July 2016



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The True Cost of Non-Compliance

BY SAUD JUMAN, CEO, POLICYMEDICAL

With the constant emergence of new standards and regulations across all areas of health care, hospital and health system leaders are working hard to ensure that they have effective compliance programs in place. Compliance is an active process that entails staying abreast of regulations, maintaining relevant policies and procedures, implementing continuous training and professional development, and dealing with discipline and breaches when necessary. The process is arduous, but the consequences for noncompliance are exponentially worse.

According to a 2014 survey, about one-third of healthcare providers estimate their total annual budget for compliance to be \$1 million to \$5 million. Thirty-eight percent state that their compliance budget has increased in the past year, and 52 percent state that it has stayed the same. The cost of compliance makes a compelling argument for investment in a strong program. Across industries, a compliance program costs about \$222 per employee, versus the \$820 per employee for non-compliance. Two factors are responsible for the high costs in the latter case: poor patient outcomes and litigation.

Costs of Poor Patient Outcomes

A 2010 study examined the costs of Methicillin-resistant Staphylococcus aureus (MRSA) infections among patients who acquired the infection as a result of a nurse's lack of compliance with a hand hygiene policy. The study found that a 200-bed hospital incurs \$1,779,283 annually in MRSA-infection-related expenses, directly attributable to hand hygiene noncompliance. A one percent increase in hand hygiene compliance resulted in annual savings of \$39,650 for the hospital.

Costs of Litigation

In 2014, New York-Presbyterian Hospital and Columbia University paid a combined \$4.8 million to the Office of Civil Rights (OCR) to settle a 2010 HIPAA violation. The breach occurred when a physician tried to deactivate a personal computer that was connected to the hospitals' shared network. The protected health information (PHI) of 6,800 patients, including vital signs, medications and lab test results, was compromised. The OCR's investigation found that neither hospital had conducted an adequate risk

(continued on page 2)



The True Cost of Non-Compliance (continued from page 1)

assessment or documented a risk management plan for their IT systems that access PHI. Neither did New York-Presbyterian Hospital have appropriate policies and procedures in place for authorizing access to its database. The hospitals paid the settlement, and both agreed to a corrective action plan.

In addition to the financial costs of noncompliance, there are intangible costs as well. A lack of compliance can lead to a loss of accreditation, resulting in a detrimental impact on the hospital's reputation. If a provider has had a breach of PHI of more than 500 residents of a state, media outlets must be notified, further damaging a hospital's reputation and potentially bringing about a loss of trust among patients, staff and the wider community. Recent research found that 65 percent of patients would consider changing providers after a HIPAA data breach.

A well-organized approach to managing compliance is the most critical component to mitigating risk exposure. Over the past five years, both the industry and most leading analysts have deemed effective compliance programs and strategies such as policy management to be the nucleus of a sound governance, risk and compliance strategy.

Implementing an electronic, cloud-based policy management program is one proactive method to invest in compliance. Such a system can aid a hospital each step of the way, from writing policies and procedures that reflect current standards and regulations, to training and disciplining employees and managing breaches. There are, unfortunately, no shortcuts to executing an effective compliance program. It requires continuous monitoring, evaluation and improvement. But in today's healthcare environment, an investment in compliance pays off in spades.

Saud Juman is the president and CEO of PolicyMedical in Richmond Hill, Ontario, Canada.

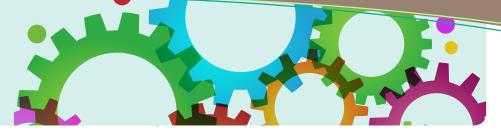
Published in hfm Blog April 28, 2016





CAREER Corner

BY VICKIE AUSTIN





This issue of "Career Corner" profiles Linda Klute, currently consulting part-time for Integrated Project Management (IPM) and a past president of the First Illinois HFMA Chapter.

Linda Klute

Q: What was your first job?

A: One of my first jobs was as a lifeguard. That was when I made the decision to become an accountant versus becoming a math teacher. I figured, if kids don't want to learn how to swim, how will I ever be able to teach them math?

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

A: During college I was an accounting intern at Laventhol & Horvath. They later hired me and I worked my first five years for them in public accounting. I had a lot of good mentors there; Harold Koloms, the healthcare practice leader, pulled me into healthcare. I also observed our clients and took notes on who I wanted to be like and who I didn't want to be like as a future manager.

Q: What had you choose healthcare as a career?

A: When I was in public accounting I did hospital audits all over the Midwest. I was recruited by Illinois Central Community Hospital (which no longer exists) as their controller. The state had a lot of financial issues... and we were an inner-city hospital with inner-city issues. We were so cash strapped that on payday we'd drive to Meigs Field to pick up the check from Springfield, run it over to Continental Bank to deposit it and then release the paychecks! I learned a ton when I worked there, including how to work with vendors when the hospital was dependent on the sState's slow timeline.

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

A: I learned to know when it's time to try something different. Whenever I changed jobs it was very deliberate and I would give my employer plenty of notice. When I was CFO at Marianjoy Rehabilitation Hospital, I'd been through three information technology conversions, three bond offerings and three certificates of need and construction projects. I figured it was time to learn new things and take on new challenges.

At the time, Alan Weinstein had been recruited from Illinois Hospital Association to form and lead a group purchasing organization called Consortium of Jewish Hospitals, now Premier, Inc. He was looking for someone to start the financial services for the owner hospitals and asked Jill Egan, a former HFMA president, for a referral and she recommended me. People thought I was a little crazy to go work for a new company that was only funded for a year but I thought it was time to take a risk. Our little team made it work big-time and I was there for 15 years. We grew Premier from a tiny organization with a \$250K budget to a giant public company with over a billion dollars in net revenue. We went from four employees (I was the fourth) to thousands

My last full-time position was as the national managing partner for healthcare and practice leader of Tatum, a Randstad company. Tatum provides executive-level professional services to clients including consulting, interim executives and search. I launched their healthcare practice, the first national industry vertical within the firm. My career path has taught me that sometimes you need to keep doing new things in order to grow your career.

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

A: Well, I already shared about the Jill Egan connection. I've been a member since I worked at Laventhol & Horvath and Harold selected a number of us to join HFMA. I worked on a committee, then the board. We didn't have social media so our chapter was the place where people could connect. I became First Illinois HFMA chapter president from 1989 to 1990. Throughout the years I've relied on HFMA for education, networking and recruiting. HFMA is a great source for both talent and business.

Q: What are you reading?

A: Right now I'm reading Peace Breathing: Lessons on Achieving Peace in Everyday Life by Charles Kim, which I got as part of a package along with climbing lessons and yoga. I'm also reading A Marriage of Opposites by Alice Walker for one of my book clubs. I read books on running and biking, too—I've done about 40 marathons and I'm in training again for the Chicago Marathon.

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

A: Don't get stuck in a rut. Volunteer for a lot of things and look outside the accounting world. Pick a project in supply chain or marketing or construction. If you can broaden the scope of your involvement in your organization without diluting yourself, you'll increase your value to the organization.



Vickie Austin

Vickie Austin is a business and career coach and founder of CHOICES Worldwide. She's the author of Circles of Gold: Honoring Your Network for Business and Career Success, and she's a frequent speaker at HFMA chapters around the country. You can connect with her at vaustin@choicesworldwide.com or by calling 312-213-1795.

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Optimizing Your CDI Program

BY GLENN KRAUSS, DIRECTOR OF ENTERPRISE SOLUTIONS, ZIRMED

urrent clinical documentation improvement (CDI) program initiatives have not evolved to meet the changing needs and requirements of medical record documentation under the transition to fee-for-value healthcare delivery models.

CDI was born as a revenue optimization strategy promoted by healthcare consulting companies, and gained prominence in the early 1980s with the advent of DRGs in 1982. These CDI-based revenue optimization programs scaled and became entrenched in many hospital facilities thanks to the demonstrated ability to generate additional net patient revenue. Recognizing the traction that the strategy was gaining in the market, consulting firms became very aggressive in promoting DRG optimization practices and techniques. This eventually caught the attention of CMS (known at the time as the Health Care Finance Administration, or HCFA) resulting in increased scrutiny of hospital efforts that were seen as possibly "gaming" the system in their quest to maximize DRG payments.

One specific result was the joint effort in 1998 by the Office of Investigation and the Department of Justice—the "Pneumonia Coding Project" that was announced as part of the 1998 OIG Work Plan. In their words:

• The Pneumonia DRG Upcoding Project was initiated to identify hospitals that falsify the diagnosis and diagnosis-related group [DRG] on claims from viral to bacterial pneumonia. The Office of Investigations is currently working with the Department of Justice to initiate a nationwide project in this area.

In 1999, the OIG in its Work Plan revised its description to note that the government would investigate pneumonia cases as both civil and criminal matters:

• This cooperative effort with the Department of Justice focuses on information that hospitals have upcoded the diagnosis-related group for pneumonia claims from viral to bacterial pneumonia. By doing this, the hospitals obtained almost \$2,500 extra per claim in reimbursement. The OIG is looking at both civil and criminal implications.

This well-publicized focus on upcoding and DRG optimization caught the attention of hospital CFOs with the hugh paybacks required for "overcoding."

The tail end of 1990s and early 2000s marked the true birth of clinical documentation improvement programs as they are known today. While CDI initiatives have evolved over time from a depth and breadth perspective to incorporate more sophisticated tracking systems, software to identify cases with the most opportunity for documentation improvement impacting revenue, automated guery process, and employment of certified clinical documentation improvement specialists, in reality they have not changed in line with the requirement for robust, descriptive and complete documentation in support of accurate communication of patient care for all healthcare stakeholders.

Simply put, present CDI initiatives are missing a key element that is fundamental to successfully making the transition to value-based, cost-effective and quality-driven alternate payment healthcare delivery models—namely, real and recognizable clinical documentation improvement.

CDI—a New Paradigm

CDI in its present form focuses primarily upon improving clinical documentation specificity and capture of additional diagnosis that translates into enhanced reimbursement for the hospital. Key performance indicators (KPIs) that are used to track overall successes of the program are based upon processes that ultimately generate revenue, certainly necessary in today's environment of shrinking third-party payer revenue and margins—and compounded by increasing business costs.

Increased revenue as an expected and achieved outcome for CDI initiatives is integral to revenue cycle goals and objectives, supporting and furthering the mission of serving the patient's healthcare needs. Unfortunately, there is insufficient focus on CDI defining, promoting, and achieving best-practice standards of clinical documentation required for all the healthcare stakeholders, including the patient. Accurate and complete documentation of diagnoses and procedure codes promotes accurate ICD-10 and DRG assignment with optimal net revenue. As I will discuss later in this article, what you should be measuring as a CDI KPI is net patient revenue versus gross patient revenue. Consistent increases in monthly case-mix achieved through CDI initiatives by definition do not equate to concomitant net patient revenue.

The new—and more impactful—paradigm of CDI may be defined as the completeness, consistency, organization and accuracy of the medical record, reflecting the physician's clinical judgment and medical decision making. CDI supports positive outcomes in patient care, quality, cost, resource consumption, fee for value, patient reimbursement and revenue cycle processes. This new paradigm requires a wholesale shift in the mission, goals and objectives of any CDI program. Goals, objectives and mission of CDI should be to improve actual processes of clinical documentation, striving to achieve meaningful and lasting changes in physician behavioral patterns of clinical documentation that optimally reflect communication of patient care, regardless of stakeholder, including third-party payers. By focusing on primary outcomes of reimbursement, we are overlooking the vitally important component of true documentation improvement. Enhanced reimbursement should be thought of and treated as a "byproduct" of solid documentation reflective of medical necessity for inpatient care, continued hospitalization stay, discharge stability, appropriate resource consumption and utilization review/management processes under Conditions of Participation, quality and efficiencies of care delivery, achieved outcomes and accurate clinical validation of all assigned ICD-10 codes and DRG assignment.

(continued on page 6)

The Costs of Clinical Risk (continued from page 5)

Proactive vs. Reactive

Transitioning from a reactive to a proactive CDI approach is the starting point to implementing a paradigm shift in overall CDI processes—one that engages physicians in true documentation improvement and aligns with revenue cycle and revenue integrity efforts. Present processes of combing through the medical record for purposes of identifying query opportunities for documentation improvement are rooted in reactivity in the sense that opportunities for necessary improvement of clinical context and content in support of establishment of medical necessity for hospitalization, regardless of inpatient or observation, are foregone.

A proactive approach to CDI consists of measureable improvement in actual physician documentation beginning in the Emergency Room, continuing in the History and Physical, logical and organized documentation of progress notes that serve to describe and show the clinical progress of the patient while hospitalized, and a discharge summary that actually best serves and meets the Joint Commission six elements required of a discharge summary.

One "byproduct" of this proactive approach to measureable CDI is accurate and complete coding, billing and generation of "net patient revenue."

Earlier I made reference to net patient revenue; I am convinced through first-hand experience in hospital denials and appeals that present CDI processes contribute to an overwhelming number of unnecessary, avoidable, self-inflicted denials through third-party payer enactment of cost-containment strategies that include clinical validation of secondary diagnoses, retroactive determination of medical necessity for admission and alternate principal diagnosis selection, all allegedly based upon insufficiencies, inconsistencies, and incongruences in documentation, as well as full-on insensible documentation, cut and paste progress notes without any indication of patient clinical stability and response to physician ordered plan of care, and discharge summaries devoid of pertinent requirements including inclusion of all relevant diagnoses associated with the stay.

If you factor into the equation of case-mix increases and increased revenue the costs to appeal these claims, time-value of money particularly with the ALJ third-level appeal process delay of 18 to 24 month, and denials ultimately not overturned on appeal, the net patient revenue generated by your CDI program may not be the return on investment you are calculating and reporting to the hospital's finance committee and board of directors.

Getting Started—Optimizing CDI

There are several steps to building and expanding upon the current successes of your CDI program that will make an unequivocal impact on promoting and achieving best practice standards of clinical documentation serving all stakeholders.

The first—and most important—step to revisiting, revising, refocusing and rebranding CDI is updating the established mission, goals and objectives of your CDI program. If your program does not have any established mission, goals or objectives—a not uncommon phenomenon—now is the time to establish them.

Missions, goals and objectives should embrace what is outlined above in the discussion of the new paradigm of CDI. A suggested mission for the CDI program: promotion and achievement of effective clinical documentation that best serves to capture and reflect the right care at the right time for the right reason—in the right setting with the right documentation of clinical context, content and, of course, the right diagnoses with clinical specificity. All of these elements serve as sound principles in effective communication of patient care effectively embracing and practically supporting concepts of medical necessity, reimbursement, outcomes, quality measures and alternate payment models such as bundled payments, shared savings programs and other risk-sharing initiatives.

Second: establishment of infrastructure including current actual protocol processes of chart review; staff core competencies, skill sets, and knowledge bases; and realistic expectations of CDI staff. The latter must be revisited and revised as needed to reflect a commitment to achieving and attaining true clinical documentation improvement that furthers the hospital's efforts and ability to successfully compete in the challenging healthcare environment through reporting of accurate and complete data utilized in fee-for-value.

Third: established key performance indicators should be updated to incorporate measures reflective of actual documentation improvement such as physician score cards used to judge the quality and effectiveness of their History & Physical (H&P) and progress notes and discharge summaries as opposed to present KPIs such as number of queries generated, how many charts reviewed, how many queries responded to, and how many queries were for principal diagnosis or secondary diagnosis impacting reimbursement.

While these KPIs are vital to the effort of providing an objective assessment of current processes, they do little to measure the realized quality and effectiveness of documentation in support of revenue cycle and revenue integrity that will stand the test of time and net patient revenue.

Therefore, the ultimate (and ultimately most beneficial) starting point for a CDI transformation may be to visit your denials and appeals department and ascertain the magnitude and volume of denials and downcodes resulting in lower reimbursed DRGs from all third-party payers as well as CMS contractors—based on clinical validation, medical necessity and alternate principal diagnosis selection.

I am confident that the insight gained from this analysis will spark organization-wide support to revisit, revise, reformulate, and rebrand your current CDI initiatives to more closely align with revenue cycle and fiscal operations.

And I am equally confident that the result of this investigation will be enhanced net patient revenue and overall strengthened financial performance.

Why You Should Answer the Call to Serve as a Volunteer Board Member

BY DAVID SCHMAHL, CHIEF EXECUTIVE OF THE HEALTHCARE & SCIENTIFIC INDUSTRY PRACTICE AT SMITHBUCKLIN

ealthcare finance leaders have at least four good reasons for accepting offers to volunteer as board members of professional associations. If you are a healthcare finance leader, you will receive the call sooner or later. It may come from a mentor or a colleague. It may occur during your association's annual meeting or a networking event. Regardless of the context, at some point in your career you will be asked to consider serving as a volunteer board member for a professional association such as HFMA.

When you get the call, you will weigh the demands of your job and personal responsibilities. You will question your ability to dedicate your time. But serving as a volunteer board member is a valuable, rewarding experience that will strengthen your personal skills and competencies and bolster your career. Following are four considerations for why you should accept the opportunity to volunteer as a board member of your professional association.

1. Strengthening Leadership Skills

While healthcare professionals often operate within a hierarchical culture, association boards rely on consensus building and collaboration. Your participation will require self-reflection, a deeper understanding of industry issues and the ability to share your point of view with others. You will help in leading a group to consensus and in creating an environment to speak "with one voice" outside the board room. By serving, therefore, you will have the opportunity to hone your ability to engage and motivate your peers in pursuit of transformative goals. You can take these new skills and use them to create and improve efficiencies within your workplace.

2. Building Relationships

As a volunteer board member, you will be responsible for ensuring the association is meeting the needs of its members. This means connecting with people you might not otherwise have gotten to know or meet. In addition to conducting formal surveys and satisfaction polls, you will be asking members, "Is this working for you? What could be done to make the membership experience more enjoyable?" By serving as a board member, you will increase your network of contacts and deepen your relationships with your peers, creating opportunities for collaboration that will have a lasting impact on your career, your organization and your profession.

3. Thinking Strategically

Board members are called on to contend with the overarching issues of their industry, such as education, advocacy and best practices—to focus on the big picture instead of the day-to-day aspects of the business. With limited time available due to professional commitments, volunteer board members must work as efficiently as possible to achieve a goal. They must concisely convey important information and effectively delegate responsibilities. As a volunteer



leader, you will gain expertise in discerning which information is vital and which is not, and how best to contribute strategic, proactive thinking to an organization.

4. Reaping the Rewards

The greatest reward for serving as a volunteer board member is the satisfaction that your time was well spent, that you learned something new and helped make tough, far-reaching decisions efficiently and purposefully. In other words, you will attain a sense of fulfillment from knowing you made a difference.

Thanks to the strategy development and implementation of volunteer boards, organizations are continuously enhancing their member value proposition with resources and offerings that are relevant, need-based and high-quality. In turn, these efforts enable organizations to affect the healthcare industry by reducing costs, improving patient experiences and—above all—improving quality of life. Isn't that the best reason to serve your profession? So when your association rings, take the call. The implications may be greater than you could imagine.

David Schmahl is chief executive of the Healthcare + Scientific Industry Practice at SmithBucklin, an association management and services company.

Published in HFMA's Leadership E-newsletter, March 2016

HFMA Members Rev Up with "Your Career Audit"

BY VICKIE AUSTIN

embers from the Show-Me Missouri, Greater St. Louis and Southern Illinois HFMA chapters had the chance to rev up their careers with "Your Career Audit: How to Get from Where You Are to Where You Want to Be" at the May 2016 Joint HFMA Conference held in St. Louis, Missouri. Millennials mixed with GenXers and Baby Boomers during this presentation to talk about what's important to them in their own career progression.

Why the focus on careers? All healthcare financial management professionals are affected by changes in the industry, from the ongoing trend of mergers and acquisitions to the need for a robust talent pipeline. Staying relevant in our professions requires focus, stamina and continuing education—something that HFMA members keenly understand.

During my presentation I urged participants to consider having a strategic career plan. If you've ever done strategic planning for a hospital or an organization, you know that planning is a discipline. Your company's plan helps everyone focus on what's most important to the organization. If we do this kind of planning for our companies, why not do it for our own careers?

Here's an outline of a plan you can use for your own career mapping:

- Goal: Your goal needs to be big, like a mission statement.
 An example might be: "My goal is to make a difference as a leader, helping my organization serve our patients and families, physicians and associates to deliver world-class care." The goal is never about us—it's always about being of service.
- Objectives: These are specific and measurable. How much money do you want to make and by when? (Strategic career plans are usually about 3 to 5 years out.) Do you want to pursue certification or become a Fellow of the Healthcare Financial Management Association? Pursue an MBA? All of these objectives are specific, measurable and based in time. Objectives have deadlines.
- Strategies: Strategies are like railroad tracks—they move you along toward your goal and answer the question "How? How will you achieve those objectives so you can fulfill on your goal?" An example of a great strategy is "Elevate your visibility." After all, you can't get recruited or promoted if folks don't know who you are and what you can do for them! All good strategies are based on relationships.
- Tactics: These are the everyday action steps we take to move our strategies along, and they show up on our calendars and our to-do lists. Networking is a strategy, and a tactic might be, "Attend the Joint HFMA Conference next year to expand my network." Be careful: tactics like to run the show, so make sure your daily activities are tied to a strategy.

Here are some other resources you'll need to evaluate when doing "Your Career Audit:"

- Do you have a mentor? A sponsor? A coach? These are the people
 who help guide you on your path to the next level, whether it's up the
 "career ladder" or across the "career lattice." Mentors are important,
 especially in the early years, and you can find one within your
 organization (preferably not your direct report) or within the HFMA
 structure.
- Who's on your "Posse?" This is the circle of people who give you unconditional support. They may be friends and family or professional and personal services people—your doctor, your dentist, your barber/stylist or your financial planner. Maybe they're your personal trainer or your child's daycare provider. The point is that it's critical to build a circle of people who provide support so you can accomplish your ambitious goals.
- How about your ongoing education? Training and development
 is critical to the evolution of a healthcare financial management
 professional. Keep learning—knowledge is a "resource" that stays
 with you, no matter where you decide to work.

Some participants in the conference were gracious enough to provide their own career advice. "Get to know people, especially those in HFMA," advised **Jean Nyberg**, CPA, manager at BKD in Springfield, MO, and treasurer of the Show-Me of Missouri HFMA chapter. Her fellow board member **Tina Gillespie**, chief financial officer of Northwest Medical Center, in Albany, MO, recommends keeping a journal of your accomplishments. She said the journal will remind you of how far you've come and keep your spirits high.

Veronica Modricker, CHFP, regional VP of sales at Medical Reimbursements of America and Regional Executive-Elect for Region 7, and Lorrie Haden, CRCS, recommended "Be real—and do business with people you know and trust." John McGuire, consultant, urged us to remember to "Get out of your office!" Glen Beussink admonished us to "Read, read," and outgoing national HFMA president Melinda Hancock, CPA, advised, "Do what lights you up—and listen to your gut." Thanks to all of these people for their wisdom and contribution to the presentation.

For a copy of "Your Career Audit," please feel free to contact me at vaustin@choicesworldwide.com or call me at 312-213-1795. I'll be happy to share the form with you.



Vickie Austin

Vickie Austin is a business and career coach, founder of CHOICES Worldwide and a frequent speaker at HFMA chapters across the country. She is the author of the newly released book, Circles of Gold: Honoring Your Network for Business and Career Success, available via CreateSpace (https://www.createspace.com/6101733).

HFMA Event Summaries

Adam Lynch and FIHFMA Recognized at HFMA 2016 Annual National Institute (ANI)

BY MARY TREACY SHIFF, 2016-2017 FIHFMA PRESIDENT



First Illinois Chapter

Congratulations to Adam Lynch and the rest of the First Illinois team for a very successful 2015-2016 Chapter Year! The chapter achieved several awards including a Hottum Award, two Bronze Awards, four Chapter Yerger Awards, and one Multi-Chapter Yerger Award. Also, the chapter achieved a perfect score on its Chapter Balanced Scorecard. This high-performing chapter is the second largest HFMA chapter in the nation and continues to work hard to be your indispensable resource for healthcare finance.

In the 2016-2017 Chapter Year, our goal is to continue to bring you even more value for your membership. While we will continue to host our two-day Fall Summit and several of our other very popular education sessions such as Reimbursement and Managed Care, we are also looking forward to more social events this year. We are planning three golfing events, a college football game, baseball game, and networking events after the education sessions. All events will be advertised via the chapter weekly e-mail and on the First Illinois HFMA website.

Most of you can probably reflect back on one or two mentors that helped to shape who you are and where you are at in your career

today. The First Illinois Chapter would like to do the same thing for our early healthcare finance careerists. We feel as a volunteer organization we would like to help guide the early careerists through their first years in healthcare finance with networking opportunities, mentoring and education geared towards their specific needs.

Lastly, I would like to thank all of the volunteers who have helped to make the First Illinois HFMA Chapter one of the top HFMA chapters in the nation. You are the best! #SheltonAward2017

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FIHFMA Celebrates Another Great Year at Annual Transition Dinner in Chicago

On a balmy summer evening, First Illinois Chapter leaders and volunteers gathered to celebrate the 2015-2106 Chapter Year and to install new leadership for the 2016-2017 Chapter Year.

Awards and Recognition

Adam Lynch, FIHFMA president, 2015-2016, kicked off the evening with a summarization of the Chapter Year and thanked the many volunteers who support the chapter with their time and talent. Mary Treacy Shiff, incoming 2016-2107 FIHFMA president, presented a recap of Adam's and the chapter's accomplishments (see accompanying article from Mary):

- Hottum Award for Educational Performance Improvement
- Bronze Award for Certification
- Bronze Award for Membership Growth and Retention
- Yerger Award for Member Communications— Leveraging Our Active Volunteer Community to Reach Members
- Yerger Award for Innovation—Chief of Staff
- Yerger Award for Improvement—Chapter Kick-Off Meeting
- Yerger Award for Education—Fall Summit Revamp

Brian Sinclair, chair of the Recognition and Awards Committee, recapped the Founders Merit Awards for the year and presented to those in attendance. The Founders Merit Award program was established to acknowledge the contributions made by individual HFMA members.

Follmer Bronze Award:

- Craig Standen
- Mary Treacy Shiff
- Karen Wagner
- Peter J. Leenhouts

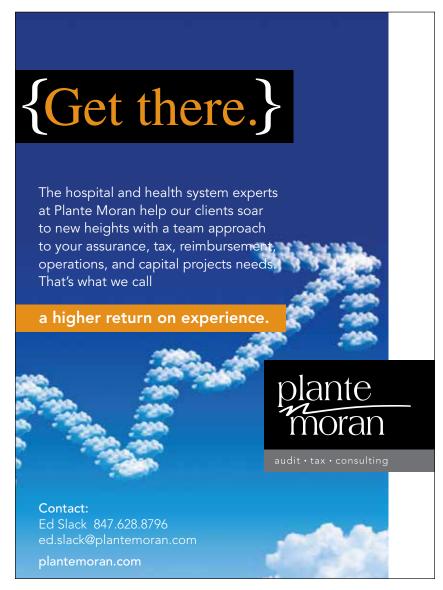
Reeves Silver Award:

- Richard A. Franco
- · Adam D. Lynch

Each of these award recipients received a personalized, inscribed plaque from HFMA to officially recognize their achievements. The First Illinois Chapter officers and directors also extend their congratulations and appreciation for the support and participation of the award recipients.



Adam Lynch with Brian Sinclair



FIHFMA Celebrates Another Great Year at the Annual Transition Dinner in Chicago (continued from page 10)

2015-2016 FIHFMA Scholarship Awards

Vince Pryor, former FIHFMA president and chair of the Scholarship Committee, facilitated the awarding of the 2015-2016 FIHFMA scholarships. Vince commented that every year the committee is more impressed with the caliber of scholarship applicants and the diversity in applications. Every year the committee is challenged to determine the awarding of the scholarships with such depth to each candidate.

The winners of the 2015-2016 FIHFMA scholarships are (in alphabetical order):

- Samuel Weiss Moran (son of Alice and Pat Moran)
- Alia Prine (daughter of Carol and Edward Prine)
- Sarah Rooney (daughter of Marcia and Jeff Rooney)
- Madeleine Sanderson (daughter of Mary and Brian Sanderson)
- Mary Schultz (daughter of Ellen and John Schultz)
- Emma Veselsky (daughter of Karen and Gerald Veselsky)



FI HFMA 2016 2017 Board and Officers

Induction of the 2016-2017 FIHFMA Board of Directors

Mike Nichols, former FIHFMA president and HFMA Region 7 president, inducted the 2016-2017 FIHFMA Board of Directors:

Officers

- President: Mary Treacy-Shiff, Vice President Finance, Advocate Good Samaritan Hospital
- President Elect: Brian Katz, Manager, RSM US LLP
- Secretary: Richard Franco, Vice President & Chief Finance Officer, Northwestern Medical Group
- Treasurer: David Tomlinson, Chief Financial Officer, Centegra Health System
- Past President: Adam Lynch, Senior Director, MCHC

Board Members

- Denise Szalko, Vice President, Reimbursement, Rush University Medical Center
- Bart Richards, Managing Director, The Claro Group
- Kevin Fitch, Vice President of Finance, Advocate Health Care
- Greg Kain, Regional Operations Manager, Integrated Project Management
- Lana Dubinsky, Director, Sales & Business Development, American Medical Association
- Louis Papoff, Chief Financial Officer, Chicago Health Systems (Tenet Healthcare Corp)

Newly inducted FIHFMA President Mary Treacy Shiff then took to the podium to thank and congratulate Adam and the 2015-2016 leadership and team for an historic year, and outlined her vision and objectives for the coming 2016-2017 Chapter Year:

- · Continuing to bring value to HFMA membership
- Continuing the excellent Education Program schedule and format, including our two-day Fall Summit and several other education sessions
- Increasing Social and Networking Events: This year we are planning three golfing events, a college football game, baseball game, and networking events after the education sessions.
- Mentoring: As a volunteer organization we would like to help guide the early careerists through their first years in healthcare finance with networking opportunities, mentoring and education geared towards their specific needs.

And last by certainly not least, Mary rallied the troops to get the Shelton Award in 2017!



The crowd waits in anticipation at Transition Dinner

(continued on page 12)

FIHFMA Celebrates Another Great Year at the Annual Transition Dinner in Chicago (continued from page 11)

Annual Transition Dinner Photos



Alia Prine with Vince Pryor



Emma Veselsky with Vince Pryor.



Madeleine Sanderson with Vince Pryor



Mary Schultz with Vince Pryor



Samuel Weiss Moran with Vince Pryor



Sarah Rooney with Vince Pryor



Mary Treacy Shiff and Adam Lynch



Pete Leenhouts with Brian Sinclair.

HFMA Chapter News

Getting to Know This Year's Board Members



Denise N. Szalko Vice President, Revenue Cycle, Rush University Medical Center

Denise N Szalko is vice president, Revenue Cycle at Rush University Medical Center and has been at Rush since 2005. Prior to her current position, which she undertook in 2014, she was vice president, Financial Planning and Decision Support. Denise holds a BS in Commerce, with a concentration in Accounting, from DePaul University, and a Master's in Business Administration from University of Chicago Booth School of Business. She is also a Certified Public Accountant.

This is Denise's first time on the Board of Directors for the First Illinois HFMA Chapter. She has provided input on various issues to the chapter's Provider Value and Certification Committees. Ms. Nedza has contributed to the HFMA at a national level and just recently completed a two-year term on the National Advisory Council. She has also participated on HFMA's Value Project as a Value Advisory Group member, and has shared experiences gained at Rush as a panelist at an HFMA Executive Briefing, "Strategic Implications and Operational Demands," and as a speaker at HFMA Leadership Conference, both held in

Kevin Fitch

VP of Finance, Advocate Health Care

Kevin Fitch has worked at Advocate Health for seven years. Previous to working at Advocate, Mr. Fitch worked for Elmhurst Memorial, Arthur Andersen and Delnor-Community Hospital.

He has been a member of HFMA since 2001 and has authored articles for HFMA publication: Big Plans," Health Finance Magazine, September 2005 and "Return to Affordability: Seven Strategies for a Decade of Payment Deflation," First Illinois Speaks, April 2013.

Kevin completed his undergraduate degree at the University of Illinois and a graduate degree at Northern Illinois University.





Greg Kain, PMP Managing Director - Healthcare, Integrated Project Management Company

Greg Kain, PMP, is a managing director for Integrated Project Management Company, Inc. (IPM), and responsible for the project management consulting firm's Healthcare practice. During his 15 years at IPM, he has been involved with healthcare, medical device, pharmaceutical, biotechnology, consumer product, and industrial companies ranging from start-ups to Fortune 100 corporations. He also helped establish IPM's Boston office, leading the office's local operations during its initial four years, and founded IPM's Project Management Office (PMO) Center of Excellence.

Greg is a graduate of Vanderbilt University with a degree in Electrical Engineering, and is a certified Project Management Professional (PMP). He has been the First Illinois HFMA Chapter's program chair for the past two years, and is a member of the board.

(continued on page 14)

FIHFMA Chapter Introduces This Year's Board Members (continued from page 13)



Lana Dubinsky
Director, Key Accounts and Business Development, AMA

Lana Dubinsky is responsible for the relationship between the AMA and its top distributors of the CPT Editorial Content. Lana is also helping drive provider engagement as the AMA modernizes some of its key assets. Lana has more than 20 years of experience working with some of the most recognizable Healthcare providers and vendors in the industry. She most recently served as Strategic Accounts director for 3M Health Information Systems.

Lana is very active within the industry and serves on the Board of Directors for the First Illinois Chapter of HFMA. Lana received her BA from DePaul University and her MBA in Healthcare from Lake Forest Graduate School of Management.

Louis D. Papoff
CFO, Chicago Health Medical Group & Chicago Health System, Tenet Healthcare Corp

Louis Papoff is CFO for Tenet Healthcare Corp's Chicago Health Medical Group (CHMG) & Chicago Health System (CHS). Louis is responsible for the physician services unit in Chicago (CHMG, a 100+ multi-specialty medical group) for Tenet Healthcare, as well as the health plan, which includes commercial and Medicare Advantage plans, an ACO, ACE program, bundled payments and TPA services. Primary areas of focus are financial process improvement, physician compensation plans, benchmark applications, governmental and commercial payer relationships, and accounting process and procedures.

Louis has more than 17 years of healthcare experience, covering the spectrum of hospital and physician financial operations in both the academic non-profit and community based for-profit sectors, as well as ancillary services including diagnostics, laboratory, home health and ambulatory operations.

He has been an active member of HFMA and MGMA since 2001, a board member of First Illinois HFMA Chapter since 2015, and recipient of the HFMA Follmer Bronze merit award. Louis has presented at both national and regional conferences as well as quoted, consulted, and advised on 10 study publications.





Richard A. Franco, FHFMA

Vice President Finance and Chief Financial Officer, Northwestern Medical Group

Richard A. Franco is the vice president Finance and Chief Financial Officer for the Northwestern Medical Group in Chicago since July 2015. Richard has proven expertise in strategic and operational financial management within multi-hospital health systems and brings with him more than 25 years of health care finance experience. During his tenure, Richard has co-led several successful physician-focused initiatives to improve clinical documentation, service line resource utilization and hospital length of stay. He has also championed successful process improvement teams focusing on labor, supply chain and revenue cycle management.

Prior to joining Northwestern, Richard was a Regional Chief Finance Officer with Presence Health, the largest Catholic healthcare system in Illinois. Richard also held the position of CFO for several hospitals in the Phoenix market, working for Vanguard Health Systems, a for-profit health system consisting of full-service hospitals in Arizona, Texas, Massachusetts, Illinois and Michigan. Richard has held similar CFO positions with Community Health Systems and Health Management Associates.

He currently serves on the National Advisory Council on Strategy for the Healthcare Financial Management Association (HFMA) and serves as Secretary for the First Illinois HFMA Chapter in Chicago He is also an adjunct lecturer for the University of Illinois, Chicago, teaching healthcare finance in the School of Public Health and Administration.

Richard earned his Bachelor of Science degree in Accounting from Florida Atlantic University, Boca Raton, and holds a Master's of Business Administration degree from Grand Canyon University in Phoenix. He holds a Fellow certification with the Healthcare Financial Management Association.

(continued on page 15)

FIHFMA Chapter Introduces This Year's Board Members (continued from page 14)



Brian Katz Manager, Health Care Consulting, RSM US LLP

Brian Katz has over 20 years of experience and expertise in the health care industry, including five years in health care regulatory consulting at RSM US LLP and 14 combined years in health care regulatory consulting at Deloitte and Andersen. His expertise is primarily focused in the regulatory and compliance aspects of health care finance. His clients have included academic medical centers, community hospitals, managed care organizations, home health agencies, skilled nursing facilities and physician practice plans. Prior to joining Andersen, Brian was a manager of Financial Analysis with a national home health care organization



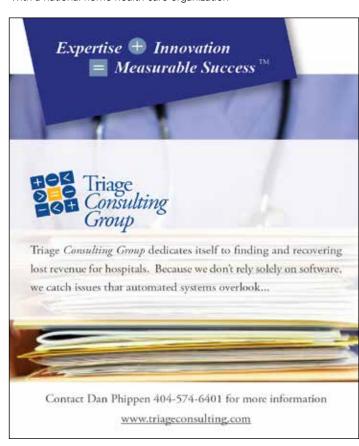
Mary Treacy Shiff, FHFMA Vice President of Finance, Advocate Good Samaritan Hospital

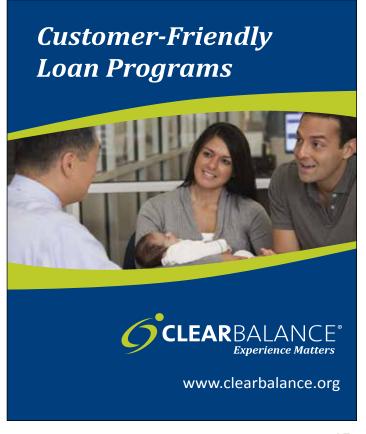
Mary Treacy Shiff is currently the vice president of Finance at Advocate Good Samaritan Hospital. Prior to Advocate Good Samaritan Hospital, Mary held leadership positions for the Vanguard Health System. Mary currently serves as the president for HFMA's First Illinois Chapter, and has served in other officer positions and as a board member in prior years. Mary graduated from San Diego State University and studied nursing at Marquette University.



Bart Richards Managing Director, The Claro Group

Bart Richards has been with the Claro group for the past 11 years. He is a CHFP and received his degree from the University of Notre Dame.





FIHFMA Chapter Introduces This Year's Board Members (continued from page 15)



David Tomlinson

Executive Vice President and Chief Financial Officer, Centegra Health System

David Tomlinson is the executive vice president and Chief Financial Officer of Centegra Health System. He has been with the organization for 10 years and has been an HFMA member since April 2010. He received his undergraduate degree from Brigham Young University and his graduate degrees from Saint Louis University.

Katie White, MBA

Director, Accounting & Finance, Land of Lincoln Health

Katie White is the director of Accounting & Finance at Land of Lincoln Health, a health insurance co-op in Illinois. She has been with LLH since its inception in spring of 2013 and prior to that its creator, the Metropolitan Chicago Healthcare Council, now known as the Illinois Health & Hospital Association.

Katie is a graduate of Coastal Carolina University where she played collegiate basketball and was part of a team that won its first national championship in any sport with a College World Series Title.

Katie has served as the assistant treasurer (Finance Chair) for the chapter for the past four years, and this past year she has added "Chief of Staff" to the board as a volunteer role to support the chapter.

Katie enjoys being a volunteer for the FIHFMA Chapter and getting to work with great leaders and innovators within the industry while building personal and professional relationships.



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HFMA Upcoming Event





Welcome New Members

Chirag Agrawal

Northwestern University School of Law

Matthew Ales

Senior Vice President, Business Development and Sales Stoneleigh Recovery Associates

Judy Andronowitz

Vice PresidentCentegra Physician Care

Regina Anti

Quality Improvement Intern (MPH/MBA Finance Student) Chicago Dept of Public Health (School-Univ of Illinois At)

Melissa Aske

Director, Medical Group Operations

North Shore Hospital

Carrie Bastin

Vice President of Business Development Healthcare Outsourcing Network

Neil Beck

Director of Labor Productivity Advocate Health Care

Martin Bertsche

Prudential Mortgage Capital Company

Patrick Boerner

Senior Consultant The Claro Group

Ralph Bohne

Assistant Director of Finance University of Illinois Hospital & Health Sciences System

Maryann Bolis

Mindi Bolssen

Impact Advisors

Ben Borris

Presence Health

Tim Bosse

Senior Vice President -**Healthcare Practice** Deegit

Brandon Bracher

Sr. Director, Deegit

Elizabeth Branding

Senior Consultant

Timothy Broderick

National Director Elwyn Specialty Care

Leif Buschmann

Northwestern University School of Law

Michel Buxton

Student

Ellen Byrne

Patty Christenson AVP, HIM, Amita Health

Tom Clifford

Student, Northwestern Pritzker School of Law

Jim Cockey

SVP, Market Executive Bank of America Merrill Lynch

Evan Collins

Network Development Manager University of Chicago Medicine

Shireen Dalal

UIC Student

Meghali Deshmukh

Anam Dhorajiwala

Lisa Doi

BMO, Director

Brian Engel

BMO, Director

Alford Evans

PFM, Director

Gary Evans

A/R Manager Parathon Recovery Services

Melanie Fernando

Katherine Festle

Senior Consultant, McKinnis Consulting Services, a consulting practice within

Lisa Finch

Janette Fontana

Manager, Accounting **Edward Hospital**

Catherine Gannet

Director, Amita Health

Claudia Garcia

Vice President, JP Morgan

Tony Gattuso

Advocate Health Care

Ekata Gheewala

Revenue Cycle Liaison Northwestern Medicine

Finney Gilbert

Strategy Senior Principal Accenture

Bruce Golden

Chief Executive Officer Marca Research & Development International, LLC

Gus Granchalek

Director, Operations & Performance

Dane Guarino

Brian Hampton

Sr. Director, Deegit

Bruce Hochstadt

National Onsite Health Leader Willis Towers Watson

Colin Hung

VP Marketing, Stericycle Communication Solutions

Sean Jackson

Commercial Banker JPMorgan Chase

Amy Johnson

Brenda Johnson

Director, Amita Health

Donna Kalafut

Appeals Supervisor Federal Specialized Services

Sujay Karvekar

Asst. Administrator/ Billing Manager Joliet Oncology/Presence Cancer Care

Tanya Kasper

Director of Contracting, Humana

Ralph Keiser

Allscripts

Tim Kinner

Director, Stericycle **Communication Solutions**

Natalie Kish

Hallie Klein

Strata Decision Technology

Kelly Kuo

Consultant, Deloitte

Fred Lebed

President/CEOThe Prairie Group Consulting, Inc.

Lauren Leong

Counsel

Federal Specialized Services

Erika Lockie

Advocate Trinity Hospital

Kevin Lowe

Martha Lubbat

Project Manager Revenue Cycle

Nelda Lugo

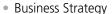
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Welcome New Members Cont'd

(continued from page 18)

Guadalupe Macias

Northwestern Memorial Hospital Accounts Receivable Specialist, AR Strategies

Lauren Maddox

Sam Mahmood

Fred Martin

Senior Consultant **ECG Management** Consultants

Rachel Mayuga

Program Director Northwestern Medicine

Bob Mikulak

Partner **Health Resource Solutions**

Jennifer Mishos

System Analytics Consultant Advocate Health Care

Liand Mu

Northwestern University School of Law

Jaime Muller

Linda Murphy-Cobb

Student

Courtney Nashan

Director, Employer Relations and Opportunities Society of Actuaries

Tyler Norton

VP Network Strategy, Cigna

Sheriker Obiiaiu

Assistant Director PFS Amita Health

Nancy Ochab

Accounts Receivable Specialist. AR Strategies Northwestern Memorial Hospital

Iredia Olaye

Dennis O'Sullivan

Fulcrum Illinois

Thomas Page

BMO, Director

Tim Panfil

Director, Enrollment Management Elmhurst College

Georgie Pascanu

Analyst

Nicole Patterson

The Claro Group

Chris Pecaut

Jesse Peterson-Hall

President, Highland Park Hospital, NorthShore University HealthSystem

Andrew Philippi

Assistant Vice President Kaufman Hall

Michelle Picard

Accounts Receivable Specialist, AR Strategies Northwestern Memorial Hospital

Greg Pierce

Baker Tilly

Manager

Kendall Pittinger

Damien Polk

Accounts Receivable Specialist, AR Strategies Northwestern Memorial Hospital

Ross Putterman

Crowe Horwath

Sophie Radlowski

Senior Consultant

Dave Rahija

Vice President, Glenbrook Hospital NorthShore University HealthSystem

Preethy Rangan

Manager, NPA Business Initiatives North Shore Hospital

Susan Ray

Assistant Director Patient Access Amita Health Alexian Brothers **Medical Center**

Matt Renn

Director, Account Management ZirMed

Zak Ritchey

Syed Haider Rizvi

Shannon Rozovics

Assistant Vice President Network Management Cigna

Daniel Rubin

Medicaid Business Development Analyst HCSC: Blue Cross Blue Shield of IL, NM, MT, OK, &TX

Brenda Russell

Jennifer Scherher

Administrative Project Assistant Rush University Medical Center

Samara Sellers

Manager, Provider Data Management Presence Health

Aamna Shah

Associate Director Standard & Poor's

Thomas Shamburek

Richard Shi

Healthcare Consultant-Senior Associate RSM US LLP

Cassia Shumate

Plante Moran, PLLP

Ronina Sims

Paul Skiba

Advocate Good Samaritan Hospital

Kathleen Smith

Assistant Director PFS Amita Health

Kelly Soto

Director, Amita Health

Laercio Souza

Manager of Financial Strategy Northwestern Memorial Hospital

Glenn Steigbigel

Managing Partner Health **Resource Solutions**

Richard Stein

Anthem

Christine Stryjewski **Provider Relations Manager**

Kris Szewczyk

The Claro Group

Robin Tafoya

TransUnion

Marisa Thomas

Director, Medical Group Operations

North Shore Hospital

Thomas Triantafillou

Hospitalist

Avery Trickey

Director Revenue Cycle Northwestern Medicine

Amanda Vallozzi

Managing Consultant **Navigant Consulting**

Richard Vitale

Senior Vice President Bank of America

Biyang Wang

Lexie Williams

Travon Wilson

Adam Zuckerman **Networks Program Manager**

New Member Profile



Ellen Byrne

Co-founder, Organization: Act3. [Act3 is a nonprofit venture currently in the research and development phase. Ellen recently completed her Master of Public Policy degree at the University of Chicago, Harris School of Public Policy, with a certificate program in Health Administration and Policy.]

Questions:

How long have you worked there?

I started working on Act3 in January of 2016 as an independent study for my graduate program.

How long have you been in healthcare?

I worked for a pharmaceutical company, Parke-Davis (11 years) and then as an independent contractor in training and development (3 years). I was a caregiver for my husband who had a serious cancer for five years which I definitely consider "working in healthcare." I have also had two summer internships in healthcare during my graduate program.

Favorite class in college?

The Evolution of Human Behavior (undergrad); Program Evaluation (graduate school)

Passions?

Snow skiing (for fun); helping people live as well as possible right up until they die (professional)

Millennial, GenXer or Baby Boomer? Generation X

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HFMA Editorial Guidelines

First Illinois Speaks is the newsletter of the First Illinois Chapter of HFMA. First Illinois Speaks is published 4 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 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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In recognition of your efforts, HFMA members who have articles published will receive 2 points toward earning the HFMA Founders Merit Award.

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