

first illinois speaks

A Newsletter from HFMA's First Illinois Chapter

November 2009

MAKING IT Count

INSIDE:

Highlights and Recap
First Illinois Chapter Events
begins on page 7

"HFMA 101"

Region 7 Fall President's Mtg.

Transition Dinner

Night at Wrigley

Reform and Looking Ahead to the Future

BY DANYUNKER, VP & CFO, METROPOLITAN CHICAGO HEALTHCARE COUNCIL

At the last HFMA CFO Committee meeting, we spent a great portion of the agenda discussing today's health care environment, and it is safe to say that we are in an environment which is like no other point in time. Just when it seems that we can get our arms around the reform



Inside This Issue

"Reform and Looking Ahead to the Future"	1
Letter from the President	2
"Medicare Tightens Physician Supervision Rules..."	3
In Memoriam	5
Chapter News, Events and Updates.....	6
"Improve Patient Satisfaction through Segmentation"	10
"Aiming Higher: Illinois Misses the Mark"	12
Welcome New Members	16

HFMA Event Recaps

"First Illinois Chapter Hosts "HFMA 101"	7
"2009 Region 7 Fall President's Meeting (FPM)"	7
"First Illinois Chapter HFMA's Annual Transition Dinner"	8
"HFMA Night at Wrigley Field"	9

debate, it takes a new turn or a compelling perspective arises. I have been absolutely amazed by the response to the Baucus proposal.

At the time of writing this short article, the U.S. Senate Finance Committee began marking up Chairman Max Baucus' (D-MT) revised proposal to overhaul the nation's health care system. After months of talks between six bi-partisan negotiators, members of the Finance Committee were given an opportu-

nity to weigh in on the bill, and they have offered roughly 550 amendments. Yes, that's right, 550 amendments. Democratic amendments are focused largely on further expanding access to health insurance, while Republican amendments seek to address the drastic cuts to Medicare, medical liability reform and taxes on insurers. The Committee continues to consider the hundreds of amendments, and it rejected a Republican-sponsored amendment that would

(continued on page 15)

Letter from the President: Second Quarter “EARNings”

On behalf of the officers and Board of Directors of your chapter, I'd like to welcome you to what we believe will be a rich and fulfilling chapter year. I hope that you had the opportunity to enjoy the summer. As for me, the highlight of my summer was having the opportunity to travel to Elizabeth City, North Carolina, to participate in a group work camp experience with my son and several other members of our church. We were joined by nearly 400 others from churches around the nation in a variety of home repair projects for residents of this coastal Carolina community. Although I don't consider myself to be any master construction wizard, I was able to bring people together, and even with scarce resources, get the projects completed. If you're interested in learning more about this experience, just ask!

Also, during this trip, we had the opportunity to visit Kitty Hawk, the site of the Wright Brothers' first sustained flight. It's amazing to put that event in the context of modern technology. Today we can send a text message around the world in an increment of time that didn't even exist then, yet their first flight was only a few hundred feet.

You might just ask, “What does this have to do with our chapter?” Very simply put, it's all about the rewards we can achieve by bringing people and resources together to accomplish a goal. It's also about realizing we are all more talented than we will ever acknowledge. Those ideas are at the foundation of our chapter and certainly part of the membership value proposition.

Speaking of the membership value proposition, I'd like to highlight some of our recent activities as it relates to our platform, “EARN”.

Education

We've already “done a ton” in this area. The education committee kicked off

the chapter year with a working dinner meeting for committee chairs involved with several of our upcoming programs. In August, the chapter hosted its annual “HFMA 101” event. A new venue was selected, the conference center at the Morton Arboretum. Nearly 101 members and guests attended this program. Please give a round of applause to Katherine Murphy for arranging the venue and especially to Janet Blue and Tim Manning for planning and executing a superb program.

We have also been enriched through several timely and quality webinars covering regulatory and financial reporting updates, cost-saving ideas and other relevant topics. These webinars are only possible by the chapter coordinating the program logistics with partners who are pleased to have the opportunity to work with our membership. In most cases, we continue to provide these webinars without cost in order to be responsive to member needs.

As of the publication of this newsletter, we will have completed the first installment of the dual-track Accounting and Reimbursement and Revenue Cycle program. Attendees participated in discussions around the legislative update, RAC readiness, a panel discussion on health care reform as well as other relevant topics. Special thanks to Brian Katz, Pat Moran and Michelle Holtzman for their continued support of this very popular program.

We continue to work with the National HFMA organization, as well as other chapters and regions, to ensure our members have access to other quality programs. Subsequently, you may have received invitations for programs and webinars from Indiana, Wisconsin, Louisiana and Nevada, as well as the national organization, such as the Nov. 5-7 Revenue Cycle program. National HFMA requires the chapters hosting these events to seek permis-

sion before inviting members from other chapters. As your president, I will continue to grant other chapters and regions permission unless the program conflicts with something already locally scheduled. Whether we are hosting the program, or the content is developed by another chapter, there will always be opportunities to learn about best practices that can bring value to your organization.

Advancement

I am pleased to report we have at least one new advanced member who has achieved the Fellow (FHFMA) designation. Mark Mitchell from University HealthSystem Consortium was awarded this well-deserved designation in August 2009. We also have several new certified members, and we have procured a number of exams since May 2009. Please contact Robert Micek or me for more information on the HFMA certification process.

Patt Marlinghaus, president-elect, and I had the opportunity to represent the chapter at the Region 7 Fall Presidents' Meeting. This was a great opportunity for the chapter presidents and president-elects to exchange ideas from each of their chapters. This annual event is a key to advancing the leaders and is an important part of ensuring a chapter leadership succession plan. From my perspective, I was afforded an opportunity to re-affirm the responsibilities of my role within the chapter. Thanks, again, to Donna Hutchinson, regional executive, for facilitating the meeting and to the Wisconsin chapter for their gracious hospitality.

Resources

Your 2009-2010 Membership Directory will be making its way to your mailbox very soon. Special thanks to Jane Bachmann, Dave Golom and Morley Kerschner for their roles in yet another successful publication. Please make sure we have your correct mailing

(continued on page 4)

Medicare Tightens Physician Supervision Rules for Outpatient Services

BY ALLWYN J. BAPTIST, CPA, FHFMA, AND LAWRENCE A. MANSON, JD

Beginning January 1, 2010, the Medicare Program will impose stricter requirements for physician supervision of both therapeutic and diagnostic outpatient services. The effect of these new standards will be to require additional physician presence at hospital outpatient units whether on-campus or in off-campus units, and may therefore affect the financial viability of some such units.

For therapeutic outpatient services, meaning therapeutic services and supplies that hospitals provide on an outpatient basis, which are incidental to the services of physicians, the Medicare Program will require “direct supervision” by a physician or other specified practitioner. “Direct supervision” under the new requirements will mean that the supervising physician must be on the same campus, in the hospital or provider-based unit/department and “immediately available” to furnish assistance and direction throughout the performance of the procedure. The Medicare program notes that it has not defined “immediately available” in terms of time or distance, but notes that the general definition of the word means “without interval of time.” As clarification, the Medicare program notes that a physician cannot be “immediately available” if that physician is performing another procedure which could not be interrupted. Similarly, the program advises that the “immediately available” test would not be met if the physician is in a non-hospital building on the hospital campus – such as a physician office building, collocated hospital, and independent diagnostic treatment facility.


The Medicare program notes that it currently does not require a physician performing direct supervision to be in the same room in which the procedure is being performed, and this provision is being maintained. However, the program says that it is not appropriate for one physician to supervise all services being



performed in all provider-based departments at a particular off-campus remote location. This implies that if there are, say, three departments at an off-campus provider-based facility, and each provides services requiring direct supervision, then there needs to be physician(s)/qualified nonphysician personnel present at that facility, not necessarily in the room, who are authorized to perform that service.

Also for therapeutic services, the direct supervision requirement may be met by a physician not in the same department as the ordering physician, but the ordering physician or non-physician practitioner must have, within his or her State scope of practice and hospital-granted privileges, the ability to perform the service or procedure that he or she is supervising. Medicare is clarifying the practitioners able to render direct supervisory services by specifically naming, in addition to physicians, clinical psychologists, licensed clinical social workers, nurse practitioners, physician assistants, clinical nurse specialists, and certified nurse-midwives, when practicing within the State scope of license and hospital-granted privileges. However, the Medicare program notes that for Cardiac Rehab, Intensive Cardiac Rehab and Pulmonary Rehab services, only doctors of medicine or osteopathy may supervise such therapeutic services.

For outpatient diagnostic services the Medicare program has required since 2000 that physician and other non-physician practitioner supervision follow the supervision requirements contained in the Fee Schedule’s Relative Value File. (The current definitions of general and personal supervision will continue to apply.) There are 161 procedures in the 70000 to 99999 code range that require direct supervision, with over half these codes relating to CT and MRI procedures with dyes (including with and without dyes). If these procedures are performed at an on-campus or off-campus facility, a physician qualified to perform these services needs to be immediately available. Starting in January 2010 these supervision requirements will also apply to outpatient diagnostic services furnished “under arrangements.” The Medicare program notes that diagnostic x-ray and other diagnostic services, may not be supervised by physician assistants, nurse practitioners, clinical nurse specialists, or certified nurse mid-wives.

These new regulations will definitely increase the levels of supervision required at certain hospital sites – particularly off-campus provider-based facilities. Hospitals and supervising physicians should study the regulatory supervision requirements carefully to make certain that “direct supervision” is provided for all therapeutic services by the appropriately credentialed physician or non-physician and that the appropriate level of supervision is maintained for all diagnostic services as specified in the Physician Fee Schedule Relative Value File. 

¹For these Medicare purposes, the term “physician” includes: doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors.

Letter from the President Continued

address and preferred e-mail address for all our important communications. In this regard, I can't thank Sylvia Sorgel enough for her tireless work to make sure we are getting everything we can out of the CVENT system that we are using for program registration and other chapter communications. We are moving closer to developing our partner resource guide. Rosalyn Ryan, a new member, has agreed to re-energize this project. I've asked Jim Watson, chapter past president, to work with Rosalyn on this important project. Your involvement in the First Illinois HFMA chapter keeps our organization strong and growing. Please maintain your membership and please support the chapter's partners so that we can continue to provide high quality tools for your career success.

Networking

Beyond all the education the chapter provides, one of our greatest strengths is through the networking opportunities created by attending chapter events. Our annual meeting/installation of officers was held at the University Club in Chicago. Nearly 100 members and guests were treated to a fine meal and exquisite camaraderie. In August, the chapter hosted its annual baseball game event at Wrigley Field. It was a beautiful night for baseball, except for the outcome of the actual game. We even had a visit from Flat Stanley Pressler from the Indiana Chapter. There must be a Yerger Award category for the successful interstate transportation (there and back) of a chapter's mascot. We will enhance the membership experience through continued networking opportunities. Speaking of

the Cubs, it's not too early to begin thinking about next year. The golf committee is looking at June 16, 2010, for the annual chapter golf outing. The event is scheduled for Glen Eagles in Lemont which provides a great golf experience, especially for the casual golfer. We're looking forward to as enjoyable a day as we had this past summer. Look for more details in the coming months.

I hope that you enjoy this issue of your newsletter and that you are making the most of your membership in the First Illinois HFMA chapter. We have many great events planned, and I look forward to meeting you very soon. Of course, if there is anything you need, "Just Ask!" 📞

Best Regards,

Mike Nichols



2009 – 2010 Chapter President, HFMA

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Membership Renewal

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In Memoriam

BY ELIZABETH SIMPKIN, VICE PRESIDENT, VALENCE HEALTH

First Illinois HFMA Remembers Pamela Waymack – 1955-2009

Recently, First Illinois lost an active member and supporter of our chapter, and a dear friend and respected colleague to many. Pam Waymack died after a courageous battle with cancer on August 23, 2009, at the age of 54.

Pam joined HFMA in 1995, and over her 19 years of HFMA membership she received many local and national recognitions from HFMA, including the Follmer Bronze Award (2006) and the Reeves Silver Award (2007). Chapter members remember her as an excellent speaker who frequently offered her time and expertise as presenter at chapter education programs. She was also in great demand as a speaker and author on the national stage, having presented at ANI and written award-winning articles for the HFMA Journal. She also was certified in the managed care discipline and was named a Fellow of HFMA (FHFMA).

In her professional career, Pam worked in administration at Johns Hopkins Hospital, the University of Maryland Hospital, Northwestern Memorial Hospital, and Children's Memorial Hospital of Chicago. She left her position as a vice president at Children's Memorial in 1995 to create her own consulting corporation, Phoenix Services. Pam is survived by her husband of 30 years, Mark Hill Waymack, PhD, and daughters, Anna Fore Waymack and Kathryn Alena Waymack. Donations may be made to Erie Family Health Center (www.riefamilyhealth.org) or Erie Family Health, Development Department, 1701 W. Superior Street, 3rd Floor, Chicago, IL 60622.

Pam dedicated lots of her time to work with the Erie House, an organization dedicated to helping provide health care services to the underserved; I admired her for giving back to the community in that way. The health care community lost a great advocate and friend, at a time when we need all our best and brightest. She will indeed be missed. Below are a few of the many tributes to Pam that we've received from HFMA members who knew Pam:

"I had extensive dealings with Pam when she was at both Northwestern Memorial and at Children's. Three things always impressed me. First, she was always highly inquisitive, wanting to learn things 'beneath the surface.' Second, she was cool-headed, organized and deliberate. Finally, she was a warm person, easy to talk with, and 'all class' as a person. I



Pamela Waymack
1955-2009

always thought of her as very top management talent."
- James Unland, President, The Health Capital Group

"I met Pam many years ago and instantaneously realized this was an exceptional and quality person. With her trademark colorful scarves around her neck to complete her outfits, and a megawatt smile, her intelligence shown through. What a loss for the health care sector, her family and friends. Pam, gone too soon. Rest in Peace." - Elaine Scheye, President, The Scheye Group, Ltd.

"Pam was an all-around class act. She was one of those people who just made you comfortable, would remember your name, and an entrepreneurial spirit that helped energize a room. She was very committed to her work, and had a great reputation." - Michael Nugent, Navigant Consulting

"Pam started her own consulting business about two years before I did. When I went into consulting, she invited me to her home and we lunched and talked health care and business. She gave me advice about the pitfalls of consulting and talked about the types of engagements that she handled. It was a lovely summer afternoon with her two daughters, who were pre-teens, running in and out and getting ready for water sports camp in Evanston. She did a great job of balancing her work and her family." - Martha Loewenthal, President, Loewenthal and Associates

First Illinois Chapter News, Upcoming Chapter Events and Committee Updates

■ Awards Committee

Founders Merit Awards for 2009

Congratulations are in order for the recipients of the 2008 Founders Merit Awards. National HFMA recognizes that its strength lies in the volunteers who contribute their time, ideas and energy to serve the health care industry and their local chapter. The Founders Merit Award program was established to acknowledge the contributions made by individual HFMA members.

The awards program is a merit plan, which assigns a range of point values to specific chapter activities, such as committee participation, educational presentations, and serving as a chapter officer. The Follmer Bronze Award is awarded when a member has accrued 25 points, the Reeves Silver Award is earned after an additional 25 points are accumulated, and the Muncie Gold Award is presented after a final 50 points are earned. A fourth award, the Founders Medal of Honor, may be conferred by nomination of the chapter Board of Directors to qualifying members. This award recognizes significant continuous service after completing the medal program.

Each of these award recipients will receive a personalized inscribed

The 2009 award recipients are:

Follmer Bronze Award

Julie Haluska
Kenneth Kaufman
Robert Micek
Patrick Moran
Daniel Yunker

Reeves Silver Award

Paula Dillon
Edward Giniat
Robert Kuhel
David Hammond
Michelle Holtzman
Robert Maziarka

Muncie Gold Award

Janet Blue
Carl Pellettieri

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.

Please refer to your chapter membership directory for more information regarding the awards series, scoring details and a listing of all former recipients. If you have any questions regarding the awards or your current point status, please call Brian Sinclair, Chairperson, Awards Committee, at 630-207-7308.

■ Scholarship Committee

First Illinois Chapter HFMA 2009 Scholarships

For the third year in a row, the First Illinois HFMA Scholarship Committee has awarded scholarships to three remarkable students. As in the past, truly, the committee's biggest challenge is selecting the finalists, as there were a number of outstanding candidates making a big difference in the world! Without a doubt, the children of these First Illinois HFMA members exemplify excellence not only in academics, but also in service to their communities and beyond.

The 2009 scholarship winners

Kimberly Barth is First Illinois HFMA's \$500 winner. In addition to First Illinois HFMA's scholarship, Kimberly has been recognized with scholarships from Anderson University, Indiana Wesleyan, Grace College and Calvin College. She not only teaches in her church, but she also tutors students after school. Kimberly is a talented musician, and the Director of Choirs at Liberty-Benton Local Schools states that Kimberly's heart shines through everything she invests her time in. Kimberly will attend Indiana Wesleyan University with plans to become an elementary school teacher.

Kendall Sawa is First Illinois HFMA's \$1000 winner. Kendall's awards include National Honor Society, Volleyball and Basketball Leadership awards, Biology, Chemistry and Physics Achievement awards, just to name a few. Kendall's community involvement is truly impressive; she participates in Love without Borders, the Northshore Ulster Project, Wings, Brillianteen YMCA Youth Showboard, Boosters Club and "Names Can Really Hurt Us." Kendall will attend the University of Wisconsin-Madison, pursuing a degree in chemical engineering, and she plans to use her degree with an emphasis on ecological conservation, restoration and preservation.

Katherine Pryor is First Illinois HFMA's \$1500 winner. Katherine has a list of accomplishments too long to include in this article. To name a few, besides being an outstanding student and part of an award-winning math team, Katherine single-handedly organized a festival for the special needs members of her community, she implemented a free tutoring program, she serves as a Student Ambassador at Marist High School, she is a member of the National Honor Society and an officer on Marist Youth United for Mission. The Service and Community Outreach Director for Marist described Katherine as "a leader in the classroom because of her intelligence, wit and compassion." Katherine will attend the University of Notre Dame, pursuing a career in medicine.

My fellow Scholarship Committee members and I are thrilled to have the opportunity to contribute to Kimberly's, Kendall's and Katherine's future dreams and success. The First Illinois HFMA Scholarship Committee would like to once again congratulate the 2009 scholarship winners, and we wish them luck in their future endeavors.

Sylvia Sorgel

HFMA Events

First Illinois Chapter HFMA Hosts "HFMA 101"

BY TIM MANNING, PRACTICE MANAGER, DUPAGE MEDICAL GROUP

The First Illinois Chapter of HFMA held its annual HFMA 101 Program this year at Morton Arboretum on August 21. The purpose of the HFMA 101 Program is to help new members fully utilize chapter and national resources to maximize their membership investment.

New members had the opportunity to mingle with other First Illinois Chapter members and committee members, as well as hear from President-Elect Patt Marlinghaus, 2009-2010 President Mike Nichols, and Past-President James Heinking. Janet Blue and Tim Manning added their "two-cents" regarding volunteering and committee participation, the "life-blood" of the First Illinois Chapter, and Robert Miczek discussed the benefits of certification and achieving "fellow" status. Afterwards, attendees were treated to a tram-ride and tour of the Arboretum's grounds.

The co-chairs of the HFMA 101 Committee, Janet Blue and Tim Manning, would just like to say thank you to all the volunteers that helped make this event count – it was truly a success. 🌿



Tim Manning, Mike Nichols, and Janet Blue: Your Hosts for HFMA 101

2009 Region 7 Fall President's Meeting (FPM)

BY PAT MARLINGHAUS, PRESIDENT-ELECT

The Region 7 Fall President's Meeting (FPM) was held at the end of September, and it was attended by presidents and president-elects of our region. Region 7 includes not only the First Illinois Chapter, but also McMahon-Illini, Southern Illinois, Indiana and Wisconsin, which was our host chapter. We also had representatives from national as well as the Region 7 Regional Executive, Donna Hutchison.

National provided an update on the strategic goals, which are to **demonstrate value** to our members and to **keep HFMA relevant**. A means to achieve these goals is to provide a more effective learning tool while keeping costs down. Starting in 2010, national will initiate a distance learning program for the benefit of our members. In light of the current work environment, we anticipate that this will be well received and more convenient for members. national has also taken measures to contain overhead costs, which is something we have all done within our own organizations in order to remain competitive.

Additionally, national has developed a Healthcare Leadership Council (HLC), which is comprised of experts within

the health care field. At its first meeting, the HLC took a long term view of the expected changes in the health care field, the impact on providers and the role of HFMA. This long term view and our increased access to a broader array of leaders should prove valuable to our membership.

Other topics discussed at the FPM included each chapter's scorecard and performance over the last year. Strategies were developed to increase value to existing and potential new members, and measures to achieve these goals were elucidated. We discussed what worked well at other chapters and how those practices could be applied to First Illinois.

Lastly, an election of the 2011-2012 Regional Executive was held. Connie Bishop, current president of the Indiana chapter, was selected and will begin her new role next year.

The Fall President's Meeting was productive and charted out a course to meet the challenges for the coming year. 🌿

HFMA Events

First Illinois Chapter HFMA's Annual Transition Dinner

BY PAULA DILLON

Over 100 First Illinois Chapter HFMA (FIHFMA) members and guests turned out for the annual Chapter Transition Dinner held at The University Club in Chicago on July 16, 2009. This annual meeting is always a highlight of the chapter year, providing HFMA members a chance to socialize and celebrate the work of the chapter, its leadership and its members. We call it a "Transition Dinner" because it is the event that we transition from one chapter year (and leadership) to a new chapter year (and leadership). Our hosts for the evening were Guy Alton, FIHFMA president, 2008-2009, and Mike Nichols, FIHFMA president, 2009-2010, and their respective boards of directors and committee chairs.

Guy Alton provided his reflections, recognition and appreciation for all the accomplishments of the 2008-2009 chapter year. Under Guy's leadership, the chapter won a total of five (5) national HFMA Awards at HFMA's Annual National Institute (ANI) in June 2009 for the following achievements/accomplishments:

- Increased education hours per member
- Member retention rate
- Number of members with HFMA certification
- Education excellence for the treasury program held in 2009

- Symposium with Metropolitan Chicago Health Care Council

Sylvia Sorgel of the Scholarship Committee then had the honor of introducing the 2009 FIHFMA Scholarship Award winners. The 2008-2009 First Illinois Chapter HFMA Scholarships were awarded to:

Katherine Pryor: \$1500 – attending the University of Notre Dame

Kendall Sawa: \$1000 – attending the University of Wisconsin-Madison

Kimberly Barth: \$500 – attending Indiana Wesleyan University

Pat Moran, incoming secretary in 2009-2010, had the pleasure of introducing one of the evening's most special guests – Cathy Jacobson, FHFMA and SVP, Strategic Planning and Finance/CFO and Treasurer, of Rush University Medical Center. The 2010 chapter year is a historic one for First Illinois, as our chapter is privileged to have Cathy presiding as the National Chair of HFMA. The attendees were reminded of the chair's theme for the upcoming year – Making it Count. Audience members were challenged to keep that motto in mind in their ongoing work in the health care field. After brief comments to the audience,

the 2009-2010 officers and boards were officially installed. In addition to current board members – Paula Dillon, Jerry Jawed, Greg Pagliuzza, and Guy Alton as past-president – new board members were sworn in, including: Grace Daigel, Delnor-Community Hospital; David Golom, Ingalls Memorial Hospital; and Brian Katz, Deloitte & Touche. All committed to serving the chapter during the coming year to the best of their abilities.

The evening concluded with closing remarks by Mike Nichols, First Illinois Chapter president, 2009-2010, who graciously recognized Guy Alton, past-president, for his leadership and contributions over the previous year. Guy was presented with the traditional president's gavel as well other gifts in recognition of his service to the chapter during 2008-2009. Mike Nichols emphasized his theme for this upcoming chapter year – Just Ask! – and encouraged all attendees to continue to remain involved and committed to the activities for the coming year.

The evening was a good success, with new acquaintances made and recognition for tremendous efforts over the past year. The First Illinois Chapter looks forward to another tremendous year and seeing your attendance at the 2010 Chapter Transition Dinner. 🍷



The 2009 FIHFMA Scholarship Winners with their parents: Cheryl, Vince and Katherine Pryor, Kathryn, Philip and Kendall Sawa, and Charles, Marcia (not pictured) and Kimberly Barth



Cathy Jacobson, left, 2009-2010 HFMA National Chair, with FIHFMA 2009-2010 Board of Directors

HFMA Events

HFMA Night at Wrigley Field


BY JIM WATSON

On Tuesday, August 25, 2009 over 100 First Illinois Chapter HFMA members got together to celebrate their love of baseball by attending the Cubs vs. Nationals game at Wrigley Field. Chapter HFMA President Mike Nichols had this to say: "Whether a Cubs fan or a White Sox fan, HFMA and Wrigley Field were a unifying force to bring them all together for a night of baseball on a beautiful summer evening."

The evening began with a pre-game

barbeque on the Cubs Fan Deck, where we shared food, drink and stories about work, family and friends, and baseball. Chapter member Mark Mitchell was presented with his HFMA Certified Healthcare Financial Professional (CHFP) certification plaque at the event.

After the pre-game barbeque, we all sat together in a block of seats down the first base side. The weather was great, but the baseball not so. The Nationals beat the Cubs 15-6, but even so, at the time the

Cubs playoff hopes were still alive. But like the weather, that soon changed and we all now know that neither the Cubs (nor the Sox) made the playoffs this year, and the weather has gone south too. But back in August, all was good, and HFMA Night at Wrigley Field was another great get together for our members. In keeping with our tradition, next year we will flip-flop the event and it will be an outing to U.S. Cellular Field for a White Sox game. 



Mike Nichols, chapter president presents CHFP certificate to Mark Mitchell



New members and old friends "root, root, root for the home team"



Brian Katz, board member (second from left) and Tony Cazwell (right) enjoy the pre-game festivities with colleagues



Dan Yunker, CFO committee co-chair (standing) and Pat Moran share a cold one with members

Improve Patient Satisfaction through Segmentation

BY TINA ELLER, VICE PRESIDENT, SEARCHAMERICA

Hospitals have turned to new technology to better serve their patient populations by segmenting outstanding receivables. As with any solution, hospitals are asking whether it is helpful or hurtful to the patient's financial relationship with a health care provider.

Fortunately, leading hospitals are turning to advanced segmentation strategies to strengthen their community and patient relations, provide an unbiased approach, and improve their bottom line.

One of these hospitals is INTEGRIS Health, a large health care system in Oklahoma with 14 hospitals. After implementing a patient segmentation strategy in 2004, their organization has virtually eliminated all customer service complaints related to their financial experience. How? They use an automated probability of payment model across all of their hospitals in order to apply the proper collection activities to each patient.

Smarter Segmentation Based on Payment Likelihood

Predictive modeling is used to segment patients by using data elements to predict future behavior – in this case paying their hospital bills. The use of predictive modeling tools is growing significantly in health care, with hospitals using its results to improve their revenue cycle and prevent fraud.

In a nutshell, predictive modeling is simply an equation used for scoring and ranking patients, based on payment likelihood. Hospitals using predictive modeling to determine payment likelihood typically leverage three key performance indicators (KPIs):

- History of behavior
- Medical data available
- Age of account (30, 60, 90 days)

In addition, most are also leveraging third-party services that offer credit and financial information. By adding these additional attributes to their modeling, hospitals can better derive payment advice specific to their patient population.

With the use of predictive modeling, it is possible to examine groups of patients and determine their payment likelihood. These results will allow facilities to segment out patients with high probability of payment and approach them differently than they would a patient with low probability of payment.

It All Hinges on Communication

A patient's impression of a health care facility is determined by their experiences, both with their clinical treatments and

their financial interactions. Both rely on communication.

To establish a level of trust, a hospital's frontline staff must be able to establish the appropriate financial relationship with each patient based on advanced segmentation to effectively and politely communicate their financial responsibility, if any. If not done well at the onset, a patient is quickly frustrated and the relationship is off to a poor start.

(continued on page 11)



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Improve Patient Satisfaction through Segmentation

(continued from page 10)

Instead, organizations must equip their staff with systems to rapidly identify the appropriate collection strategy for each patient, at that specific point in time. If they qualify for financial assistance, patients should be told their options and enrolled immediately, whenever possible. For the remaining patients, registrars should provide payment options, if needed, and/or remind the patient of their financial responsibility.

Communication doesn't stop after the patient leaves the hospital. Hospitals know that a billing statement can either strengthen or weaken their satisfaction with your facility. One of the largest complaints from patients is the vague or cryptic information on their billing statements. And, the harder it is for them to understand, the less likely they are to pay it in a timely fashion.

Billing statements offer today's hospitals an opportunity to demonstrate their commitment to patient satisfaction. With informative statements based on the patient's appropriate collections strategy, patients will respond more quickly and favorably.

Hospitals today need to improve how they communicate not only with their patients, but also the community they serve.

Thus, INTEGRIS and other health care organizations are curbing potential media misperceptions by reaching out to educate and build awareness within their service area. For example, local consumers are saving significant dollars on health care annually through the hospital's charity care programs. This generosity is widely unknown by the general public. It is to everyone's advantage to make this fact known in the community.

Best Practices in Segmentation: A Case Study

INTEGRIS Health has achieved a reputation for excellence in their communication of financial responsibilities with patients. Using predictive modeling to segment their patient population since 2004, INTEGRIS now applies the proper collections activities to each patient account.

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(continued on page 14)

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This year, we are planning to ask our members if they would prefer to continue receiving *First Illinois Speaks* in a paper format, or if they would prefer to receive the newsletter electronically. Be thinking about this subject and look for an upcoming survey question to address it.



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Aiming Higher: Illinois Misses the Mark

The Commonwealth Fund Releases the Second Edition of its State Scorecard Report

BY TIM MANNING, PRACTICE MANAGER, DUPAGE MEDICAL GROUP

On October 8, 2009, the Commonwealth Fund Commission released the second edition of its state scorecard report, *Aiming Higher: Results from a State Scorecard on Health System Performance, 2009*. This article briefly summarizes the results for the State of Illinois.

The state scorecard report evolved from the Commonwealth Fund's national scorecard report published in September of 2006. Whereas the national scorecard report focused primarily on assessing the U.S. health care system, the state scorecard drills down and examines the "variability" of health care across states. Specifically, the report uses 38 indicators to rank each state on five dimensions of performance: *Access, Prevention and Treatment, Potentially Avoidable Use of Hospitals and Costs of Care, Equity, and Healthy Lives* (see footnote for definitions: Five Dimensions of Performance). The results of the second edition reiterate those of the first – where you live matters.

In the first edition of the state scorecard report, published in 2007, Illinois had a state rank of 32nd and fell into the third quartile for overall performance; however, in the 2009 state scorecard report, Illinois fell to 42nd, and it found itself in the bottom quartile of the state rankings with Tennessee, Alabama, Florida, Kentucky, Oklahoma and Mississippi. Although Illinois's state rank for the dimension, Equity, showed marginal improvement from 2007 to 2009, the state rank for all other dimensions of performance worsened, with the Prevention and Treatment dimension and the Avoidable Hospital Use and Costs of Care dimension falling precipitously from 28th to 44th and 41st to 49th, respectively.

The purpose of the state scorecard report is to establish a benchmark for each state in an effort to help identify opportunities to improve. If Illinois performed at the level of the states in the top quartile, the data suggests that:¹



- 858,727 more adults (ages 18-64) in Illinois would be covered by health insurance (public or private)
- 105,199 more children (ages 0-17) in Illinois would be covered by health insurance (public or private)
- 532,091 more adults (ages 50 and older) in Illinois would receive recommended preventive care
- There would be 47,067 fewer preventable hospitalizations for ambulatory care sensitive conditions among Medicare beneficiaries in Illinois, with a concomitant savings of \$312,760,589 from the reduction in hospitalizations
- There would be 14,594 fewer hospital readmissions among Medicare beneficiaries in Illinois, with a concomitant savings of \$195,761,965

For Illinois to attain the level of performance exhibited by the states within the top quartile, it would need to improve its overall performance by an average of 40% to 50%. The two-to-three fold spread between top quartile performers and bottom quartile performers is alarming, to say the least – Illinois has its work cut out for it. At this point, Illinois needs to look no further than the 13 states within the top quartile for ideas, as the

performance level achieved by these states can be argued to be the goal that Illinois may someday need to meet or exceed.


Food for thought: The *Data Trends* section of the September 2009 issue of HFM Magazine reported considerable improvement in national trends related to the public reporting of hospital quality measures.² Although there is a small payment incentive for hospitals to report certain quality measures, it's more likely the "public awareness" that is driving their participation – a kind of Hawthorne effect. Case in point, the 2009 state scorecard report showed improvement across all states for those measures that have received national attention (i.e., heart attack, heart failure, pneumonia, etc.). However, other measures such as re-admission rates, not a reportable measure at the time the data for the 2009 state scorecard report was compiled, showed little or no improvement at all. Now that re-admission rates are in the "spotlight," how quickly will performance improve on this measure? Bottom line – data, incentives and transparency appear to drive significant change, at least at the provider level. It may be too much of a stretch to think that all health care providers throughout Illinois would collaborate to achieve statewide performance excellence. Currently, there is

(continued on page 13)

Aiming Higher: Illinois Misses the Mark

(continued from page 12)

neither the collective will, nor the incentive to do that. But, what if the state scorecard report was someday used to determine disbursement of matching federal funds for healthcare at the state level – would it help drive improvement then?

To view and read the entire report, go to <http://www.commonwealthfund.org> 

Footnote:

Five Dimensions of Performance (definitions taken **directly** from the report to ensure integrity):¹

1. **Access** includes rates of insurance coverage for adults and children and indicators of access and affordability of care.

2. **Prevention and treatment** includes indicators that measure three related components: effective care, coordinated care, and patient centered care.

3. **Potentially avoidable use of hospitals and costs of care** includes indicators of hospital care that might have been prevented or reduced with appropriate care and follow-up and efficient use of resources, as well as the annual costs of Medicare and private health insurance premiums.

4. **Equity** includes differences in performance associated with patients' income level, type of insurance, or race or ethnicity.

5. **Healthy lives** include indicators that mea-

sure the degree to which a state's residents enjoy long and healthy lives, as well as factors such as smoking and obesity that affect health and longevity.

Citation:

1. D. McCarthy, S. K. H. How, C. Schoen, J. C. Cantor, D. Belloff, Aiming Higher: Results from a State Scorecard on Health System Performance, 2009, The Commonwealth Fund, October 2009.

2. Shoemaker, W. 2009. Data Trends. Healthcare Financial Management, 63 (9), 138.

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Improve Patient Satisfaction through Segmentation

(continued from page 11)

menting our segmentation strategy, our patients are happier and less stressed as they understand their financial responsibility, but most importantly we have a mutually agreed upon plan to eliminate surprises.”


INTEGRIS is focused on communicating its financial assistance offering and related screenings as part of its admissions process. Due to the nation’s economic recession, more patient populations need hospitals’ charity care and/or other financial assistance programs to help cover the gap between billed charges and what their insurance plan pays. Thus, INTEGRIS is communicating its financial assistance options to patients much earlier than before.

On the front end, INTEGRIS uses a predictive modeling solution to segment each patient as they enter their facilities based on their probability of payment. They are quickly able to identify qualified charity care accounts, offer payment options to those who need them, and ultimately make all patients aware of their financial responsibility at the onset of their relationship.

After a patient leaves their facilities, INTEGRIS uses predictive modeling on the back end to determine the best strategy for collections, e.g., the number of phone calls, letter series, when an account should be tagged as bad debt or presumptive charity, etc. By communicating with each patient in a unique manner based on the financial responsibility established at registration, a patient’s dignity is maintained as well as INTEGRIS’ bottom line.

Automation Delivers Consistent, Unbiased Results

Smarter segmentation is achieved only by automating the process, making it consistent and unbiased. With an automated system, the guesswork is removed and staff must follow a predetermined process that applies to all patients in a particular segment, regardless of age, race, education, etc.

In conclusion, all segmentation is not equal. Exclusively relying on credit histories isn’t likely to yield the financial, community, and patient satisfaction results that health care networks are looking to achieve. Understanding a patient’s payment likelihood can; just ask INTEGRIS Health. 

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Reform and Looking Ahead to the Future

(continued from page 1)

have removed the creation of an Independent Medicare Advisory Commission (IMAC), which would take away congressional oversight of Medicare reimbursement policies. By way of background, MCHC has significant concerns with the IMAC proposal and believes that giving such broad authority to a new federal entity takes away the checks and balances that currently exist.

Is there an end in sight? Senate Majority Leader Harry Reid (D-NV) said he expects the Senate to pass health care reform before the end of the year, and he also announced plans to bring a bill to the floor. Reid, who will play a key role in merging the final bill that comes out of the Finance Committee with the bill passed in July by the Senate Health, Education, Labor and Pensions (HELP) Committee, suggested that, overall, the timeline will depend on how quickly the Congressional Budget Office (CBO) can score the combined bill. Also, Paul Kirk, Jr., a former Democratic National Committee (DNC) chairman, was appointed by Massachusetts Gov. Deval Patrick (D) to fill the seat of the late Senator Edward Kennedy. Kirk's appointment potentially gives Senate Democrats the 60 votes needed to pass a health reform bill.

The final architecture of legislation is uncertain at best, and as we continue to monitor the future impact of reform on the industry we lead, we must challenge ourselves to think about what our role may be in years to come. The charity missions of the not-for-profit provider along with the tax-exempt status that offers access to affordable capital will continue to be challenged. If the result of reform is more Americans with coverage, as a health care market, hospitals will need to tangibly demonstrate the community benefit delivered, which includes accountability for improving the health of the communities served. 



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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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Healthcare Financial Management Association First Illinois Chapter

Chapter Events Calendar 2009/2010

For a current listing of all upcoming First Illinois HFMA Chapter events, please visit: <http://www.firstillinoisHFMA.org/calendar.htm>

Friday, November 20, 2009

CFO Breakfast
Elmhurst Center for Health, Elmhurst, IL

Wednesday, December 9, 2009

Webinar – Deloitte
Online

Thursday, December 17, 2009

Treasury Committee
MCHC, Chicago, IL

Friday, December 18, 2009

CFO Breakfast
Elmhurst Center for Health, Elmhurst, IL

Thursday, January 21, 2010

Physicians Committee
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Friday, January 22, 2010

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Elmhurst Center for Health, Elmhurst, IL



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