-income individuals with coverage that has lower out-of-pocket costs. There had been uncertainty whether these payments would continue, which was causing instability in the individual insurance market.

However, under the July 13 Discussion Draft of the Senate bill, higherincome individuals would not see relief from the 0.9% Medicare surtax or the 3.8% net investment income tax that in prior versions of both the House and Senate bill would have been repealed.

#### Next Steps

The Republicans are trying to pass the bill through the budget reconciliation process since it allows them to avoid a Democratic filibuster and to pass the bill with a simple majority (rather than 60 votes). However, the Republicans have only 52 Senate seats, which means that to pass, Senator McConnell can only afford to lose 2 votes (Vice President Pence can be the tie breaker). It remains to be seen whether the most recent changes to appease the bill's critics will be enough to move the bill forward for debate on the Senate floor, where it is expected that senators will propose amendments. As noted above, it has been reported that Senators Paul Rand and Susan Collins have already stated that they intend to vote against letting the bill go forward, and Senators Lindsey Graham and Bill Cassidy announced that they are working on an alternative health plan, further complicating the process.

Majority Leader Senator McConnell recently decided to delay the Senate's August recess so that the Senate could continue to work on legislation including the BCRA. If the Senate passes a bill, it will either have to be approved by the House (the two chambers would have to reconcile their differences in a conference committee), or the House could pass a new version and send it back to the Senate for approval.

Employers and other stakeholders should continue to stay the course on ACA compliance at this time while they monitor for changes as the BCRA continues to make its way through the legislative process.

Comparison of the ACA, AHCA, and BCRA

#### Senate Republicans Release Updated Discussion Draft of ACA Repeal Bill (continued from page 10)

The chart below compares some of the significant changes proposed by the BCRA to the ACA and the proposed House bill.

	(Current law) Affordable Care Act (ACA)	Proposed House Bill) American Health Care Act (AHCA)	(Proposed Senate Bill updated as of July 13, 2017) Better Care Reconciliation Act (BCRA)
Mandates	<ul> <li>Individual mandate</li> <li>Employer mandate on applicable large employers (ALEs)</li> </ul>	<ul> <li>No individual or employer mandate effective retroactive to January 1, 2016</li> <li>Insurers can impose a one year 30% surcharge on consumers with a lapse in continuous coverage (individual market)</li> </ul>	<ul> <li>No individual or employer mandate effective retroactive to January 1, 2016</li> <li>Includes a continuous coverage provision, beginning January 1, 2019, that imposes a 6- month waiting period in the individual market on those with a gap in creditable coverage that is longer than 63 days</li> </ul>
Assistance	<ul> <li>Income-based subsidies for premiums that limit after- subsidy cost to a percent of income</li> <li>Cost sharing reductions for out- of-pocket expenses</li> </ul>	<ul> <li>Age-based refundable tax credits for premiums, phased out for higher incomes</li> <li>No cost sharing reductions for out- of-pocket expenses</li> <li>ACA subsidies phased out after 2019; AHCA credits effective in 2020</li> </ul>	<ul> <li>Targeted tax credits advanceable and refundable, adjusted for income and age</li> <li>Subsidies based on the cost of a low-level bronze plan (58% actuarial value plan) rather than a silver plan (70% actuarial value plan)</li> <li>Effective in 2020, subsidies available to individuals with incomes &lt;350% of the federal poverty level</li> <li>Subsidies are not available to individuals who are eligible for a group health plan (no affordability or minimum value requirement)</li> <li>Cost-sharing reduction assistance continues through 2019</li> </ul>
	Current law) Affordable Care Act (ACA)	(Proposed House Bill) American Health Care Act (AHCA)	(Proposed Senate Bill updated as of July 13, 2017) Better Care Reconciliation Act (BCRA)
Medicaid	<ul> <li>Matching federal funds to states for anyone who qualifies</li> <li>Expanded eligibility to 138% of poverty level income</li> </ul>	<ul> <li>Federal funds granted to states based on a capped, per-capita basis starting in 2020</li> <li>States can choose to expand Medic- aid eligibility, but would receive less federal support for those additional persons</li> </ul>	<ul> <li>Phases out ACA Medicaid expansion between 2021 and 2024 (with deeper reductions than the AHCA after that)</li> <li>Permits states to impose a work requirement on nondisabled, nonel-derly, non-pregnant adults</li> </ul>
Preium Age Differences	• 3:1 (individual and small group plans)	<ul> <li>5:1 (and the MacArthur amendment would allow a higher ratio condi- tioned on receipt of a MacArthur state waiver)</li> </ul>	• 5:1 (but allows states to set a different ratio)
Health Savings Account Limits	• \$3,450/\$6,900 (2018 limits shown)	<ul> <li>Contribution limits increased to max- imum out-of-pocket limit for HDHP coverage (retroactive to January 1, 2017)</li> </ul>	<ul> <li>Same as AHCA (but effective beginning January 1, 2018)</li> <li>In 2018, out-of-pocket limits for HDHPs are \$6,650 / \$13,300</li> </ul>
"Cadillac" Tax	Cadillac tax on high-cost employer plans implemented in 2020	<ul> <li>Cadillac tax on high-cost employer plans delayed until 2026</li> </ul>	Same as AHCA
Other Taxes	<ul> <li>3.8% tax on net investment income</li> <li>Limit placed on contributions to flexible spending accounts</li> <li>Annual health insurance provider tax</li> </ul>	<ul> <li>Repeal of these taxes retroactive to the beginning of 2017 (except for the repeal of the Medicare tax, which would begin in 2023)</li> </ul>	<ul> <li>Same as AHCA, except:</li> <li>no repeal of 3.8% tax on net investment income</li> <li>no repeal of 0.9% Medicare tax</li> </ul>
	(Current law) Affordable Care Act (ACA)	(Proposed House Bill) American Health Care Act (AHCA)	(Proposed Senate Bill updated as of July 13, 2017) Better Care Reconciliation Act (BCRA)
Mandates	<ul> <li>Over-the-counter medication excluded as qualified medical expense</li> <li>0.9% Medicare tax on individuals with an income higher than \$200,000 or families with an income higher than \$250,000</li> </ul>		- FSA change would begin for plan years after December 31, 2017
Assistance	<ul> <li>Individual and small group plans are required to offer coverage in 10 essential health benefit categories</li> </ul>	<ul> <li>Under the MacArthur amendment, individual and small group plans are required to offer the 10 essential health benefits, but a waiver option is available</li> <li>Some Medicaid plans are not required to offer mental health and substance abuse benefits</li> </ul>	<ul> <li>Does not contain a specific-essential health benefit waiver but expands the existing ACA Section 1332 waiver to provide states with more flexibility to decide the rules of insurance in their state (but can't opt out of regulations governing pre-existing conditions)</li> <li>26 / SBCs / PCORI Fees / W-2 Reporting of Health Coverage /</li> </ul>

Unchanged from current law: No Pre-Existing Condition Exclusions / Coverage of Children to Age 26 / SBCs / PCORI Fees / W-2 Reporting of Health Coverage / Section 1557 nondiscrimination / No Annual or Lifetime Dollar Limits on Essential Health Benefits (EHBs)\*

\* States may have the ability to re-define EHBs, which could weaken the prohibition on annual and lifetime limits, as the annual/lifetime limit rules and out-of-pocket limit rules apply only to EHBs.

(continued on page 12)

#### Senate Republicans Release Updated Discussion Draft of ACA Repeal Bill (continued from page 11)

For more information: www.marbarlaw.com.

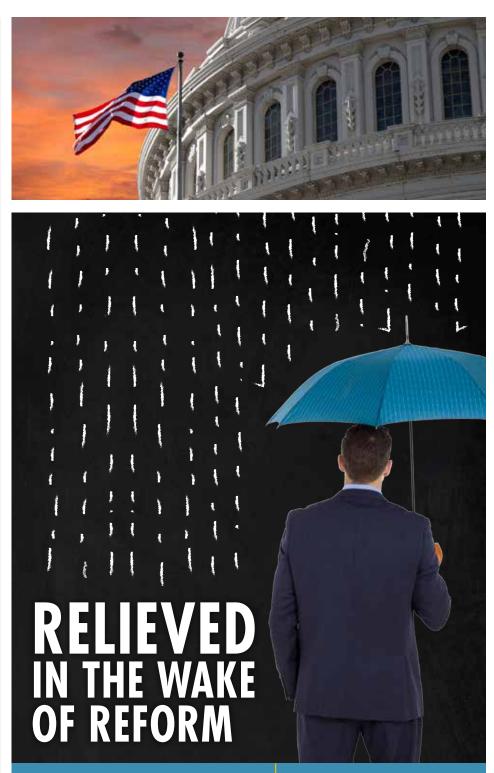
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#### Footnote

<sup>1</sup> Beginning next year, enhancements include an increase in the HSA contribution limits so that they are the same as the out-of-pocket maximums that apply to HDHPs (for 2018, \$6,650 for self-only coverage and \$13,300 for family coverage), allowing the reimbursement of otherwise eligible expenses incurred up to 60 days before an HSA is established, and allowing both spouses to make HSA catch-up contributions to the same HSA. The penalty for non-qualified HSA distributions was increased to 20% under the ACA; under the AHCA it will go back to 10% retroactive to the beginning of this year. The July 13 Discussion Draft would also allow for reimbursements of qualified medical expenses for an account holder's children who are under the age of 27 beginning in 2018



Changes in health care are certain to continue and achieving success in today's environment will be challenging. Experience calm during the storm, as Wipfli provides you with the right answers at the right time.

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# From the Experts:

## First IL HFMA Professionals Share Wisdom with Early Careerists

BY VICKIE AUSTIN



Participants in the "Early Careerists Career Advancement Workshop" gather for a photo op. Pictured are (L to R, seated) Analise Masciola, Doris Alfaro, Carissa Panek and Kathryn Sadowski; (standing) Rick Sunderman, Robert Adduci, Javi Lopez, Haider Rizvi, Joe Sidrys and Vickie Austin, business and career coach, and speaker.

Young professionals from the Chicago area gathered to hear some sage advice from a panel of seasoned healthcare finance experts at the "Early Careerists Career Advancement Workshop," held May 8, 2017, at Rush University Medical Center. Analise Masciola, vice president of Client Services at EnableComp, led the committee that hosted the event, which covered networking, risk-taking and career management, and ended with the panel of stellar First IL HFMA leaders. Included were:

Mary Treacy Shiff, FHFMA, Vice President of Finance, Advocate Good Samaritan Hospital

**Kevin Fitch,** FHFMA, CPA, Vice President of Finance, Advocate Sherman Hospital

**Tim Stadelmann,** FHFMA, Senior Director of Financial Planning & Analysis, NorthShore University HealthSystem

**Denise Szalko,** Vice President, Revenue Cycle, Rush University Medical Center

Jim Watson, Partner, PBC Advisors, LLC

Lana Dubinsky, Senior Account Executive, High-Tech, Gartner

Each of the panelists had some time to share career guidance based on their own experiences, then answered questions from the audience of young professionals. The following are some insights shared by the panelists:

"Hire for character," advised **Kevin Fitch.** "Never forget that we're in the people business."

Jim Watson agreed. "Be nice to people," Jim said, adding, "I know it's hard to believe, but I'm really kind of shy, so I had to work to overcome my shyness. Even if you're shy, it's important to attend events and network as much as you can."

**Denise Szalco** shared that you need to have courage when you're building your career. "Don't be afraid to fail," she said, adding, "Take jobs that help you stretch. It's important to take chances."

Building on Denise's observations about courage, **Lana Dubinsky** said, "It takes a strong stomach to handle changes but it's important to take risks." Lana assured the participants that failure is expected when building our careers, so "fail quickly, efficiently and then learn from it," she advised.

From the Experts: First IL HFMA Professionals Share Wisdom with Early Careerists (continued from page 8)



Expert Panel (L to R): Outgoing president of FI HFMA Mary Treacy Shiff is joined on the expert panel for the Early Careerists event by Kevin Fitch, Tim Stadelmann, Denise Szalko, Jim Watson and Lana Dubinsky.



Denise Szalko, left, shares her wisdom with the Early Careerists on the expert panel as fellow experts Jim Watson (center) and Lana Dubinsky (right) look on.

Tim Stadelmann shared some personal insights about how the finance role is a part of the whole healthcare system. "We may have family and sometimes staff who have battled cancer... We use hospitals as consumers, so now, how can we make [our hospitals] better?"

Growing your career often means helping others grow theirs. Tim mentioned a visit to Advocate by Jeff Immelt, CEO of General Electric. "We asked him, what do you look for in a leader?" Tim said they expected Mr. Immelt to share a list of skills he thinks are important for leaders to have, but they were surprised by his response: "Leadership is determined by the number of leaders you've developed."

"It's important to believe in people to help them achieve their greatest potential," Tim said, adding that there were many HFMA leaders who believed in him along the way. He shared that he "cut his teeth" as an HFMA volunteer working for the certification committee, and they doubled the number of certified members in the chapter.

Serving as a mentor is another important way to develop your career, according to Mary Treacy Shiff. "When you help people grow, you know you've made a difference," she said. That kind of mentorship also helps to inform your work, she said, affecting everything from staffing decisions to the allocation of resources and purchasing of equipment. "What's your passion?" Mary asked the group, adding that whatever your passion is, try to incorporate that into your job.

Some other "pearls of wisdom" from the panel:

Mary: "Network like crazy!"

Kevin: "Know yourself and your organization. Ask people around you, 'How am I doing?' Seek and provide feedback."

Tim: "Show initiative."

Jim: "Get involved! Get connected with people in organizations like HFMA and the Chicago Healthcare Executive Forum (CHEF). Give back."

Lana: "Set aside time to network with people in organizations like HFMA, the Healthcare Information and Management Systems Society (HIMSS), the American College of Healthcare Executives (ACHE) and others."

Denise: "Don't send an email at 7 p.m. when you're stressed."



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#### HFMA Event Summaries Cont'd

# Mary Treacy Shiff and FI HFMA Recognized at HFMA 2017 Annual National Institute (ANI)

BY BRIAN KATZ, 2017–2018 FI HFMA PRESIDENT



Congratulations to Mary Treacy Shiff and the rest of the First Illinois HFMA team for a very successful 2016–2017 chapter year! The chapter achieved several awards including three Yerger awards—for Education, Innovation and Improvement. The chapter also received a Silver Award of Excellence for Certification. The chapter had a 70% score on its Chapter Balanced Scorecard. We are the second largest HFMA chapter in the United States and continue to work hard to be your indispensable resource for healthcare finance.

In the 2017–2018 chapter year, our goal is to bring even more value for your membership. We will continue to host our two-day Fall Summit and several of our other very popular education events, such as Managed Care and Reimbursement, and we are planning a revised revenue cycle 101 program in April. We are planning two golfing events, a baseball game, and networking events after the education sessions. In addition, we are planning more education partnerships this year with CHEF, MGMA, Becker's, HIMSS and Beyond Budgeting. All events will be advertised via the chapter weekly email and on the First Illinois HFMA website.

#### Upcoming education events include:

- August 14: Women in Leadership Education Symposium & Golf Outing
- September 21–23: Becker's Third Annual Health IT & Revenue Cycle Conference

October 24–25: FI HFMA 2017 Fall Summit

Above: ANI Social Event Right: MTS at ANI

The Women in Leadership Education Symposium & Golf Outing is free to all Provider Women leaders in First Illinois HFMA. Space is limited. For more information and to register for the event, please visit the First Illinois HFMA website or reach out to Sue Marr, event chair, at swmarr610@sbcglobal.net.

Thank you to all of the volunteers who have worked so hard to make the First Illinois HFMA Chapter one of the top HFMA chapters in the nation. We continue to strive for the Shelton Award in 2018.



Brain, Katie & Others at ANI

#### HFMA Event Summaries Cont'd

## **Certification Committee Update**

The First Illinois Chapter's Certification Committee would like to recognize the following members for achieving their Certified Healthcare Financial Professional certifications during the course of the past year:

Jack Ahern, Board Member, Hhs/cms: Michael Morrell, Analyst, The Claro Group Provider Reimbursement Review Board Khelan Naidoo Matthew Anderson, Analyst, The Claro Group Zach Nobis-Olson, Vice President, Bank of America Merrill Lynch Joel Avila, CVS Health Marybeth Olszak, Healthcare Analyst, The Claro Group Jeffrey Bono, Financial Specialist, Medical College of Wisconsin Amy Owens, Director of Finance, Silver Cross Hospital **Daniel Burke** Mandy Pan, Analyst, The Claro Group Valerie Carrillo, Consultant **Georgie Pascanu Kyle Coates** Nicole Patterson, Analyst, The Claro Group Scot Dobbs, Senior Manager, WIPFLI LLP Jessica Portugal, Senior Manager, Triage Consulting Group Margaret Frodin, Analyst, The Claro Group Angelica Purpura, Associate Consultant, RSM US LLP Anne Gard, Manager, Deloitte & Touche LLP Nicholas Radice, Consultant, The Claro Group Abel Haile, Deloitte and Touche Santosh Raju, Healthcare Consultant, RSM US LLP Jake Harbert, Revenue Integrity Analyst, Barton Richards, Managing Director, The Claro Group, LLC Rush Copley Medical Center Kailas Sanghani, Finance Director, Martha Heredia, Senior Financial Analyst, Advocate Health Care Chicago Health Medical Group (Tenet Health) Barry Holcomb, Senior Financial Analyst, Northwestern Medicine Theresa Schalka, Advisory Consultant, Deloitte Lagail Jennett Nidhie Singh, Senior Consultant, Deloitte & Touche Prashant Karamchandani, Director, The Claro Group Michelle Soto, Accounting Manager, Advocate Health Care Adiba Khan, Adjunct Professor of Healthcare Finance, Laercio Souza, Manager of Financial Strategy, Loyola University Northwestern Memorial Hospital Kelly Kuo, Consultant, Deloitte Timothy Stadelmann, Sr., Director Financial Planning & Analysis, Jack Lacy, Analyst, Veralon Partners NorthShore University HealthSystem Ashley Lee, Administrative Intern, Presence Richard Stein, Anthem William Sunderman, Business Manager, Anthony Lesser, Senior Manager, Deloitte University of Illinois Hospital & Health Sciences System Christopher Lewis, Financial Analyst, Presence Health Kris Szewczyk, The Claro Group Craig Lloyd, Staff Accountant, Rezin Orthopedics and Sports Medicine Michael VanMeter, Associate Director, Navigant Consulting Wayne Luan, Manager, The Claro Group Katie White, Director of Accounting & Finance, Land of Lincoln Health J.V. Maganti, President & CEO, Guava Group, Inc. Khalid Yousuf, LCMH Jesse Meyer, Department Administrator, Melissa Zimmer, System Director, Rush University Medical Center Northwestern Medical Group

The CHFP is a valuable credential that demonstrates your healthcare finance knowledge and is a first step in obtaining HFMA's coveted "Fellow" designation. If you are interested in learning more about getting certified, please email Stu Schaff at sschaff@veralon.com. We look forward to hearing from you!

#### HFMA Event Summaries Cont'd

# The 23rd First Illinois HFMA's Annual Invitational Education Symposium and Executive Golf Outing



The 23rd First Illinois HFMA's Annual Invitational Education Symposium and Executive Golf Outing was held on May 15, 2017 at the Eagle Brook Country Club in Geneva, Illinois featured 80 golfers who took to the links in support of the 1st Illinois HFMA Chapter's Vince Pryor Scholarship Program for its members and their children seeking higher education. The golf outing assembles healthcare leaders for an executive level presentation delivered in the morning and an afternoon of golf and networking.

The changing landscape and current financial pressures on hospitals continues led unprecedented transformation. The tides are constantly changing in Washington requiring new strategies and perspective. Over the past two plus decades, this event has delivered one the markets top rated healthcare executive programs and networking events. This year's speaker featured John Steele the Managing Partner at HealthScape Advisors. John as a well-positioned strategy and business development consultant with a strong track record of advising senior leaders in the healthcare industry delivered a thought provoking presentation on the U.S. healthcare system that examined growth strategies, development of provider alignment tactics, navigating government markets, and transformational tactics of traditional business models in an increasingly complex and changing healthcare landscape.

Hospitals are leading the transformation of the industry and it's not a question of whether healthcare leaders will need to adapt the new environment; the only question is how will you get ahead of the curve or be on the right part of the curve. It is incumbent on the Chicago area hospital leaders to stay on top of the issues surrounding these major changes to the healthcare landscape. With that in mind, this symposium once again delivered a perspective for those who attended.

For the scholarship program the event netted more than \$5,000, which will give the committee the ability to continue carrying out the mission. The HFMA Board achieved one of its 2016-2017 Chapter goals of increasing value for Chapter Sponsors by making the Symposium a margue event.

#### A special thanks to this year's Chapter sponsors in attendance:

- RSM
- Parallon
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- Capio Partners
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- Horizon Financial
- Strategic Reimbursement Group







# **2017-2018 First Illinois HFMA Chapter** Program Calendar

Chapter Education Events					
Fall Summit Early Career Event	Oct 24 & 25, 2017	Drury Lane, Oak Brook, IL			
Managed Care	Feb 8 or 15, 2018	University Club, Chicago, IL			
Accounting Reimbursement	March 21, 2018	Prentice, Chicago, IL			
Reimbursement/Revenue Cycle 101	Early April 2018	TBD - likely Prentice, Chicago, IL			
Other Chapter Meetings & Events					
3rd Annual Women's Golf Event	August 14, 2017	Eagle Brook Country Club, Geneva, IL			
Standalone CHFP Practicum	November 2017	TBD			
CFO Golf Outing	TBD Spring 2018	Eagle Brook Country Club, Geneva, IL			
Limited & Co-sponsored Partnerships					
Beckers Health 3rd Annual Health IT & Revenue Cycle Conference	Sept 21-23, 2017	Hyatt Regency Chicago			
Beckers 9th Annual Hospital Meeting	April 9-14, 2018	Hyatt Regency Chicago			



#### **HFMA Event Promotions**



This outing is an opportunity for female healthcare professionals to network and enjoy a game of golf.

# THIRD ANNUAL WOMEN'S GOLLF OUTING

#### ABOUT THE GOLF OUTING

Eagle Brook Country Club is a private country club in Geneva, Illinois with over 300 members containing a golf courses designed by Roger Packard and Andy North, swimming and tennis facilities and a newly renovated clubhouse.

#### THERE ARE TWO AVAILABLE FORMATS

(1) 9 - hole scramble or (2) start with a clinic led by the golf pro and finish with 3 holes of golf.

**THE REGISTRATION FEE INCLUDES GOLF, CART AND LUNCH.** You will have the use of driving range, putting green, bag service, locker room facilities, and Pro-Shop services.

**REGISTER AT** https://www.eventbrite.com/e/first-illinois-hfma-womens-3rd-annualgolf-outing-tickets-34894380030

9:00-9:30 ...... Registration

9:30-11:30 ...... Education - How to Think Differently for Greater Success Speaker: Josette Goldberg Klopfer, MSMOB, PCC **Monday, August 14, 2017** 9:00 AM – 5:00 PM

Eagle Brook Country Club 2288 Fargo Boulevard, Geneva, IL 60134

**11:30-12:30** .... Lunch and Network **1:00-4:00** ....... Golf: 9-hole scramble, or Golf Clinic with 3-hole **4:00-5:00** ....... Awards and Social



#### DIRECTIONS

Eagle Brook is located 45 minutes west of Chicago, and is easily accessible via either 1-80 (exit Orchard), or 1-90 (exit South Randall Road).

The Metra departing out of Ogilvie Station has a stop in Geneva on the Union Pacific West Line. The stop is a 5 minute drive from the club. Taxi, Uber or Lyft are available from the station. HFMA Event Promotions Cont'd

# First Illinois HFMA FALL SUMMIT OCTOBER 24-25, 2017

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# **Welcome New Members**

Alex Blashewski Director of Client Relations

Bharat Kurma UIC College of Medicine Business Administrative Associate

Jenine Ewing HCT Consulting

Khelan Naidoo

KJ McConnell

Robert Beck MB Financial Bank Vice President

Keith Niebrugge MB Financial Bank Senior Vice President

**Jake Morris** Navigant

Sheila Noonan AON Hewitt Angela Breton Boncura Health Solutions VP, Sales and Client Services

**Tejash Lodhavia** Huron Consulting Group Consulting Manager

Akilanagammal Gopalakrishnan

Mike Kasper DuPage Medical Group OB/GYN Chief Executive Officer

Julie Schulz Procured Health, Director of Clinical Content and Provider Solutions

Mary Engstrom Advocate Medical Group Revenue Cycle Manager

James Bova

Kelly Ryan Wintrust Commercial Banking Senior Vice President Adam Garner

Allen Harrison Advocate Health Care Planning Manager

Cheryl Perrin Boncura Health Solutions Executive Director, Value Based Care

Yuriy Onuskiv Crowe Horwath, LLC Senior Staff

**Tim Frain** Crowe Horwath Consultant

Jordan Cloch Crowe Horwath

Antonio Braccioforte NorthShore University HealthSystem, Manager, Department of Radiology

**Jonathan Gordon** Sg2 Consultant **Ed Reichstein** TransUnion Vice President Sales

**Nilesh Rajadhyax** TransUnion Healthcare

**Gina Thomas** Procured Health Chief Development Officer

**Lisa Cosmos** TransUnion Healthcare

Rachel Maze KaufmanHall Associates Client Relationship Executive

**Pamela Robertson** TransUnion Healthcare SVP, Marketing

Mark Colwell Procured Health Chief Development Officer

Kandace Lenti Wintrust Commercial Banking Executive Vice President

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#### Welcome New Members

(continued from page 22)

#### Jeanette Panfil

Paul Anderson Strata Decision Technology LLC

Frank Stevens Strata Decision Technology VP of Financial Planning

Adam Kowalski Strata Decision Technology Director of Product Management

**Brian Pospishil** 

Karen Lesak

Jillian Wroble The Claro Group LLC Healthcare Consultant

Rebecca Truscott ZirMed Senior Account Manager

**Deidre Watts** Mercy Hospital and Medical Center, Director of Financial Planning and Analysis

**Cynthia Crump** Mercy Hospital and Medical Center-Trinity Accountant

**John Busch** VestaCare, Regional Sales Manager-North Central Region

Lisa Edler

Maria Gonzales Trinity Health Senior Auditor

**Richard Stefan** 

Joyce Knepper Great Lakes Companies Medicaid Manager

#### **David Paluck**

Trinity Health - Loyola University Health System Regional Reimbursement Director

#### Pat Maita

Presence Health - PSJMC Director of Ambulatory Care

# **New Member Profile**

#### **Ann Peterson**

Vice President of Provider Network Services, Palos Health

#### Questions:

How long have you worked there?

2 years

How long have you been in healthcare?

28 years (I started really young....)

#### Favorite class in college?

Criminal Justice. My initial career path was law enforcement. Happily, I ultimately opted for healthcare instead.

#### Passions?

Family, sports, long walks, reading and cooking

#### Millennial, GenXer or Baby Boomer?

GenXer

#### What's your favorite "brand" and why?

I have two. My first is GE. The tag line "Imagination at Work" is inspiring, and their focus on innovation that improves lives is very much in alignment with those who choose a career in healthcare. Plus, I love the fact that I can benefit from their products at home and our patients can benefit from their technology at work. My second favorite is Nike – "Just do it." Be a creative problem solver, bring energy and enthusiasm, and get the work done!

#### Anything else you'd like to share with the FI HFMA community?

I am a Minnesota transplant (twice over). My family moved from Minnesota to Elk Grove Village when I was in elementary school and back to Minnesota in time for middle school. My husband, daughter, dog and I relocated from Minnesota to Chicago (actually Woodridge) seven years ago. We are still diehard Vikings, Twins and Wild fans!!!

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# THE BEST VIEW COMES AFTER THE HARDEST CLIMB

#### The First Illinois Chapter Sponsors

The First Illinois Chapter wishes to recognize and thank our sponsors for the 2017-2018 chapter year. Thank you for all your generous support of the chapter and its activities.

#### **Titanium Sponsors**

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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 1000-1500 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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