

HealthCents



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healthcare financial management association



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Save the Dates for the 2015 Spring Conference!!

Volume 61, Issue 4

March 6, 2015

President's Message

By: Mike Berryman

ideas4yourbiz@hotmail.com

Winter is in full effect and 2015 is off and running. This time of year in Michigan (especially on days when the roads are bad) allows us to appreciate the efforts our Chapter has recently made to reach our members in a more convenient venue via web sessions. We strive to provide quality education that our members are seeking in this ever changing world. Check the Chapter Calendar for upcoming live and web events. Much of web education this can be attributed to the work of Jason Williams and Susan Stokes, and I want to thank them for advancing our Chapter in this area. I also want to thank the team from Dykema for our annual Compliance Update, particularly Maria Abrahamsen for bringing this event together.

As I started to put thoughts together for this message, I decided to focus on a few questions. Why do some employers invest in educating and training their employees more than others? What is the true return on this investment? Lastly, do professional workers that invest in their own training and development have an advantage over those that don't? With these questions in mind I came to appreciate HFMA more than ever. This is what the experts have to say...

Spending on Corporate Training Soars: Employee Capabilities Now A Priority (Josh Bersin, Forbes)

US spending on corporate training grew by 15% last year (the highest growth rate in seven years). See the full article here...

<http://www.forbes.com/sites/joshbersin/2014/02/04/the-recovery-arrives-corporate-training-spend-skyrockets/>

Five Most Effective Ways to Invest in Your Career (Glenn Llopis, Forbes)



HFMA MI Chapters Spring Conference

Wednesday,
May 20, 2015, -
Friday,
May 22, 2015

Conference Location:
Soaring Eagle Casino and
Resort, Mt. Pleasant, MI



Save the Dates for the 2015 Fall Conference!! Note Date Change

62nd Annual
HFMA MI Chapters
Fall Conference

Monday,
October 19, &
Tuesday,
October 20, 2015

Conference Location:
Inn at St John's
Plymouth, MI



You are accountable for your own success. As such, it is your responsibility to discover your special gifts, attributes and capabilities that can give you a competitive edge and the greatest probability to have a flourishing career...

<http://www.forbes.com/sites/glennllopis/2012/10/22/five-most-effective-ways-to-invest-in-your-career/>

When I think of some of the informative and inspiring educational sessions that HFMA has provided over the years, it makes me appreciate the people responsible for pointing me in this direction. Looking back to when I first came to know HFMA, I want to publicly thank Mike Myers (First Financial Health Solutions), Kip Snedeker (Macquarie Equipment Finance) and Vince Barrett (Birmingham Capital), the people that encouraged me to get involved and supported me as my time investment in HFMA began to ramp up.

I'm so thankful for the many professional friendships that have developed over these past years and for the wonderful opportunity I've had to learn from amazing people both within and outside of the healthcare community. With this in mind, I wanted to share a recent message from HFMA's President / CEO Joe Fifer along with some of the more impactful speakers that I've had the benefit of hearing through HFMA sponsored events...

* Joe Fifer - HFMA President / CEO, Most Current
<https://www.youtube.com/watch?v=Q1VT5OqSnSo>

* Fred Lee - Author "9 1/2 Things you would do differently if Disney ran your hospital"
<https://www.youtube.com/watch?v=tylvc9dY400>

* Jim Collins Author - "Built to Last", "Good to Great", and "Great by Choice"
<https://www.youtube.com/watch?v=Zi2wwlbyXig>

* Adam Braun - Founder of Pencils of Promise
<https://www.youtube.com/watch?v=DEWeRGs9ozo>

* Terry Bean - Founder Motor City Connect
<https://www.youtube.com/watch?v=HJdbcGB4lg>

* Disney Institute - Presented at 2013 HFMA Leadership Conference
<https://www.youtube.com/watch?v=0Ey99tTpCbM>

* Bruce Pearl - College Basketball Coach (Tennessee and Auburn)
<https://www.youtube.com/watch?v=1cwDs2kKJ8>

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to register**

**Healthcare
Cybersecurity:
HIPAA
Compliance Was
Only the
Beginning**

Thursday, April 16,
2015

Time: 2 - 3 PM

CPE's = 1

Program Level:
Overview

Prerequisite: None

Seats are limited
Use the link below to
register

[Register Here](#)

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FREE to HFMA
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**March 17 -
The 4 Biggest Cost-
Accounting Mistakes You**

Please share with us via emails to susan-stokes@comcast.net the HFMA presentations that have inspired you the most?

[Click here for full article](#)

Mike Berryman

How Finance Leaders Can Become Healthcare Technology Heroes

By: Ed Simcox, Healthcare Practice Leader, Logicalis US

Regulatory changes and declining reimbursement have resulted in a "survival of the fittest" mentality among healthcare provider CFOs fighting to keep their organizations healthy and growing. Mergers, acquisitions, and affiliations continue in today's healthcare market. According to Modern Healthcare's M & A Watch Report, healthcare providers closed 215 transactions within the last two quarters, and as regulatory and reimbursement uncertainties loom, experts predict M & A activity will only increase this year.

[Full Article](#)

Using Business Analytics to Improve Outcomes

By: Jose Rivera, Corporate Director, Professional Services, Orlando Health, Member of HFMA's FL Chapter
Stephen Delaney, Senior Vice President, Client Solutions, VisiQuate, Inc., Member of HFMA's TN Chapter

ORLANDO HEALTH IS TAKING ADVANTAGE OF CUSTOMIZED SOLUTIONS TO GET ITS HOSPITAL AND PHYSICIAN PRACTICE REVENUE CYCLE SYSTEMS IN SYNCH AND STRENGTHEN ITS ORGANIZATION OPERATIONALLY AND FINANCIALLY.

With the complexity of today's healthcare environment, any steps that can be taken to eliminate redundancy and promote consistency will lead to improved clinical and financial outcomes and better customer experiences. The advantages are especially apparent when a provider's regional growth strategy includes the acquisition of physician practices.

Orlando Health is a classic example. The rapid growth experienced by this \$2.1 billion, eight-hospital enterprise has enhanced its ability to deliver care. Since 2006, the Orlando Health Physician Group has grown from 70 to 500 employed physicians, but this growth has also presented significant organizational challenges.

Prior to being acquired, these practices had a wide variety of billing systems and revenue cycle processes in place. Strengthening the organization operationally required getting all 500 physicians on the same page while promoting the most effective and cost-efficient administrative practices. Strengthening the organization financially

Don't Even Know You're Making

**March 19 -
Pre-Eligibility Screening
of your Supply Chain Data**

**March 24 -
Reducing Supply Chain
Costs Through
Collaborative Processes
and Technology**

**March 25 -
Using Cross-Functional
Teams and Root Cause
Analysis to Improve
Revenue Cycle
Performance**

**March 31 -
Leveraging Data for
Visibility and Impact:
How Actionable Data
Drives Results in Your
Revenue Cycle**

**All Webinars are FREE
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required understanding each physician's contribution, and sharing information and workflows between the hospital and physician central business offices (CBOs).

[Full Article](#)

Rural and Urban Hospital Closings

Editorial - Hospitals closing Impacts Care to Rural and Poor Communities

Rural Hospitals are facing unique financial challenges - and are closing at an alarming rate. According to the North Carolina Rural Health Research Program, 43 rural hospitals have closed since 2010. As reported by the Rural Health Association in May 2014:

- More than half of all rural hospitals are currently experiencing negative total margins
- Rural hospital charges are 63% less than urban hospitals
- Medicare spends 2.5% less per beneficiary in rural hospitals

Per the National Rural Health Association, 2014 saw more Rural Health hospitals close than in the previous 15 years combined. Some of the reasons for these closures include:

- Medicare reductions included within the Affordable Care Act
- Failure to expand state Medicaid
- Medicare reductions included in sequestration
- Congressional reductions to rural Medicare payments
- Regulatory changes imposed by CMS
- Population shifts and other market force impact

The link below provides two graphs that show where the rural hospitals have closed across the U.S. since 2013, as well as how the credit rankings of stand-alone hospitals compare to larger healthcare systems.

<http://graphics.thomsonreuters.com/14/hospitals/index.html>

Rural Hospitals aren't the only ones facing declines. Per the Association of Healthcare Journalists, by 2010, the number of urban hospitals still operating in 52 big cities had fallen to 426, down from 781 in 1970. Most of those hospitals provided service specifically to poor urban areas.

In addition to the reported closures, there are many other hospitals that have filed for bankruptcy, and as such their future is uncertain as well. It's also important to note that not all of the hospitals that have filed for bankruptcy in the past two years are rural or urban hospitals in poor areas - even some large hospital systems filed but most were acquired by other health systems.

As these hospitals close, their communities face long commutes to get the treatment and sometimes life-saving services needed. As a result,



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life and health are put at risk when services aren't close by and readily available.

Note: If you're an Administrator at a Rural Hospital or an Urban Hospital serving in a poor community in Michigan, HealthCents would welcome your input on the challenges you're facing and what you're doing to help ensure a positive outlook.

Sources:

<http://blog.ruralhealthweb.org/2014/05/rural-hospitals-closing-at-alarming-rate/>

<https://www.ivantagehealth.com/how-to-manage-the-impact-of-sequestration/>

<http://www.usatoday.com/story/news/nation/2014/11/12/rural-hospital-closings-federal-reimbursement-medicare-aca/18532471/>

<http://americaswire.org/drupal7/?q=content/hospital-closings-jeopardize-care-poor-urban-communities>

<http://healthjournalism.org/blog/2014/07/what-happens-when-hospitals-abandon-inner-cities/>

<http://www.beckershospitalreview.com/finance/hospitals-that-filed-for-bankruptcy-in-2013.html>

[Full Article](#)

Retained Surgical Items

By: Jeremy A. Wale, JD, ProAssurance Risk Resource Advisor

The Centers for Medicare and Medicaid Services (CMS) defines a retained surgical item, or RSI, (also known as "retained foreign object") as a "never event."¹ A never event is a "particularly shocking medical error that should never occur."² Anywhere from 3,000 to 6,000 times per year, patients leave hospitals following surgery with an RSI.³ And, despite the existence of appropriate precautions (e.g., time-outs, sponge counts, or sharps counts), additional care can be taken.

[Full Article](#)

Engaging Automation into the Revenue Cycle - Touch Free Processes

By: Elizabeth P. Staas, Advisory Revenue Cycle Consultant, Recondo Technology elizabeth.staas@recondotech.com

The current state of maneuvering patients through the healthcare revenue cycle is becoming more daunting and costly every year. Manual steps include:

- Verifying Current Benefits
- Validating Specific Procedure Coverage
- Determining Authorizations Needed per Procedure
- Validating Authorizations are Accurate
- Submitting for Inpatient Verifications (278)
- Determining Accurate Patient Estimates
- Obtaining Proper Payment in Advance/At Time of Service
- Determining Claim Status
- Obtaining Specific Elements of Pended/Denied Claims

All of the above, for many healthcare providers, is a manual process and hindered by their ability to contact payers either by telephone or website access. Each of these steps delays the process of prompt payment, requires valuable and costly manual steps and is pivotal in obtaining correct payment from payers.

Engaging automation into each of the above steps not only reduces error but also allows for a significant compression of time and labor allocated to prompt and proper payment while enhancing the patients experience via competent and accurate responses from their healthcare provider.

Current analysis reporting indicates it takes a minimum of 2.5 minutes per action item to seek responses from payers (a combined statistic of telephone calls and web site look-up). At a minimum, these processes being completed via automation (in lieu of manual) can dramatically reduce the time and effort expended on each account--imagine how many accounts your current staff touch and how often each day. Transforming today's manual revenue cycle activities into an automated "no touch" process dramatically improves staff productivity and financials.

Healthcare Revenue Cycle is becoming more challenging.....

[Full Article](#)

HFMA-EMC Bowling Night - February 25, 2015

The annual HFMA Bowling night took place on February 25 at Langan's Nor-West Lanes in Farmington Hills. There was a chance to win prizes for pins dropped. Strike = \$20 or \$1 per pin. Pizza, salad and cold drinks were shared. A great time was had by all attendees. Click on the link below to see the all the photos from the event.

[Bowling Photo Album](#)



Mark you calendar for the Upcoming HFMA
Eastern MI Chapter Social Events

Tigers Game

Tuesday, June 16, 2015

Vs.

Cincinnati Reds

Golf Outing

Monday, July 13, 2015

Edgewood Country Club

8399 Commerce Road

Commerce, MI 48382

Watch your email for registration information coming soon.

Editor's Info / Submission Deadlines

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<https://twitter.com/HFMAEMC>

Please feel free to share any new ideas, article, pictures, etc. for our upcoming Newsletters. Bill can be reached at

w.william.bollinger@gmail.com and at 586-446-9263. Tina is at Tina.Stone@trinity-health.org or 734-343-2654.

The next HealthCents deadline is May 15, 2015

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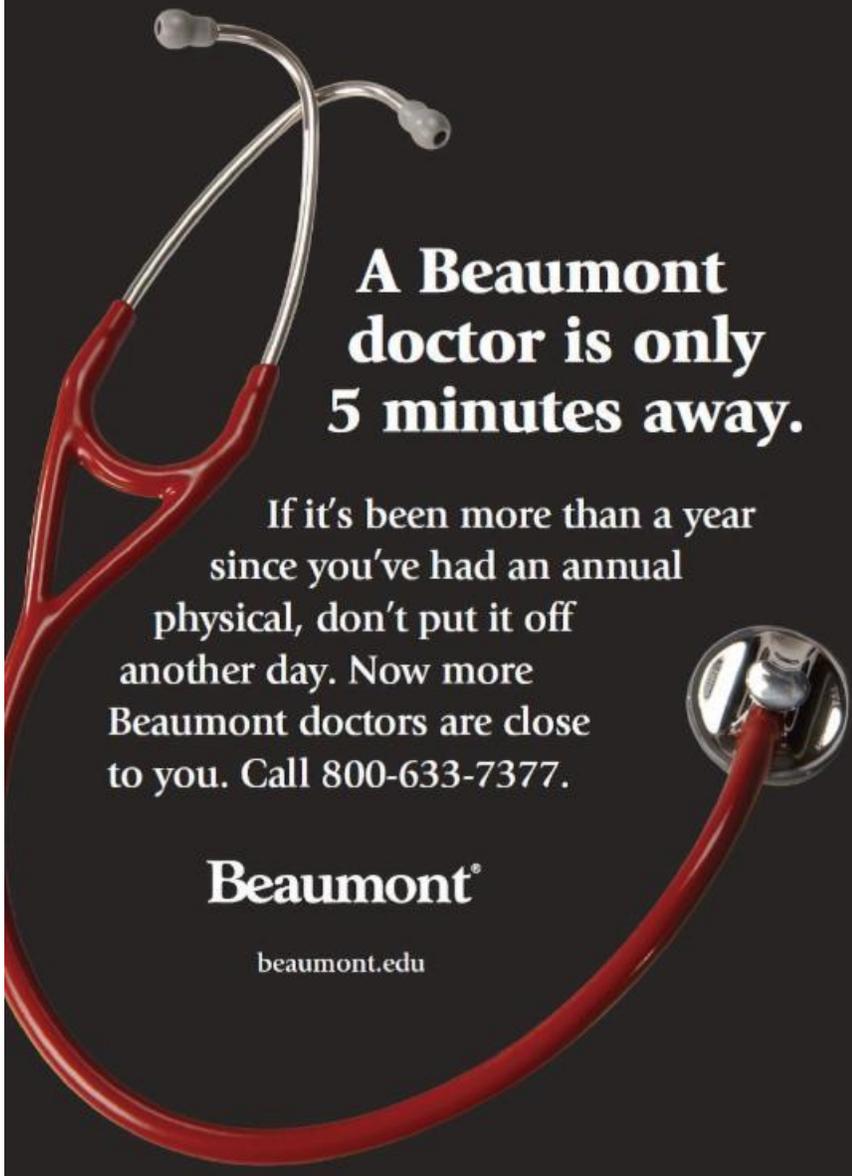
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