

# First Illinois *Speaks*

HFMA's First Illinois Chapter Newsletter



October 2017

## Where Passion Meets Purpose

News, Events & Updates of  
the First Illinois Chapter  
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## Message from FIHFMA President

In August, the Women in Leadership education program was one of our key innovation programs this year, combining a great education program and golf outing in the afternoon. We had over 65 attendees, and I'm very proud to report that over 80% of participants evaluated this program as being excellent! Congratulations to Sue Marr, chair, and all the volunteers for a great innovation program.

The Chicago Cubs rooftop event was held on September 15. The Cubs beat the St. Louis Cardinals and it was an amazing game. We had 40 attendees with approximately 50% from healthcare provider organizations.

The Fall Summit, October 24 – 25, was again held at Drury Lane. This year's Fall Summit included an entire Early Careerist track, featuring a recruitment panel and more. Also, the Fall Summit included a concurrent Women in Leadership session. For the first time, we had a 50/50 raffle to support the Breast Cancer Research Foundation. We had providers attending from at least 15 Chicago area hospitals and healthcare provider organizations.

On November 3, the First Illinois HFMA hosted the 2017 CHFP Fall Practicum instructed by Christopher Stauder. The HFMA certification exam is challenging, but it is also a highly recognized credential in healthcare finance. It will occur 8:30 a.m. – 5:00 p.m. at 321 N. Clark Street in Chicago.

On November 16, please join the Illinois MGMA Fall Group Financial Management Conference. The educational focus is on medical group financial management topics and payer updates. Payers to date include NGS – Medicare, BCBS of Illinois and United Healthcare. The conference is from 8:30 a.m. to 5:00 p.m. at the NIU Naperville Conference Center.

Please mark your calendars for the February 8 annual Managed Care Symposium in Chicago. This education program traditionally fills up quickly and is an important healthcare event to keep up to date on managed care changes. Please see the First Illinois HFMA website Events page for more details.

I would like to especially thank all of our chapter volunteers and sponsors. We appreciate all of your

(continued on page 2)



## Message from FIHFMA President (continued from page 1)

time and resources and your commitment to the First Illinois HFMA Chapter! The chapter's education programming, newsletter, social and networking events would not be possible without you. You have made this a stronger organization and allow us to continue our mission of being an indispensable healthcare finance resource. 🙏



Brian Katz  
2017 – 2018 First Illinois,  
HFMA Chapter President

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# Charity Care Policy Change Will Cause \$2.3 Billion Payment Shift

BY RICH DALY, HFMA SENIOR WRITER & EDITOR

Industry advisers are urging hospitals to doublecheck their charity care reporting this month in preparation for a major Medicare charity care policy change that is expected to shift the distribution of \$2.3 billion annually among hospitals.

The Centers for Medicare & Medicaid Services (CMS) offered hospitals a chance this month to amend their data on Worksheet S-10 of the Medicare cost report from FY14 and FY15, using new instructions that expand the definition of charity care. Worksheet S-10 data from the cost reports will be used to calculate two-thirds of a hospital's Factor 3 formula for uncompensated care payments in FY19.

The opportunity for hospital review followed CMS' decision to begin using S-10 data to determine the distribution of \$6.7 billion in annual Medicare uncompensated care payments.

"Everybody should be looking at this issue before the deadline," said Mark Polston, a partner at King & Spalding.

Hospitals should review the amount of uncompensated care that they are claiming on Worksheet S-10 to maximize their share of the fixed pool of funding, he said.

The October 31 deadline for hospitals to add data and resubmit those worksheets to their Medicare administrative contractors was an extension of a September 30 deadline and included some CMS clarifications. For example, CMS clarified what counted as charity care and how hospitals should calculate the cost of non-reimbursable Medicare bad debt.

"If hospitals are not looking to determine whether their prior Worksheet S-10 submissions are conforming to these new understandings of these two definitions, then they may find themselves disadvantaged as compared to all other hospitals that are looking at these instructions," Polston said.

More than 100 hospitals sought help from Southwest Consulting Associates to perform S-10 compliance reviews for the initial deadline, and many more have sought help under the deadline extension, said Kyle Pennington, client relations manager.

The scramble to review S-10 data followed steep hospital opposition to using S-10 data in the methodology for determining uncompensated care payments. In comments on the Inpatient Prospective Payment System proposed rule, which finalized the new policy, the American Hospital Association (AHA) had urged a one-year delay in using S-10, to address the group's lingering concerns over the accuracy and consistency of the data.

AHA also had urged a stop-loss policy to prevent a loss of more than 10 percent of DSH payments under the policy. The association calculated



that more than 20 percent of hospitals would lose at least 10 percent of DSH payments by the time the policy was fully phased in over three years.

"The agency is moving too quickly to use a form that remains unclear in its construction and instructions, not consistently prepared by hospitals, and not yet subject to audit for accuracy," Chip Kahn, president and CEO of the Federation of American Hospitals (FAH), wrote in comments to CMS about the plan to begin using S-10 data.

## Shifts Expected

CMS' new approach is expected to lead to a massive nationwide redistribution of Medicare disproportionate share hospital (DSH) funding, underscoring the importance to hospitals of reexamining their S-10 data, Polston said.

"Using S-10 data, CMS has recognized, is going to have an enormous redistributive effect on uncompensated care payments," Polston said.

Overall, the change is expected to shift such funding from hospitals in states that expanded Medicaid eligibility under the Affordable Care Act to hospitals in the 19 states that did not expand Medicaid.

Hospital clients of Southwest Consulting Associates in California and New York have seen the biggest expected losses under the new policy, while those in Texas and Florida have seen the biggest gains, said Jonathan Mason, senior manager of operations. Individual hospitals' projected annual payment changes have totaled more than one million dollars, according to the reviews. He also has seen evidence that the payments will swing from not-for-profit hospitals to governmental hospitals.

"The big dollars are moving to governmental hospitals," Mason said. A projection conducted by DeBrunner and Associates for FAH concluded

*(continued on page 4)*

the new policy will result in a shift of \$2.3 billion in such funding. Additionally, 10 percent of hospitals would increase their share of the overall Medicare DSH pool from 18.8 percent to 44.5 percent, or an increase of \$1.8 billion, according to the projection.

"This means that 10 percent of hospitals would experience 77 percent of the total gains among all hospitals," Kahn wrote. "Others would suffer significant losses, with no assurance that the underlying data is accurate enough to support such changes for either the winners or the losers."

### Keys to Watch


As hospitals reexamine S-10 data and submit revised data, Pennington urged a "deep dive" examination of their financial assistance policies and procedures, including charity care policies, bad debt policies and self-paid discount policies. Other issues hospital executives should consider are changes that allow hospitals to include partial or total discounts to uninsured patients in their facility's total amount of charity care.

Not-for-profit hospitals may have offered such discounts under either their charity care policy or their financial assistance policy. The change could especially benefit hospitals that previously interpreted CMS instructions as prohibiting the inclusion of discounts for uninsured patients among their charity care charges, Polston said. "If you don't

[include] that and every other hospital does, then your amount of uncompensated care payments will shrink proportionately," Polston said.

Another key consideration for hospitals when reviewing the worksheet is to ensure their non-reimbursable Medicare bad debt expense was not reduced by their cost-to-charge ratio. "So, every hospital probably has an opportunity to restate that number, and that number will be higher," Polston said.

Hospitals that don't restate the number will be similarly disadvantaged compared to hospitals that do. Finally, Pennington underscored the need for hospitals to become "audit ready," with patient detail information available to support data they submit on their S-10.

"CMS has stated that FY17 will be the first fiscal year that the cost reports will be subject to review by the MACs for Worksheet S-10, but CMS also has indicated that they expect more robust reviews to be conducted for FY14, FY15 and FY16," Pennington said. 

*Rich Daly is a senior writer/editor in HFMA's Washington, D.C., office. Follow Rich on Twitter: @rdalyhealthcare*



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# CAREER Corner

BY VICKIE AUSTIN



Mike Nichols

This issue of "Career Corner" focuses on **K. Michael (Mike) Nichols, CPA**, the new vice president of net revenue and reimbursement at Presence Health. Prior to his role at Presence, Mike was a partner at RSM US LLP in Healthcare Advisory Services. Mike is a long-time champion of the First Illinois HFMA Chapter and has served as president of the chapter as well as a regional executive, and he is a recipient of the chapter Medal of Honor.

## Q: What was your first job?

A: My first job was as a gardener, helping an elderly lady in our neighborhood. My first professional job was as a Medicare auditor, working for Health Care Service Corporation (Blue Cross of Illinois) after I graduated from the University of Illinois.

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

A: From the world of sports, Ernie Banks and Stan Mikita. They were very professional with a great work ethic, and they served as ambassadors for their sports and the city of Chicago.

As I got older and had a family of my own, I began to appreciate my dad and how hard he worked to support our family. Also, my youngest daughter, Gretchen, has an incredible work ethic and sense of perseverance. She helps me to stay grounded and inspires me to never give up. She also reminds me that it's okay to laugh once in a while.

My first boss, Jack Chrencik, helped me understand the world of work and the importance of having great networking and social skills. During my time at RSM, I developed a great relationship with one of my partners, Zack Fortsch. He was very instrumental in my career there and continues to provide me with extremely good counsel.

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

A: As a child, I was somewhat accident prone and spent a lot of time in hospital emergency rooms.

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

A: Early in my career, I got fired from a job because, unbeknownst to me, the organization brought someone in to review my work. The reviewer identified some areas I'd missed because I kept being told to do other things and missed some critical issues. This taught me some valuable lessons:

- **Ask good questions** – I should have challenged being pulled away from what I was hired to do.
- **Toot your own horn and play to your strengths** – If I had touted my skills and accomplishments, they wouldn't have retasked me. If you don't speak up for yourself, no one else will.
- **Remember the power of networking (and don't burn bridges)** – Even though I was unexpectedly unemployed, I reached out to prior connections and got a different and more financially rewarding job very quickly.

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

- A:
- **Take time to get to know the people you work with.** This is true for clients, colleagues and coworkers. You might learn something fascinating and also develop some lasting professional relationships.
  - **You never know everything, and what you do know is never enough.** You can have deep knowledge about a particular subject matter and your relevance only lasts as long as that field of knowledge is a hot topic.
  - **The "Brady Rule"** – This is a life lesson that I learned from my good friend Zack Fortsch. After the assassination attempt on President Ronald Reagan's life, Congress enacted the "Brady Bill," imposing a waiting period on buying handguns. The same should apply to communications, especially when using email. Wait to respond to any communication that may lead to conflict. No sense in starting a war until you've calmed down, understood the facts and prepared a more appropriate and professional response.

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

A: HFMA has been a huge part of my career. I've met tremendous people at the local, regional and national levels. I've had the chance to volunteer and be involved in things I never knew I was interested in (such as being newsletter editor). By serving on the chapter board and completing the officer rotation, including serving as Region 7 Executive, I've developed leadership skills that made me more effective with clients and colleagues. The pinnacle for me was being named a chapter Medal of Honor recipient, which is genuine recognition for my commitment to the chapter, to HFMA and to the industry.

## Q: What are you reading?

A: hfm Magazine

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

A: It's a big, brave, bold world with many nuances and complexities. Decide what part of healthcare you want to specialize in. Healthcare organizations with a need tend to be specialty buyers and will seek out the best, not necessarily the lowest cost, resource.



Vickie Austin

Vickie Austin is a business and career coach and founder of CHOICES Worldwide and author of **Circles of Gold: Honoring Your Network for Business and Career Success**. She has spoken at ANI and she's a frequent speaker at HFMA chapters around the country. Vickie is also a new contributor to HFMA's "HERE" e-newsletter. You can connect with her at [vaustin@choicesworldwide.com](mailto:vaustin@choicesworldwide.com).

# Hospital, Insurer Impacts Expected From Trump's Marketplace Moves

BY RICH DALY, HFMA SENIOR WRITER & EDITOR



Both hospitals and insurers are expected to see financial effects from the Trump administration's latest initiatives in relation to the Affordable Care Act's (ACA) insurance marketplaces. Among the range of actions that the Trump administration took recently regarding the individual health insurance markets, the only immediate effect was the decision to end cost-sharing reduction (CSR) payments, which subsidize out-of-pocket costs for ACA marketplace enrollees who earn up to 250 percent of the federal poverty level. A federal judge previously ruled that such administratively provided CSR funding was illegal and needed to be appropriated by Congress.

The end of CSR payments will likely leave insurers to figure out how to cover the cost of the missing payments for the remaining three months of 2017. For 2018, insurers are expected to add the cost of covering the CSR payments to their Silver plan premiums, according to industry watchers.

The resulting rise in Silver plan premiums both on- and off-exchange—they are required to be identically priced—will likely cause many non-subsidized Silver plan enrollees to switch to Gold plans, and premiums for those will likely drop, according to projections by the Congressional Budget Office.

Hospitals could benefit from a decrease in marketplace enrollees with Bronze and Silver plans—which have higher out-of-pocket costs—because they have complained that patients with such plans haven't been able to cover any of their out-of-pocket costs, said John McCarthy, founding partner of Speire Healthcare Strategies and former director of the Washington, D.C., and Ohio Medicaid programs.

"Theoretically, the Gold plan lowers that, so it would be better for a hospital," McCarthy said.

"The real impact will probably be on insurers saying, 'You know what, I just don't want to fool with this anymore,' and that has increasingly become the sentiment among insurers," said Emily

Evans, managing director for health policy at investment adviser Hedgeye, in reference to participation in the marketplaces. McCarthy noted some states had insurers submit rates based on the assumption that CSRs would not be provided. "So theoretically, for states that said, 'Use bill rates assuming they wouldn't be in there,' they would be OK," McCarthy said.

Little impact on insurer participation in 2018 is expected, but Evans expects debate on continued participation to sharpen heading into 2019—assuming Congress does not appropriate the CSR payments by then. Insurer and hospital advocates responded to the administration's decision to end CSR payments by ramping up pressure on Congress to appropriate the funding.

"It is critically important that the Congress act with dispatch to ensure the federal funds remain available to pay for the cost sharing for those working American families," said Chip Kahn, president and CEO of the Federation of American Hospitals. "We support and strongly encourage the development of a bipartisan legislative solution to stabilize the individual insurance marketplace," said Mary Grealy, president of the Healthcare Leadership Council, a coalition of hospitals, insurers and other entities. "A solution that provides assurance of continued cost-sharing reduction payments in conjunction with greater regulatory flexibility for states in carrying out the Affordable Care Act would serve the nation, and the health of our fellow citizens, well."

"We call on Congress to immediately shore up the ACA marketplace and to work in bipartisan fashion, with hospitals and other stakeholders, toward long-term and sustainable ways to give all people access to affordable, comprehensive care," said Bruce Siegel, MD, president and CEO, America's Essential Hospitals. The leaders of the Senate Health, Education, Labor and Pensions Committee have restarted stalled bipartisan negotiations on a CSR funding package, but those discussions have snagged over partisan differences regarding the amount of state insurance regulatory flexibility to allow. Despite the industry's urging, it is not clear that Congress will clear any CSR

*(continued on page 8)*

legislation. "I am assuming they won't act because I don't see any real consensus there," Evans said.

### Executive Order

President Donald Trump also issued an October 12 executive order that contained numerous provisions affecting both insurers and hospitals. Unlike the CSR decision, the impacts of the executive order will be delayed until the issuance of implementing rules and other actions by federal agencies.

The order directed the issuance of rules facilitating the use of association health plans (AHPs), short-term, limited-duration insurance (STLDI) and health reimbursement arrangements (HRAs).

Some industry advisers have noted that the order limits AHPs to business plans, and small businesses already can pool together to buy insurance through professional employer organizations. Millions already get their insurance this way, and the new policy is not expected to add many to the total.

The second provision targeted the Obama administration's mid-2016 regulatory move to limit STLDI policies from 364 days to three months. Given that such plans existed for most of the existence of the ACA marketplaces, their return is not expected to have a large effect.

The HRA change could spur the issuance of rules to allow companies with more than 50 employees to help fund their workers' purchase of individual-market insurance plans. The Obama administration had established the 50-employee limit to prevent a shift of employees from employer-sponsored insurance to the individual market.

### Other Items

Beyond the individual-insurance market, the executive order also sought to limit "excessive consolidation." "That is a note to [Attorney General] Jeff Sessions at the Department of Justice," Evans said, referring to the potential for stepped-up antitrust enforcement. Hospital deals have continued at an aggressive pace in recent years, totaling 102 in 2015 and 90 in 2016, according to Irving Levin Associates.

The order also urged steps to "improve access to and the quality of information that Americans need to make informed healthcare decisions, including data about healthcare prices and outcomes, while minimizing reporting burdens on affected plans, providers or payers."

"If hiding prices is part of your business model, you might want to also rethink that," Evans said.


Concerns among insurers and hospitals about the effects of some of Trump's recent administrative actions not only may fall on deaf ears but may be missing the point entirely.

The president "wants to stick it to a lot of businesses that blocked his path for ACA repeal and denied him a legislative win that was something he has promised along with Congress," Evans said, referring to entities that have been derided as part of the "medical-industrial complex."


The opposition of hospitals, in particular, to the ACA repeal may have made them targets for more cuts. For example, a proposed change to the 340B program would cut \$8 billion in hospital revenue, while several proposed rule changes would discourage the use of outpatient hospital departments for high-revenue Medicare procedures.

"Anything that hobbles the system and makes it politically less powerful—and also saves money—seems to be of interest," Evans said.

McCarthy was doubtful that recent cuts aimed at hospitals were driven by politics.

"From the perspective of having been a Medicaid director, it's where the money's at, so that's why they're looking at those," McCarthy said. "I'm sure other areas will be looked at soon also." 

*Rich Daly is a senior writer/editor in HFMA's Washington, D.C., office. Follow Rich on Twitter: @rdalyhealthcare*



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# MIPS 2017: 'Pick Your Pace'

BY PBC ADVISORS

## Overview and Background

The Merit Based Incentive Payment System (MIPS) is in place for 2017 and is part of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). This program is designed to replace Meaningful Use and PQRS. The objective of this article is to share with you updates and best practice tips for what is referred to as "Pick Your Pace" in MIPS 2017. What's most important for practices to realize is that October 1, 2017, was the last possible date to begin the required 90-day reporting period if you plan on partial participation. If the pace you pick is the test participation, all you have to do is submit one measure. If you do nothing, you will be penalized in 2019 based on 2017 performance.

During 2017, eligible professionals have multiple options for successfully participating in MIPS.

- **No Participation:** Failure to report any data in 2017 will result in negative 4% payment adjustment in 2019 on Medicare Part B claims.
- **Test Participation:** Reporting data for one quality measure OR one improvement activity OR the required base measures in advancing care information category.
- **Partial/Full Participation:** Reporting data for minimum 90-day period for all the required quality measures AND required improvement activities AND required ACI measures.
- **Advanced Alternative Payment Model:** Receive a 5% bonus in 2019 if you see 20% of your Medicare Part B patients through Advanced APM in 2017 or if you receive 25% of Medicare Part B payments.

## Advancing Care Information Overview

### Difference between Meaningful Use and Advancing Care Information (ACI)

In a previous article, we discussed the quality and improvement activity components of MIPS. This time, we will go into more detail on what needs to be done for the Advancing Care Information (ACI) section of MIPS. ACI replaces the Meaningful Use (MU) category. Unlike years past in MU reporting, this new category can be reported on as a group or individually and does not require all or nothing EHR measurement. In the past, as long as physicians were meeting thresholds under MU they passed. Now, with ACI measures, performance does matter.

### Who Is Eligible and Which Reporting Methods?

ACI has expanded from physicians only participating to now include nurse practitioners, physician assistants, certified registered nurse anesthetists and clinical nurse specialists. Data



can be submitted through several reporting methods including attestation, EHR, qualified registry, Qualified Clinical Data Registries (QCDR) and CMS web interface. Please note that if you chose to report under the CMS web interface, you had to declare that to CMS by June 30, 2017.

## Advancing Care Information Reporting Requirements

There are two measure set options to report on in 2017. The measure set you use is based on your EHR edition year. If you're using 2015 edition EHR technology, in order to obtain performance and bonus scores you must report all base measures. If you do not report on the minimum base measure, you will receive zero points in the ACI category. You must obtain at least 100 points to receive a full 25% ACI score. Please refer to this Advancing Care Information link to identify which measure set you should be reporting on based on electronic health record edition.

<https://qpp.cms.gov/mips/advancing-care-information>

Base Score + Performance Score + Bonus Score = Final Score



### What's Next?

By now, everyone understands the importance and growing time urgency of MIPS. Practices must now prepare to meet the 10/1/17 start date if you plan on Partial Participation. With 2017 being a flexible year with reporting options, now is the time to figure out your future APM participation strategy, if that's an option for you. Otherwise MIPS participation is required moving forward. Although we don't know the future reporting requirement, it's likely it will not be a "Test Year." You should be prepared to submit and comply with all MIPS components to avoid future penalties. 🍀



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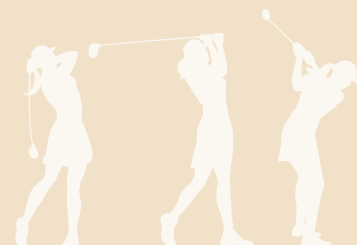
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# Women in Leadership Initiative: 3rd Annual Women's Golf Outing

BY SUE W. MARR, CHAIR, FIHFMA WOMEN IN LEADERSHIP COMMITTEE



*Maureen Taus & Molly Addis*

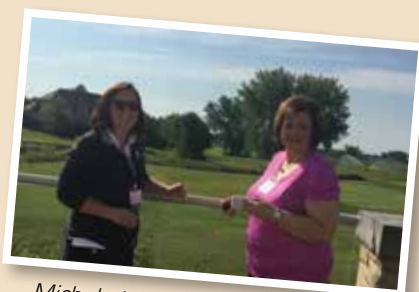


*Cheryl Timkang, Mary Treacy Shiff & Maria Skorcz*



*Dolores Lamberson, Maria Skorcz & Robyn Farm*

The 3rd Annual Women's Golf Outing, a part of the Women in Leadership Initiative Series, was held on Monday, August 14, 2017, at Eagle Brook Country Club in Geneva, Illinois. There were over 60 attendees, with golfing skills ranging from collegiate golf athletes to ones who haven't held a club for years. The participants were a great mix of FIHFMA members and associates. There were representations from hospitals, healthcare providers and vendor partners, including Advocate, Edward-Elmhurst Health, Northwestern Medicine, Presence, Rush, Palos Community, RML Specialty Hospital and many more.



*Michele Kohout & Carole Roon*

We had the perfect "fair golf weather" golf day, sunny, 80 degrees and no wind. The morning session, "How to Think Differently for Greater Success" led by Josette Glodberg Klopfer, MSMOB, PCC, Founder and CEO of Glodberg Executive Coaching, challenged attendees to reframe their mindsets to be more successful and be the resilient leaders that organizations look for and need today. After lunch, golfers had the option to play a game of scramble or attend a "Golf Clinic." At the clinic, professional golf instructors provided a tutorial on golf strokes and course etiquettes, and then led the attendees through three holes on the course. Our event concluded with awards and social back in the clubhouse.

The format of the event allowed attendees the opportunity to network, learn and relax in the beautiful surroundings of the Eagle Brook Country Club. Fun was had by all, and there were many promises of returning next year and spreading the word about the event.

### Here are some of the "awards."

- **Longest Drive:** Dolores Lamberson, Elmhurst Health
- **Longest Putt:** Molly Addis, Northwestern Medicine
- **Closet to Pin:** Teresa Djukic, Woman's Touch Healthcare
- **Longest Drive (3-holer):** Kim Woolet, Presence Health
- **Team with Lowest Score:** Maureen Taus, Molly Addis, Lauren Gorski and Sue Marr
- **Golf Trivia:** Michele Kohout, Northwestern Medicine

A special thank you to our valued vendor partners and our event volunteers.

I will leave you with one of my favorite golf quotes from Arnold Palmer:

**"SUCCESS IN GOLF  
depends less on  
strength of body than  
strength of mind  
and character."**

- ARNOLD PALMER -



# Something for Everyone Offered at the FIHFMA 2017 Fall Summit

BY VICKIE AUSTIN



Whether you're a veteran in the ranks of healthcare financial management or an Early Careerist, the First Illinois HFMA 2017 Fall Summit had something for everyone to learn and grow as professionals. The two-day Summit was held October 24 and 25 at Drury Lane in Oakbrook Terrace, IL, and included break-out sessions on topical issues, stellar keynotes, panel discussions and a full exhibit hall outside of the main ballrooms.

Following a morning of break-out sessions, Brian Katz, FIHFMA 2017-2018 President, welcomed the attendees. More than 200 people registered for the Fall Summit and this year the chapter added the opportunity to earn continuing professional education (CPE) credits for attending the sessions.

### A Panel of Leaders Prepare for the Future

The general session kicked off with a CFO Panel, "Setting Fiscal Strategy in Times of Uncertainty." Kelley Blair, senior VP of Service Solutions for nThrive, moderated the panel of seasoned healthcare executives including Richard Franco, regional CFO of Northwestern Medicine, Louis Papoff, CFO of Tenet Healthcare Corporation and Jim Porter, FIHFMA, CFO of St. Bernard Hospital. Each of the gentlemen introduced themselves and shared about their organizations, ranging from the large multi-hospital Northwestern Medicine system to the stand-alone St. Bernard's serving the Englewood neighborhood, with Tenet described as a "hybrid" whose focus is changing to a larger spectrum of care.

The discussion touched on how the ACO model has changed post-acute care, and Mr. Papoff recommended, "Make sure you come to the table with the payors." Mr. Franco agreed, adding that his organization is cautious about value-based care payment models because as an academic institution, they need funding for research. Mr. Porter shared that state budget issues have affected his hospital, and the managed care organizations (MCOs) that are departing the state owe the hospital money. He was enthusiastic about the liaison he hired to coordinate the efforts between the hospital and the MCOs—"the best hire I've made in ten years," he said.

With the uncertainty of the Affordable Care Act's future, how do these leaders plan? Northwestern has a list of contingencies, Mr. Franco said, and they are focusing on what they can control today. One of the most important things they have done is bring clinicians onto the team. A hot spot for them: documentation. "Physicians are documenting more robustly," he said, adding they have a strong accountability system.

Mr. Papoff said he's a big believer in the "single page" method of managing—whatever needs to be communicated, he asserted,



*(L to R) Brian Katz, Jim Porter (seated), Kelley Blair, Louis Papoff (seated) and Richard Franco share the stage on the CFO Panel*



*(L to R) Pat Kosar, chapter relations specialist for HFMA, joins Eileen Crow, program co-chair, in welcoming Carol Friesen, HFMA National Chair, to the Summit*

needs to be able to fit onto a single page. (This not only saves the cost of paper and ink, but makes it easier for people to understand, he said.) He spoke from the perspective of the medical group side and added that Tenet is investing in training for their patient service representatives, the front-line staff who welcome patients but who can be coached to get more detailed financial information up-front, resulting in better financial and collection results.

From Mr. Porter's point-of-view, educating the patients will be a critical measure of success for his hospital. "We have a patient engagement survey," he said, "and we ask, 'Are you a member of a managed care organization? What is that MCO? Who is your primary care physician and have you seen him or her during the past year?'" If patients can't answer those questions, his hospital goes back to the MCO to charge them with educating their patients so they don't end up in St. Bernard's emergency department.

*(continued on page 13)*



## HFMA Event Summaries Cont'd

### Something for Everyone Offered at the FIHFMA 2017 Fall Summit (continued from page 12)



*Mike Nichols of Presence Health, a former FIHFMA chapter president and regional director, is flanked by his colleagues Eileen Boyle (L) and Diane Zimmer (R)*



*Early Careerists learn what recruiters are looking for from Tiffany Shelstrom, Zach Spillner and Jordan Highberger, panelists from the Addison Group*

#### HFMA National Chair Shares Her Story

Attendees were treated to another keynote presentation, this one by Carol Friesen, HFMA, VP of Health System Services for Bryan Health and 2017-2018 HFMA National Chair. Ms. Friesen has been taking her theme of “Where Passion Meets Purpose” on the road and shared “The Power of One: Lead from Where You Are” with Summit participants.

“This will never be just a job for me,” Ms. Friesen said. “It’s a calling.” She shared about the power of story for leaders in healthcare, generously sharing her own story about her brother’s accident that led to her family spending months at Bryan Health where she works today. Her brother healed after years of therapy but the experience of being on the family side of the patient continuum stayed with Ms. Friesen. Although she isn’t a clinician, she enjoys “taking care of the people who take care of the patients, supporting those at the bedside” and making sure they have the supplies, equipment and staff they need to do their work.

“Lead from where you are,” she advised the crowd, adding that “your HFMA friends are here to help, enable and equip you for your jobs—they are a source of credible truth and valued partners.” She urged each of the attendees to use stories to connect, inspire and influence others to make a difference.

#### Women in Leadership

Ms. Friesen also led a break-out session for Women in Leadership: “Pursuing Your Passion,” offering a deeper dive into discovering, sustaining and enjoying the passion of work. She offered the following recommendations:

- Embrace curiosity (Ms. Friesen recommends carving out time to “get lost in a book”)
- Seize opportunities—have a plan but be open to the unexpected
- Lead courageously, modeling the “leadership giants” you admire
- “To thine own self be true”—then find people who complement your talents
- Attitude gets there before you—what you project is what people see so make sure it’s what you want to convey
- Cultivate a support system and delegate, delegate, delegate

She left the group with these words: “Quit doubting yourself and be open—you’re exactly where you need to be.”



*Kristin Snowden of Wipfli LLP and Jodi Bui, FIHFMA program planner, celebrate Kristin’s win in the special raffle to raise money for breast cancer research*

#### The Future of Financing

Later in the day Raymond (Ray) Swisher, FACHE, branch manager of Medicare Advantage, Centers for Medicare and Medicaid Services (CMS), led a panel on “The Future of Healthcare Financing.” He welcomed panelists Anthony Guaccio, president and CEO of Swedish Covenant Hospital; Jean Moody-Williams, RN, MPP, deputy director, Center for Clinical Standards and Quality for CMS; and Charles (Chuck) Weis, executive VP and CEO of finance, Sinai Health System.

Discussions were around the topics of succession planning for physicians (and hiring new ones who don’t want to work an 18-hour day), pay for performance and loss ratios. Mr. Guaccio told a story about how the hospital received a \$20,000 grant and they approached their physicians to ask how this money could make the greatest impact on the community. The physicians enthusiastically recommended buying bike helmets, and they partnered with the city of Chicago and offered 1500 bike helmets to people in their

*(continued on page 14)*

## HFMA Event Summaries Cont'd

Something for Everyone Offered at the FIFHMA 2017 Fall Summit (continued from page 13)

# Raffle Winners!



Eileen Crow, FIFHMA volunteer, Karen Williams of Northwest Community Hospital and Rich Schefke, Rush Copley



Eileen, Marc DeVar, University of IL Hospital & Health Sciences System, Rich



Brian Katz, Eileen, Matt Ellis, EnableComp, Rich



Brian, Eileen, Kevin Shaughnessy, Rush University Medical Center, Rich



Brian, Peg Fahey, University of IL Hospital & Health Sciences System, Eileen and Rich



Sanja Colakovic of Amita Health

(continued on page 15)

## HFMA Event Summaries Cont'd

### Something for Everyone Offered at the FIHFMA 2017 Fall Summit (continued from page 14)

community. Later, Mr. Guaccio said, a rabbi approached him to thank him for the donation—the bike helmet saved the rabbi's grandson's life.

#### Early Careerists Make Connections

Throughout the two-day Summit young professionals had an opportunity to mix and mingle with more senior colleagues, attending the sessions as well as participating in a track just for them. Joseph (Joe) Abel, CPCC, ACC, PhD, from HFMA national offered two professional development track workshops for Early Careerists on Day One. During Day Two Arnie Aronoff, PhD, president of Group Concept OD, Ltd., offered insights into the Myers-Briggs Type Indicator which each of the participants took prior to the workshop.

Mr. Aronoff shared what each of the MBTI profiles can mean when researching and applying for jobs as well as getting along with colleagues. Later, participants learned the nuts and bolts of the job search from a panel of recruiters from The Addison Group—Jordan Highberger, Tiffany Shelstrom and Zack Spillner, moderated by Amanda Falwey. Analise Masciola, regional sales director of Experian Health and the chair of the Early Careerists Committee, declared the sessions a success.

#### Kudos to the Planning Committee and Sponsors

Any professional development program with as much breadth and depth as this Fall Summit is the result of the hard work of a dedicated committee. This year's Summit planning committee included co-chairs Rich Schefke, director of financial planning and analysis at Rush Copley Medical Center and Eileen Crow, former HFMA staff member and current FIHFMA chapter volunteer, along with committee members Kelley Blair, Jodi Bui (program chair for the chapter), Larry Elisco, Kristin Snowden, Jennifer Kaczmarczyk, J.V. Maganti and Analise Masciola. (We got to celebrate Eileen's birthday during the Summit, too!) Sponsors included: PFS Group (Diamond); Experian Health, Global Recovery Alliance AG, Horizon Financial Management and Strategic Reimbursement Group, LLC (Titanium); Capio Partners, Harris & Harris, PBC Advisors, LLC, Parallon, Plante Moran, Powers & Moon, LLC, RSM and Wipfli, LLP (Platinum); and Availity, Besler, Bolder Healthcare Solutions, CSI Collection Systems, Inc., NCC Nationwide Credit and Collection, Inc., EnableComp, Healthcare Payment Specialists, Litmos Healthcare Division, Questica, Robert Half and the SSI Group, Inc. (Gold).

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# Call for Presentations: 2018 Fall Summit

The First Illinois Chapter is seeking presentations for our 2018 Fall Summit, October 23-24, 2018 at the Drury Lane Conference Center, Oakbrook Terrace, Illinois. Speaking at the Fall Summit is an exceptional opportunity to share your experience, knowledge, and best practices at the chapter's premier educational event. As a presenter, you will enjoy the satisfaction of knowing your presentation helped others, increased visibility within the healthcare industry, and complimentary registration to the Fall Summit.

Visit [FirstIllinoisHFMA.org](http://FirstIllinoisHFMA.org) in December for details on how to submit your presentation.



## Founders Merit Awards for 2017

BY BRIAN SINCLAIR, CHAIRPERSON, AWARDS COMMITTEE

Congratulations are in order for the recipients of the 2017 Founders Merit Awards. National HFMA recognizes that its strength lies in the volunteers who contribute their time, ideas and energy to serve the healthcare 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 25 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 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.

### The 2017 award recipients are:

#### Follmer Bronze Award

Barton Richards  
Katie White|

#### Reeves Silver Award

Cathy Peterson  
Mary Treacy Shiff

#### Muncie Gold Award

Adam Lynch  
Steve Chrapla  
Henry Seibold

If you have any questions regarding the awards or your current point status, please contact Brian Sinclair, chairperson, Awards Committee, at 630-207-7308 or [bsinclair9@aol.com](mailto:bsinclair9@aol.com).





# 2018-2019 First Illinois HFMA Chapter Program Calendar

## Chapter Education Events

<b>Managed Care</b>	Feb 8, 2018	University Club, Chicago, IL
<b>Accounting Reimbursement</b>	March 21, 2018	Prentice, Chicago, IL
<b>Reimbursement/Revenue Cycle 101</b>	April 4 2018	TBA - likely Prentice, Chicago, IL
<b>Fall Summit 2018</b>	Oct 23 & 24, 2018	Drury Lane, Oak Brook, IL

## Other Chapter Meetings & Events

<b>CFO Golf Outing</b>	TBD Spring 2018	Eagle Brook Country Club, Geneva, IL
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## Limited & Co-sponsored Partnerships

<b>Beckers Health 3rd Annual Health IT &amp; Revenue Cycle Conference</b>	Sept 21-23, 2017	Hyatt Regency Chicago
<b>Illinois MGMA Fall Group Financial Management Conference</b>	November 16, 2017	NIU Naperville Conference Center
<b>Webinar: Pharmacy work flow and financial performance optimization</b>	November 16, 2017	Register online (click here for link)
<b>Webinar: Improving the patient experience across the revenue cycle</b>	December 14, 2017	Register online (click here for link)
<b>Webinar: EHR and ERP integration</b>	January 25, 2017	Registration not yet available
<b>Beckers 9th Annual Hospital Meeting</b>	April 9-14, 2018	Hyatt Regency Chicago

Be sure to check the [Calendar of Events](#) on our website for the most up-to-date events and registration information.

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# Welcome New Members

**Kemi Shenkoya**  
AMITA Health  
Senior Accountant

**Jacob Kaminsky**  
The Claro Group

**Kevin McNally**  
Press Ganey  
Regional Director

**Janet Salmi**  
Northwestern Memorial  
HealthCare

**Jacob Bowers**  
The Claro Group, LLC  
Revenue Cycle Analyst

**Thomas Duffy**  
Lillibridge Healthcare Services  
Senior Healthcare Analyst

**Nicole McDonald**

**Daniel Owczarski**

**Vinod Ramachandran**  
PricewaterhouseCoopers  
Manager

**Kimberly Jackson**  
American Hospital  
Association

**Matthew Aranha**  
Loyola University  
Medical Center  
Senior Financial Analyst

**Suzanne Helbing**  
Financial Analyst

**Deborah Koehn**  
Cerner Corporation  
Vice President

**Allison Furniss**  
Pharmacy Solutions  
Manager-Reimbursement  
Services

**John Crawford**  
Ernst & Young LLP  
Principal

**Amaury Juarez**  
Loyola University  
Medical Center  
Manager Payroll

**Lori Kmet**  
Loyola University  
Health System  
Executive Secretary

**Eylem Hocaoglu**  
Loyola University  
Health System  
Accounting Manager

**Brian Majchrowitz**  
RSM US LLP

**Maureen Gruber**  
Loyola University  
Medical Center  
Payroll Coordinator

**Suzanne Adamic**  
Loyola University Hospital  
System - Trinity Health  
Senior Financial Analyst

**Cheryl Fergus**  
Loyola University  
Medical Center  
Senior Financial Analyst

**Kristin Snowden**  
Wipfli LLP  
Healthcare Business  
Consultant

**Afzal Syed**

**Mazik Global**  
Vice President

**Ellyn Chin**  
Loyola University  
Medical Center  
VP, Payor Strategies &  
Contracting

**Anna Jorgensen**

**Stephen Haughney**

**Timothy O'Hem**  
Loyola University  
Medical Center  
Director of Physician  
Compensation and Finance

**Michael Poulos**  
CDO Squared, Inc.  
COO

(continued on page 19)

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## Welcome New Members

(continued from page 18)

### Ryan Chapin

#### Carol Runyan

Kemberton Healthcare  
Director of Talent Development

#### Katie Dahlstrom

Beacon Hill Staffing Group  
Division Manager

#### Joshua Arkin

Navigant Consulting  
Senior Consultant

#### Jonathan Brosk

Strategic Sourcing Results

#### Mark Dembski

#### Ryan Collins PwC

#### Silia Miglio

Loyola University Medical Center  
Corporate Controller

#### Theresa Madonia

Loyola University Medical Center

#### Ferrick Jones

Mercy Hospital Medical Center  
Accounting Manager

#### Daniel Isacksen

Loyola University Health System  
Senior Vice President, Finance

#### Lisa Thomas

Loyola University Medical Center  
Senior Financial Analyst

#### Lynn O'Brien

Strategic Sourcing Results  
Senior VP - Business  
Development

#### Donna Wallace

Loyola University Health System  
Regional Corporate Controller

#### Melissa Benavent

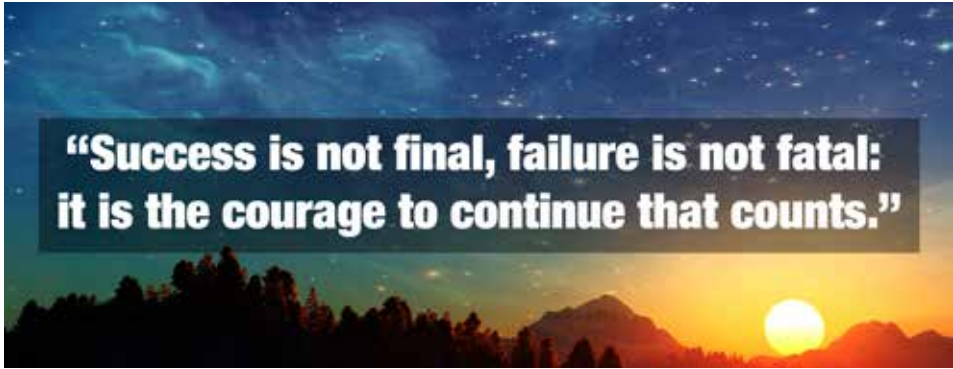
IBM Watson Health  
Client Services Manager

#### Michael Holtrop

The Shirley Ryan Ability Lab  
Director, Internal Audit

#### Michelle Eleby

Northwestern Medicine  
Division Administrator and Practice  
Manager



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## Welcome New Members

(continued from page 19)

### Dora Fuentes

RML Specialty Hospital  
Director of Patient  
Financial Services

### Mitty Adler

Loyola University  
Health Systems  
Project Manager Lead

### Elizabeth Lee

Loyola University  
Medical Center  
Sr. Budget & Financial  
Monitoring Analyst

### Melissa Lukasick

Loyola University  
Health System  
Manager, Budget &  
Financial Monitoring

### Troy Smith

TheTQS Group, Inc.  
President/CEO

### Andrew Hranka

Cain Brothers & Company  
Healthcare M&A

### Keith Graff

PwC, Director

### Colin Cordes

Navigant Consulting  
Senior Consultant

### Kathleen Vess

### Miranti Bumi

Sr. Financial Analyst

### Dee Emon

R1 RCM, Inc.  
Senior Vice President -  
Operations and  
Transformation

### Eric Cheng

### Michelle LeBlanc

### Nicole Rogas

Experian Health  
Senior Vice President Sales

### Caryl Aronson

Wipfli LLP, Manager

# New Member Profile

## Jevon Knowles, CPA

Assurance Partner, BDO USA, LLP

### Questions:

#### How long have you worked there?

I have been with BDO for just over a year. Prior to joining BDO, I was with EY for 14 years.

#### How long have you been in healthcare?

I worked in a variety of industries my first few years, but started to specialize in healthcare during my third year at EY.

#### Favorite class in college?

My favorite class in college was my audit class. My professor, Dr. Dwyer, had an assignment where we would read a case study based on a real event in the business field. We would then have to write a one-page summary of all the issues that were overlooked, questions the auditors should have asked and what would we have done differently. Points were assigned based on the number of issues identified. At the start of the semester I was only able to write about a half a page; however, by the end of the semester I found that a page was not enough. I was constantly extending the page margin and using smaller font size to get as much information on the page as possible.

#### Passions?

Traveling! I am from the Bahamas and had not really traveled outside of the country until my senior year in high school. Shortly after starting my professional career with EY, I made it a goal to try and visit one or two new countries a year.

#### Millennial, GenXer or Baby Boomer?

GenX

#### Anything else you'd like your fellow HFMA members to know about you?

I've moved a lot since graduating from college. I started my career with EY in Orlando and worked there for seven years. Then I relocated with EY to Connecticut for my wife to pursue her Ph.D. After three years in Connecticut, EY asked me to relocate to New York to do a three-year stint in EY's National Professional Practice Audit Team—my wife completed her Ph.D. in political science during this time. Next, we relocated to Ohio (I remained at EY) for my wife who received a post-doctoral fellowship from the University of Dayton. We were in Ohio for two years before leaving EY. I joined BDO in their Chicago office in 2016. 🌀



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

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# First Illinois *Speaks*

HFMA's First Illinois Chapter Newsletter

## Publication Information

### Editor 2017-2018

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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.

The statements and opinions appearing in articles are those of the authors and not necessarily those of the First Illinois Chapter HFMA. The staff believes that the contents of *First Illinois Speaks* are interesting and thought-provoking but the staff has no authority to speak for the Officers or Board of Directors of the First Illinois Chapter HFMA. Readers are invited to comment on the opinions the authors express. Letters to the editor are invited, subject to condensation and editing. All rights reserved. *First Illinois Speaks* does not promote commercial services, products, or organizations in its editorial content. Materials submitted for consideration should not mention or promote specific commercial services, proprietary products or organizations.

## 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.

## Founders Points

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

## Publication Scheduling

### Publication Date

January 2018  
April 2018  
July 2018  
October 2018

### Articles Received By

December 1, 2017  
March 1, 2018  
June 1, 2018  
September 1, 2018