



HealthCents

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President's Message

By: *Mark A. McIntosh*

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Photo courtesy of RC Photographic Productions

Hello everyone and Happy Summer...what's left of it! I can't believe the calendar says September and we are now 3 months into the HFMA Chapter year. It seems like just a couple weeks ago when Sue Dimic and I were at ANI in Orlando where I had the privilege of collecting the Chapter's awards from last year. I am also pleased to announce that we did quite well as a Chapter collecting a total of 6 awards including the Bronze Award of Excellence for Certification, the Silver Award of Excellence for Education, the Gold Award of Excellence for Membership Growth & Retention, the C. Henry Hottum Award for Educational Performance Improvement and two Helen M. Yerger Awards for our 57th annual Fall Conference and our Charitable Contribution drives that were held at some of our member meetings.

It would be nice to collect just as many awards next year at ANI and your committee chairs have been hard at work to make sure that happens. We have some great meetings planned for the fall so please mark you calendars and plan on joining us at the following events:

September 22nd - We will celebrate the Chapter's 60th anniversary at our member meeting at The Henry – Fairlane Plaza. The program committee has lined up 2 great speakers that should make for a very interesting (and scary) presentation. Joan Hartman of the US Attorney's Office will present "Data Analytics in Health Care Fraud Investigations". She will describe what billing and payment data is reviewed by the feds to identify potential targets for fraud investigations. Mike Cox, the former Michigan Attorney General will then speak on what providers should be doing to protect themselves.



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October 6th & 7th – The 58th annual Fall Conference - “It’s All About the Cash” will be held at the Westin Hotel & Conference Center in Southfield. The keynote speaker will be Jon Heuer, author of “The Rock & Roll Guide to Patient Loyalty” which will be followed by two days of educational sessions covering a wide variety of hot topics including ICD -10, ACO’s, Michigan Healthcare Reform initiatives, and Michigan’s electronic medical record initiative. Details and registration information will be coming shortly. If you have never attended one of the past 57 Fall Conferences, I really encourage you to attend this years, it is truly a great event.

Finally, I would like to thank our sponsors who have made commitments for the upcoming year. Despite the continued tough economic times we face, we were able to increase our total sponsorship commitments from the prior year. Without these sponsors, the programs I outlined above would not be possible.

I look forward to seeing you this fall at these Chapter events. Hopefully we will be watching the Tigers in the playoffs in October. I would love to say Go Lions as well, but as you will see in my bio a few pages in, I am a fan of another team in that division. Should be a fun Monday Night Football game on October 10th!



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UpFront – Editor’s Article

By: Michelle Giurlanda & Sherrie White
Co-Editors

We hope everyone is enjoying their summer. Our recent days of hot weather have brought a whole new meaning to the dog days of summer. We will never complain about the heat as the snow and ice are just around the corner it seems.

We are very excited to be taking on the role of newsletter co-chairs. When we were asked to take on this endeavor with HFMA we were honored to be considered, but must admit we were a little apprehensive as well. Jo Ann Roberts and Maryanne VanHaitsma are sure tough acts to follow. Having a great board of directors who are seasoned professionals in HFMA was a big comfort and helped make our decision.

We have been on the Financial Accounting & Reporting committee since its inception and we really found out how fun and rewarding being involved with HFMA can be. Sherrie has also been on the Social Activities committee for three years so she definitely knows fun. We are very excited that the individuals who were so gracious about helping out Jo Ann and Maryanne have agreed to stay on board with us. We can't thank you enough for offering your support to us newbie's.

We are bringing back an old theme but renaming it TidBits. This little section is just fun, more personal tidbits of information about our members. Sherrie is starting out this edition's TidBit so you can see what it's all about. So please send us your TidBits for the next newsletter and keep them coming.

Sherrie and I are excited about the newsletter, especially since attending the LTC conference in New Orleans. We would welcome any comments and/or suggestions sent our way. We want to make this your newsletter, not ours. Any articles or things of interest to you, please do not hesitate to let us know. We would also like more people involved in the newsletter committee, so please consider joining us and feel free to contact us.

CALL FOR ARTICLES

Do you have a best practice in your field? Have you overcome a challenging business issue? Share your knowledge or TidBits with your fellow HFMA members. Please submit articles to Michelle Giurlanda mgiurlanda@beaumont.edu or Sherrie White slwhite@beaumont.edu. Next HealthCents deadline **October 19, 2011**.

Chapter Leader Introductions



We would like to introduce the chapter to the 2011-2012 Officers, from left to right.

Mark McIntosh, President:

Mark McIntosh is the Eastern Michigan Chapter President for the 2011 – 2012 Chapter year. Mark has been an HFMA member since 1992 and has served on the membership committee, program committee and board of directors prior to becoming an officer in 2008.

Mark is the Director of Reimbursement for Henry Ford Health System where he has worked for 14 years. Prior to joining Henry Ford, Mark worked at Mercy Hospital in Detroit for 3 years after relocating from the Chicago area.

Mark loves sports and is still a diehard Chicago Cubs and Chicago Bears fan (sorry!). He loves to travel, with Cabo San Lucas being his favorite annual vacation spot. During the summer, Mark spends most of his time golfing at the St. Clair River Country Club in St Clair, MI where he has lived since 2002.

Sara McGlynn, Assistant Treasurer:

Sara McGlynn will be returning as Assistant Treasurer for the 2011-2012 Chapter Year. Sara has been a member of HFMA since 1990. She has served as Assistant Treasurer for 2010-2011. She has also chaired the Financial Analysis Decision Support committee, the Certification Committee, served as Chapter Treasurer and been on the Member Meeting Committee.

Sara recently returned to the work force after 8 years at home with her two children. Sara joined

Chapter Leader Introductions from page 4

Beaumont Health System's Clinical Decision Support Department as a part-time analyst in July. Sara previously worked at Beaumont as Revenue Cycle Manager and Business Manager for Cardiology.

When she isn't working or working on HFMA, Sara enjoys spending time with her husband and 2 children. They love going to Disney World and Higgins Lake. Sara also like to run (She ran her first half marathon in October 2010) and dance.

Suzana Dimic, President-Elect:

I have been a member of HFMA for almost 25 years. I have held various positions within Healthcare, starting out in public accounting, auditing healthcare clients. I have worked at hospitals in both accounting and reimbursement, as well as done some consulting work. Currently, I am a senior revenue management consultant with Trinity Health specializing in the third party reporting area.

When I am not working, I enjoy bowling, golf and the outdoors. While I am a fan of all the Detroit athletic teams, I am a devoted Red Wings fan, who has been a season ticket holder for about as long as I have been a HFMA member!

Amy Vandecar, Secretary:

For the 2011/12 HFMA season I will be Secretary for the EMC chapter. I have been a member of HFMA-EMC since entering the health care industry as an auditor back in the early 1990s. Currently I am Director of Managed Care Contracting for Henry Ford Health System and am grateful that I can say I really enjoy my job. I work with great people at a great organization. I have been working in managed care contracting for nearly 15 years, and have been with Henry Ford Health System for 8 years. The years fly by, but amazingly enough I haven't gotten any older. I live in West Bloomfield with my husband and two daughters who are 6 and 9 years old. I like to go for walks around my neighborhood and spend time with family and friends.

Mike Berryman, Treasurer:

I've been a member of HFMA (Eastern Michigan Chapter for 4 years) serving as our Membership Committee Chair, and Fall Conference Planning Committee for two years. I've also served one term as a Board Member. I have been with ADP for one year in the role of Major Account District Manager. I received my undergrad degree in Business Administration from U of M Dearborn (Go Blue...I enjoy Michigan Football season tickets), and my Graduate degree from Walsh College. I live in Ferndale with my wife Kathy and our three Daughters; Reagan, Audrey and Vivienne. This coming year I look forward to working with others on our Chapter's leadership team to ensure another successful year.

Does the Revenue Cycle Impact the Total Patient Experience?

And

Are Hospitals Missing the Financial Opportunity?

By: Steve Chrapla

Director Third Party Solution at Avadyne Health

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According to Jennifer Robinson, Senior Editor for the Gallup Management Journal, “for over 20 years or so, healthcare organizations have realized providing exemplary medical care isn’t enough to engage hospital patients. That’s because, from the patient’s perspective, excellent medical attention is the least a healthcare organization can offer. Many hospitals recognize this and now focus on the patient experience.”

So what is the “Patient Experience”?

The Beryl Institute collaborated with healthcare professionals and practitioners at hospitals around the county to develop a definition.

Patient Experience- *The sum of all interactions, shaped by an organization’s culture, that influence patient perception across a continuum of care.*

This statement and effort is so powerful that 93% of healthcare leaders say patient experience is among their top 5 priorities. Additionally, HealthLeaders Media Patient Experience Leadership Survey indicated 45% of healthcare executives see this as a priority 5 years from now.

As consumers spend more and more of their disposable income on monthly health insurance premiums, higher co pays and out of pocket expenses, they are demanding more from their chosen “provider.” In addition, the landscape around experience in healthcare is shifting dramatically in part due to the Hospital Consumer Assessment of Healthcare Providers and Systems survey (HCAHPS) and the pending value-based purchasing program that will link payments to clinical care. This will, in the future significantly impact the market basket index, that is used to annually adjust the Medicare Inpatient Payment Rates. The level of reimbursement hospitals receive from their largest payer will be directly tied to the HCAHPS survey. Healthcare economists are advising hospitals with the advent of healthcare reform and future reimbursement levels, one of their financial objective hospitals will need to achieve is to generate positive returns under government reimbursement policies. This places increased significance on the outcomes of HCAHPS surveys and hospitals will need to take a more proactive step in managing their operations as they are reflected within the survey.

Revenue Cycle Impact from Page 6

The HCAHPS survey consists of 27 questions that cover everything from the cleanliness of the patient room, to nurse-patient communication, to pain management. However there are 2 questions, by their nature transcend the entire spectrum of the healthcare delivery system.

- Rate the hospital on a scale from 0 to 10.
- Would you recommend the hospital?

The responses to these questions can definitely be impacted by the administrative processes within the Revenue Cycle. Remember the revenue cycle representatives are usually the last contact with patients upon completion of their healthcare experience. While the time line for the HCAHPS survey requires the survey to be administered within 6 weeks of discharge, there is ability, for a deliberate focus on the patient interactions by the revenue cycle representatives, stressing the organization's culture and responsiveness to assist with the administrative challenges patients deal with, to influence the patient's perception of the hospital. This is not only good business sense from an accounts receivable management position but also allows for a world class customer service environment that is proactively managing the patient's account portfolio. In contrast to an approach that just puts out the fires and is limited to responding to questions and focused only on the immediate collection of a debt. Make no mistake collecting everything that is due is important but realize the collection of an out of pocket patient liability or even one entire patient account balance has far reaching effect on greater future reimbursements.

In fact hospital revenue cycle representatives are the final personal touch points that usually occur between patients and the hospital.

You need to ask these questions.

- Are these touch points/encounters being used to positively support the hospital's mission statement?
- Is there active participation with patients during these encounters to shape the hospital's reputation and brand?

The answer to these questions all center around how to guide the patient's journey through the healthcare reimbursement maze to find the most appropriate solution for the patient's situation. This journey can be accomplished through the use of specific tools that focus on enhanced communications and a comprehensive resolution of the patient's account. By using people-driven, technology supported services you can achieve a high level of patient satisfaction. Through this satisfaction you can enhance both patient and physician loyalty to the hospital.

The loyalty of these patients can unlock huge future potential revenue sources. The patient life time revenue value is the amount of revenue a patient can expect to generate for a hospital over their lifetime if they choose to utilize the same hospital for all the medical needs. With the impact of consumerism in healthcare this lifetime revenue value is becoming an important part of hospital's reputation management process and strategic marketing initiatives.

Revenue Cycle Impact from Page 7

What are things you need to do to maximize the revenue cycle impact on the patient experience as well as protect your future patient lifetime revenue potential?

- Educate all employees of the patient experience initiatives especially the revenue cycle representatives and their impact on the outcomes.
- Create an environment that fosters patient loyalty as a critical outcome.
- Design a patient centered revenue cycle process that is focused on customer service excellence while resolving all patient concerns.
- Integrate HCAHPS survey completion within the patient revenue cycle communication process.
- Utilize technology to support the customer service function with call centers personnel trained and motivated to achieve established goals.
- Insure all third-party service providers are fully supporting your mission and your initiatives to enhance the patient experience.
- Explore social media sites to communicate your message and encourage patients to be positive spokes persons for your organization.

Remember your reputation matters and what your patients are saying is crucial and these experiences are still be formed long after the patient leave the hospital. That is why revenue cycle operations are critical to effective Total Patient Experience initiatives.

Financial Accounting & Reporting Update

By: Stephanie Bono
 2010-11 Co-Chair of Financial Accounting & Reporting Committee
sbono@beaumont.edu

The Accounting & Reporting Committee finished up the HFMA year with their first half- day session. This session consisted of a Corporate Ethics Update by John L. Daly of Executive Education, Inc. (2 Ethics CPE) and a Health Care Audit & Accounting Update by Cline Comer and Darryn McGarvey of LarsonAllen LLP (2 Accounting & Audit CPE).

Cline Comer and Darryn McGarvey discussed the proposed changes in the Working Draft of the Audit and Accounting Guide and how it differs from the current Guide. Cline Comer is also a member of the AICPA Healthcare Industry Expert Panel and the Audit Guide Revision Task Force.

John's discussion revolved around, "What is an Ethical Conflict?" Ethical Conflict is when two ethical principles demand opposite results. It often results in a dilemma of loyalty to an employer versus duty to act for the good of the society, desire to remain employed and a personal sense of right and wrong. He also discussed the Whistleblower Protection Act and it's consequences, intended and unintended.

Next year's committee will be chaired by Sharon Bayliss (Oakwood Healthcare System) and Marjorie Chura (Beaumont Health System). The meeting dates are as follows:

<u>Date</u>	<u>Speaker</u>	<u>Location</u>
October 18, 2011	TBD	PNC Building
December 13, 2011	Donna Free/Oakland University Topic: Researching FASB Codification	PNC Building
March 15, 2012	TBD	Oakwood Corporate Services
May 17, 2012	½ Day Session	PNC Building

Please watch for additional details as the schedule is finalized. Please contact Sharon Bayliss at baylisss@oakwood.org or Marjorie Chura at mchura@beaumont.edu if you would like to be involved in the planning committee or have suggestions for topics/speakers.

New Member Profile – Timothy Gutwald

Organization: **Hall Render Killian Heath & Lyman**

Title: **Attorney**

HFMA Member Since: **2011**

Years in current position: **1**

Joined HFMA because: **To learn more and become better informed about the reimbursement of the health care industry in order to better serve my clients.**

“Getting to Know You” questions.

1. Favorite soft drink? **My wife is a dietician, so I rarely drink pop. If I do it's Diet Mountain Dew.**
2. Top 3 songs on your iPod? **The Cave by Mumford & Sons, Hey Mama by Mat Kearney, Seven Nation Army by The White Stripes**
3. Greatest indulgence? **Any soccer game I can find on TV.**
4. If I had time, I would like to learn: **How to play the guitar or banjo.**
5. If I had time, I would like to travel to: **Rome**
6. Favorite midnight snack: **Smores ice cream**
7. Three things you'll always find in my fridge: **Greek Yogurt, Hummus, a six pack of Bell's Oberon**
8. What is in your briefcase? **Work I had to take home with me.**
9. You would be surprise to know: **I have an identical twin brother.**
10. Greatest career achievement: **Getting published in the Michigan Bar Journal and AHLA Connections Magazine.**
11. In case of fire, I would grab my: **My wife and two dachshunds.**
12. Proudest moment: **Graduating from law school and winning a state championship in soccer. Soon to be replaced by the birth of my first child.**
13. Favorite breakfast: **Greek yogurt.**
14. Restaurant we might bump into you: **The Nautical Deli in St. Clair Shores**
15. Favorite saying: **From my grandfather, " You fly with the crows, you get shot with the crows."**
16. Person I would like to meet: **Pele**
17. Last book read: **Those Guys Have All the Fun: Inside The World of ESPN, by James Andrew Miller and Tom Shales**
18. Dream automobile: **Right now? Hmmm....the BMW X6.**
19. Someday I hope to: **See the Vatican and Sistine Chapel with my wife.**

The Debt Ceiling is Passed, but the U.S. Loses its AAA Rating Anyway- Medicare Payments in the Crosshairs

By: *Steve Fehlinger*

Sr. Consultant, Lubaway, Masten and Company, Ltd.

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On August 1, 2011 the debt ceiling was raised \$2.1 trillion contingent upon implementing \$900 billion in discretionary cuts over a ten year period. The remaining \$1.2 trillion "savings" will be through cuts, tax increases, or entitlement eligibility changes that will be drafted by a bipartisan 12-member joint congressional committee. Representative David Camp and Representative Fred Upton from Michigan were chosen as members of the committee. The committee is tasked with developing a plan by November 23, 2011 for a vote by Congress before December 23, 2011. If an agreement cannot be reached, Medicare provider payments will automatically be reduced two percent beginning in 2013. This is in addition to the six percent cut enacted by PPACA which is still to be phased in.

Stated differently, under the default option of the debt ceiling agreement, Medicare would pay providers 98 cents of the current government dollar. We all know that the Medicare dollar is already below actual costs. For the same hospital services, private insurance pays \$1.49 today based on Medicare relative public data. For physician services, private carriers pay \$1.25 compared to \$1.00 from Medicare. So Medicare providers will be the brunt of indecision, but then again they may very well be the recipients of further payment cuts anyway.

After the markets closed on Friday August 5, 2011, the U.S. Government received notice of a long-term debt downgrade by Standard and Poor's from AAA to AA+. At that time, Fitch said its AAA rating, the risk of sovereign debt default, remains extremely low and would finish its analysis by the end of the month. On August 16, 2011, Fitch affirmed its AAA rating with a "stable" outlook. Moody's, the third large bond rating agency, also affirmed its AAA rating, but assigned a "negative" outlook for the rating, saying a risk of a downgrade still exists if conditions change. A key difference between S&P's rating process and that of Fitch is that S&P looks at net governmental debt including state and local liabilities less assets which it sees rising to 79 percent of GDP by 2015. Fitch on the other hand looks at federal debt held by the public which it expects to rise to 82 percent by 2015.

These debt rating views are best understood as financial opinions. That is they are much like newspaper editorials and that there was little new information that occurred the Friday of the downgrade that the market did not already know. Interestingly, over the next ensuing days as the stock market digested this unfortunate news, there was a flight to the safety as U.S bond yields dropped. Regardless, this was an affirmation by the rating agencies, and Standard and Poor's in particular, that the upward trend of U.S. debt is not sustainable and raising the debt ceiling with only a modest debt reduction plan did little to thwart a downgrade. S&P noted in their decision to lower the debt rating that the debt reduction plan, "...envisions only minor policy changes on Medicare and little change to other entitlements, the containment of which we and most other independent observers

Debt Ceiling from Page 11

regard as key to long-term fiscal stability.” In other words, to have avoided a downgrade, it was important in S&P’s opinion to show a willingness to contain Medicare and other entitlement spending. This simply did not happen.

Providers have lobbied for fair governmental payments and traditionally negotiate hard with commercial insurances to make up for short falls from governmental payers. That is about to change. Health care now consumes an unsustainable level of spending both at both the private sector as well as the public sector. Spending on health care is estimated to grow to \$4.54 trillion by 2020, or nearly 20% of GDP, up from 18.1% today. While health care costs continue to increase, Medicare spending in particular is clearly the “elephant in the room.” CMS estimates that that Medicare currently costs about \$556 billion annually or 3.6% of GDP; this compares to 2.6% of GDP just ten years ago. Moreover, the growth in Medicare spending is so prodigious that the unfunded liability according to the Wall Street Journal is now \$350,350 per household.

Now ponder the political preferences if you will to rein in the growth of Medicare spending. There are essentially two political schools of thought. On one hand, many politicians advocate paying providers less each year for the services they perform. That is, providers can expect to receive less year after year for the same level of service. Remember the “sustainable growth” rate enacted with the 1997 budget deal? This formula was designed to reduce physician payments by a formula if rates increased more than expected. Since 2002 Congress has passed temporary band-aids to deal with the anomaly of this regulation but to no avail. Instead it has simply injected uncertainty to a physician’s revenue stream and essentially passed the increases anyway as a temporary solution. This has resulted in an accumulated pending reduction of 29.4% scheduled to occur in January 2012. It is worthy to note that while it is unreasonable to expect this significant reduction to be enacted; the reduction nevertheless was made in the PPACA cost projections. Another more recent example of marginal solutions is the 11.1% proposed home health reduction. The problem with this marginal cost reduction approach is that marginal changes will only prolong the agony and many argue that it is disingenuous to pay for mandated benefits but at a reduced price.

Alternatively, consumer-driven healthcare policies could be enacted that would be equally painful, but may represent a better long-term solution to stem the rising cost of care. Under this approach, organizations would be in greater control of their destiny which would engender a greater probability of attaining a sustainable long-term solution. Accountable care organizations, a demonstrational component of PPACA, are a hopeful alternative, but this is not a panacea. It will be difficult to bring physicians together quickly in many areas where they are currently separate. In addition, not all care is centered in a large metropolitan area making metamorphosis to an ACO difficult in a rural setting. Nevertheless, it is essential that we get healthcare right. That is, to improve the efficiency of the health system so that we get better results for less money. Health care costs continue to crowd out other priorities like higher education, research, and infrastructure. As healthcare expenses approach 20% of GDP, discretionary spending will become difficult if not impossible to sustain.

There are a myriad of solutions that have been disused over the years. Many are piecemeal solutions, but taken together could go a long way. What is important is to not lose sight of what

Debt Ceiling from Page 12

Henry Hazlitt, economist and philosopher said in his book: [Economics in One Lesson](#), where he discusses the fallacy of overlooking secondary consequences. That is, there is a tendency of see only the immediate effects of a given policy, or its effects only on a special group. Many neglect to investigate the long-range effects of that policy not only on the special interest group but on all groups. He goes on to say that this myopic approach to policy making explains nearly the entire difference between good economics and bad economics.

In order to deal with the current state of financial affairs that the U.S. finds itself, we need to have representatives in Washington that have the long-term interests of the U.S. at heart regardless of their political party. For this to occur, we must take the initiative to understand the issues beyond the sound bites of politicians and the media and elect representatives that have the will and courage to deal with the issues. To do this, we need to fundamentally understand the issues and seek out the representatives we think can lead, make informed decisions, and put aside their political self-interests. Bringing home the State's share of the bacon is no longer acceptable. The current long-term debt downgrade not only was a wakeup call that continuing deficits and run away entitlements are no longer acceptable, but the inability to collectively deal with this reality is not acceptable either. If we are unwilling or uninterested in making this commitment, then we will have no one but ourselves to blame for what happens in Washington, what happens to the Medicare program, and ultimately to the economy.

Membership Committee News

Welcome New Members

New members of the Eastern Michigan Chapter are an important part of the Chapter's continued success. Please take a moment to contact our new members and share your experiences about our Chapter. We value their membership and encourage them to become active on Chapter committees.

Eileen Ames-Manley, Manager of Patient Accounts
Mercy Memorial Hospital System
Eileen.emes-manley@mercymemorial.org

Mike Prusaitis, Chief Financial Officer
DMC Sinai-Grace Hospital
mprusaitis@dmc.org

Andrew P. Rossetti, Consultant
OMSolutions
Andrew.rossetti@omsolutions.com

Greg Brake, Director of Healthcare
Wolverine Solutions Group
gbrake@wolverinemail.com

Joanna L. Fee
Plante Moran
Joanna.fee@plantemoran.com

Steven P. Levenson, Sales Account Manager
Ormed Information Systems, Ltd.
steven_levenson@ormed.com

Preston Gee, Senior Vice President Planning & Marketing
Trinity Health
geepr@trinity-health.org

Jeff R. Kent, Senior Vice President
Accounts Receivables Solutions, Inc.
darleneh@umich.edu

Gosia Malinowska,
Garden City Hospital
gmalinowska@gchosp.org

Kevin C. Smith, Strategic Finance Manager
St. John Providence Hospital System
kevin.smith@stjohn.org

TidBits

Sherrie White's daughter Amber became engaged in August. A September 2012 wedding is being planned.

HFMA Certification

By: *Nancy Rocker*

Certification Chair

rockern@trinity-health.org

Are you interested in increasing your knowledge of healthcare finance and your value to your current or prospective employers? HFMA certification is widely recognized among healthcare finance professionals and their organizations. Becoming certified distinguishes you as a leader as well as a role model in the healthcare finance community. Earning the CHFP credential enhances your credibility, supports your professional development, demonstrates a high level of commitment to the field, and validates your skills and knowledge. Certification demonstrates your comprehensive understanding of healthcare financial management overall.

When asked how he viewed the value of becoming certificated, **Ken Lipan** responded, “The HFMA certification exam was a great experience. I took the exam with two co-workers and the friendly competition helped us all do very well. The test covers a wide variety of topics, far greater than what one would typically encounter on the job. So studying for the exam was a great learning experience and gave me skills I could apply at work.”

Doug Banks, another certified member, made the following points when asked how he saw the value of certification:

1. It demonstrates your willingness to improve yourself – in these days of constant change – you never know when these initials after your name may make the difference in competing for an open position. This is especially true when it is a new position and prospective employer only knows you through your resume and references.
2. In the process of becoming certified, I had to “re-learn” some things that have helped in some of the special projects that I recently worked on.
3. It builds confidence. Sometimes it is good to boost your self-esteem and prove your study and learning skills to yourself.
4. This is a great way to earn CPEs.

The intended audience for certification is mid-level healthcare finance professionals who aspire to the executive level and/or who desire confirmation of financial management expertise. The certification program would also be beneficial for senior accountants and senior financial analysts.

The certification examination is a multiple-choice test delivered via the internet and covers the following topics: Revenue Cycle, Disbursement, Budgeting/Forecasting, Internal Control, Financial Reporting, and Contract Management. Take the sample test using this link:

<http://www.hfma.org/Education-and-Events/Certification/CHFP/Sample-CHFP-Certification-Online-Exam/>

There is on-line preparation material designed to identify and examine the fundamental concepts and skills expected of an experienced mid-level healthcare finance manager. The online preparation course has an end-of-course test associated with it for individuals seeking NASBA approved CPE credit.

Certification Program Contact Information:

Please call Nancy Rocker at (248) 489-6763 (rockern@trinity-health.org) to answer any of your questions. You can also visit the National Website at www.hfma.org/certification for detailed information regarding the self-study courses and certification exams.

It is great to be a certified member! What are you waiting for?

Become CHFP Certified



HFMA's CHFP (Certified Healthcare Financial Professional) certification is intended for mid-level healthcare professionals with a minimum of 3-5 years experience. Becoming certified distinguishes you a leader as well as a role model in the healthcare finance community. Earning the CHFP credential enhances your credibility, supports your professional development, demonstrates a high level of commitment to the field, and validates your skills and knowledge.

The CHFP Certification Program is Online January 2011



We've made the process of certification more convenient. Beginning January 2011 the requirements to becoming CHFP certified are:

- Active regular or advanced HFMA membership*
- The title Manager and above or equivalent
- The successful completion of one comprehensive certification exam

Also new for 2011, CHFP preparation and study materials will now be available online.

To learn more about becoming certified, visit www.hfma.org/certification.

To review FAQs about the program changes, visit www.hfma.org/certificationFAQ.

*The two year HFMA membership requirement has been dropped.



Social Committee Update

By: *Pete Stewart*
Co-Chair of Social Committee
pstewart@hap.org

Volunteer Appreciation Event:

This year's Volunteer Appreciation Event featured lunch at BD's Mongolian BBQ followed by a couple hours of rousing Whirlyball competition. We had 15 members attend the event. Everyone really enjoyed the lunch at BD's and the ten members that played Whirlyball definitely got a workout. After Whirlyball a few folks sat around and enjoyed a cold beverage while comparing bruises and muscle aches. We'll probably do the event again next year as there was quite a bit of interest but many folks couldn't make it due to other commitments. We'll set some ground rules for Whirlyball to cut down on the collisions and ensuing bruises.....Right Jeana??

Golf Outing:

The Annual HFMA Golf Outing was held on Monday, June 13th at Edgewood Country Club after seven fun years at Tanglewood. We had a gorgeous day for golf and the 78 golfers that participated were treated to a top notch golf course that was in outstanding condition. After golf, members relaxed on the patio enjoying their favorite beverage. We then headed into the banquet room and enjoyed a nice steak dinner complete with apple pie for dessert. This year one team took home the cash for the Skins game as only one hole had a skin. The big hitting team of Curtis Duffina, Dale Inda, Steve Wood and Chris Drake cashed for \$260.00! After dinner we raffled off a slew of excellent prizes with more than 30 players walking away with something nice. A good time was had by all and you can mark your calendars for next year's event which will again be held at Edgewood CC. The date of next year's outing is Monday June 11th.

Tiger Game:

We had 32 members attend the July 19th ball game against the Oakland Athletics. It was a little steamy as the temperature reached into the 90s. We had a real good showing before the game for a networking session at Nemos. Folks enjoyed the tasty Nemo burgers and fries as well as their beverage of choice. This year we saw a better results as the Tigers scored six big runs in the fifth inning and went on to a 8-3 win over the A's before a pretty good crowd of 31,980.



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