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President's Message

I'm writing this message just after returning from ANI in Vegas where about 1800 of our colleagues came together to attend presentations all around a central theme of "Living with Uncertainty." We were also introduced to Debi Kuckha-Craig, our 2010-11 National Chair, and her theme, Step Up. As I thought back over the 20 years I have been involved with healthcare finance, I would say these aren't new themes. Perhaps they have a bit of a different twist these days, but true leadership is about staying passionate and optimistic when times are indeed confusing and unsure. It's time for us to Step Up and take a gut check about our responsibilities and really lead reform, not simply react to it.

I'm proud to be part of HFMA, an organization which does just that. As I listened to experts in our field talk, it became evident there is so much more we don't know than we do about what opportunities healthcare reform will bring. However as Dick Clarke pointed out, there is a silver lining in the recessionary times we have been living through. We've been forced to initiate process improvements and taken cost containment to the next level. Clinical and finance operations have begun real dialogue and partnerships, simply because there is no longer any other way to stay successful. We have to retool the patient experience to be about the patient and not about those providing services. We also must create nimble organizations. Dick quoted Colin Powell's philosophy on "analysis paralysis": you go with an idea when 40-70% sure; if you wait until you are 100% sure, an opportunity has been missed and it's probably too late to effectively react. We must Step Up and lead in such a manner.

Bill Frist, MD, and former U.S. senator and senate majority leader made the observation that this new bill was one of coverage and not a true reform. The new integrated delivery models being touted need infrastructure and regulatory change. HFMA has the knowledge, expertise, and vision to be on the cutting edge of the necessary demolition and rebuilding of healthcare delivery models.

We often say we don't have time to get involved in organizations and projects, but we really don't have options. Now more than ever, we must Step Up and make the hard decisions and changes, putting aside politics and territories, to provide revolutionary healthcare in the United States. If government "shoves it down our throats," we have no one to blame but ourselves.

Dawn Balduf
2010-11 President



HFMA Certification Program



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The HFMA certification program recognizes healthcare financial management executives who have reached an enhanced level of knowledge and proficiency. The ability to establish and maintain a clear competitive edge is a prerequisite for success in today's changing economy. You will not only enhance the knowledge and industry insight you need, but you'll also have the opportunity to demonstrate your proficiency to your colleagues and competitors. Through your participation in achieving the Certified Healthcare Financial Professional (CHFP) designation, you will demonstrate an exceptional commitment to professional development.

How to Achieve Your Certification

Once the online exam application is completed, the process begins. The Program encourages the purchase of the study guide available on www.hfma.org to assist with the preparation of the Core Certification exam and 1 Specialty exam of your choice.

Specialty exams areas:

- Accounting and Finance
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- Managed Care

To become a CHFP, the exam requirement specifies that a candidate must successfully complete the Core and one specialty exam. By certifying in a specialty area, you are proving your specialized proficiency and technical aptitude. Additional specialties may be earned after minimum requirements are met for becoming a CHFP.

Submit the CHFP application within 12 months of successfully completing both exams.

How to Maintain Your Certification

The certification can be maintained by upholding the HFMA membership and earning 90 CPE's every 3 years. Many HFMA educational offerings are available to help meet this requirement.

For further information, contact

Shirley Heavlin at HFMA

(800) 252-4362, ext 311

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2010-2011

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ANI AWARDS

I had the pleasure of accepting awards at the Annual Institute in Las Vegas on behalf of Todd Howell, last year's President. Todd led us to a great chapter year!

The year was one of uncertainty for us as far as educational hours were concerned. We had hoped that by not charging for meetings, our attendance would be higher. Fortunately, while not as high as anticipated, we were still over our goal for the year by 7%!! That earned us a Hottum Award for Educational Performance Improvement.

We ended the year at a membership of 161, just 2 over our starting point. While that might not seem like much growth, many chapters experienced a decline. We were pleased to earn a Bronze Award of Excellence for Membership Growth and Retention. By again offering free educational sessions, we anticipate once again meeting this important benchmark in 2010-11.

Webinars proved to be a very successful way for us to deliver educational sessions to our members, so you will see more of these events planned for the 2010-11 chapter year. We are part of Region 6, which is Michigan and Ohio. Our region earned a multi-chapter Yerger award for the Maria Todd webinar series we did this past winter. It was a great way to share costs and gain hours for all of our chapters. This is also another initiative we expect to continue this year. Additionally, National plans to offer another virtual conference since it was so well received and "attended".

Three years ago, HFMA National launched a balanced scorecard initiative. Just like those many of you have for your organizations, it is a way to benchmark the strength of our chapter as compared to the other 67 chapters. The officers and board of NW Ohio are very proud that we have earned 100% all three years!! There are only a handful of other chapters which hit this high level of progress.

It was pretty impressive to attend the Presidents' Awards Dinner. While my biggest worry for the event was not tripping on stage in front of a room full of people (!), once I relaxed, I realized once again HFMA is a tremendously active organization. I sat at a table with central Ohio, northeast Ohio, Western Michigan, and West Virginia; we had a great time and are forging friendships that go behind the dinner. It's so much easier when you can reach out and brainstorm with people you know and respect.

Dawn Balduf
2010-11 President



Top 10 Ways to Maximize Collections Through Efficient Billing Processes

By Lee Matricaria

Efficient billing and collections processes are critical components to a successful and profitable medical practice. Any efforts you make to improve efficiencies can help better capture the money you earn. Most practices leave anywhere from 5 to 30% of their reimbursement on the table because they either lack the proper processes, staffing, training or technologies. By following this Top 10 list, you can regain control of your billing operations and be on the road to increased revenues.

- 1. Verification of Benefits and Patient Registration.** A step frequently overlooked in establishing best practices in billing is verification of benefits. It is increasingly important to take the time to verify the patient's benefits prior to the date of service. Determining if the patient has coverage for the upcoming procedure can decrease the cost of collections, as well as minimize the risk of having to write-off a balance. This is also when a practice should address outstanding patient balances and co-pays. An efficient registration process can significantly improve your cash flow.
- 2. Medical Coding.** Insist that AAPC Certified Professional Coders perform your coding. This step is critical in ensuring that all codes are billed correctly the first time. Missed or improper codes could equate to thousands of unbilled dollars, as well as expose you to potential liability and compliance issues. Consider hiring an auditing consultant or firm annually to ensure that claims are being coded correctly and completely. This can either confirm that your coding processes are correct or serve to help rectify any problems.
- 3. Charge Validation.** Prior to submission, claims should be scrubbed via an industry specific tool which utilizes both standard and custom edits. This system should automatically detect coding combinations related to unbundling, modifier appropriateness, and mutually exclusive procedures. Medical necessity concerns can be discovered, and proper channels are exercised to improve or amend documentation.
- 4. Remittance Management & Payment Posting.** The retrieval and processing of claims should be done with electronic remittances from government and large commercial payers whenever possible. Automating this process reduces human error and highlights claims that need additional follow-up. The ERA/EFT combination puts money into your account quicker, and allows for timely billing of secondary claims.
- 5. Denials Management.** Understanding the issues surrounding a denial is critical to know what course of action to take to rectify the situation and obtain payment. Denials management is often a neglected area of the billing cycle due the labor involved and intrinsic knowledge needed to work outstanding claims. A dedicated team should be assigned to the posting and follow-up of denials. Trends in payer reimbursement can be identified and addressed. Appeals and reviews to combat payer tactics should be submitted and followed through to conclusion. Try and target problem areas that affect the bottom line in order to obtain the maximum reimbursement for all the services you provide. Managing the process can be time consuming and sometimes difficult, but it is essential in optimizing cash collections. Having a team of individuals who understand this process is the number one factor in maximizing cash collections.
- 6. Insurance Follow Up.** An essential element to help you maximize collections is to have a timely, effective follow-up process in place. You should initiate follow-up efforts with insurance payers on unresolved claims at the right time based on their payment patterns. Your follow-up specialists can use a variety of tools including claim status websites and phone calls to achieve results in the shortest amount of time. Diligence in this area keeps patients out of the loop until the patient responsibility amount is fully determined.
- 7. Reporting Capabilities.** Your end of month reports should be customized to provide you with the specific metrics that are most valuable to your practice. They should provide a comprehensive view of your practice's financial performance and give you the insight to make smart business decisions. If you can't measure it, you can't manage it. Understanding these details and how they affect your business are the foundation of effective practice financial management.
- 8. Hold the Collection Agency Accountable.** Your collection agency handles many accounts, so it can be easy for mistakes to occur. While the occasional error may not significantly harm the practice, if it happens repeatedly and is not detected in a timely manner, the impact could be significant.
- 9. Technology.** To do medical billing right, your technology platform needs to be state-of-the-art. You should invest in the right billing platform, claim scrubber software, have the ability to submit claims electronically, have a robust document imaging system and use electronic remittance

Membership Update

By Lisa M. Bloomfield

As the 2009/2010 year comes to a close, I am happy to report that our chapter was successful this year in gaining new members and retaining our old. We ended the chapter year with 161 members, giving us a 89.9% retention rate! It is always a pleasure to see new faces and encouraging to see members renew their memberships year after year, validating all the hard work and effort that our volunteers give to this organization. We strive to give our members the best there is in the way of educational events and superb networking and social events. Our events offer members the opportunity to meet and talk to others in the industry, share stories and gain valuable insight as to how others might be handling similar situations.

As this year comes to an end, remember that it's just the beginning for our new members, so please take the time to say hello and introduce yourself at the next event. Here are a few of our newest members:

- **Kathy Bishop** / University of Toledo Medical Center
- **Brian Hansen** / ProMedica Health System
- **Nicole Thourot** / Fulton County Health Center

** Also, when renewing your membership for the year, or just as a review, please check your profile on the HFMA website to ensure that we have your most current demographic information, ESPECIALLY your email address. We would hate for you to miss out on any of our events just because you missed an email flier from us. **

Top Ten continued from **page 6**

for posting. The use of outdated technology may prevent the practice from running its billing operations to maximum efficiency. The long-term benefits and savings of investing in the right technology can often easily surpass the costs.

10.Choosing a Billing Company. It is important to understand that not all billing companies are the same. Some items to consider are experience in your specialty, technology platform, service offerings and the willingness to customize their services to your requirements. Be aware of the benchmarks and ranges for what billing companies charge for your specialty, and understand that not all operations are equal. Sometimes, a low price option can undercut the competition because the services offered may neglect some of the labor intensive practices that are required to capture every dollar. Make sure there are no hidden costs for items like billing secondary payers, patient statements, and postage fees that you will need to factor in. Saving a little money on the rate charged by the billing company is shortsighted if they skimp on the steps addressed above.

To collect all of the money you have worked for requires fully optimizing each of these billing functions to realize efficiencies. Each area might only be responsible for a small percentage of collections, but taken together you can quickly find your practice leaving a large amount of revenue on the table. The first 80% of your payments are relatively easy to collect, it's the next 20% that is harder to obtain and more expensive for an office or a billing company to properly staff the functions that are required to collect your money. You need to efficiently manage each of these billing functions so as to not leave any money on the table. This is money you have earned, so it's important that you have a team or a partner that is willing to go out and fight for every dollar.

Lee Matricaria is president of Data Management, Inc. (www.dmimd.com), a leading provider of hospital based physician billing services since 1976. Data Management delivers revenue cycle management solutions designed to meet the strategic business objectives of your practice. Should you have questions or comments about this article, please e-mail Lee@dmimd.com or call (309) 693-2636.



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the 1st base will call window the
day of the game.***

HFMA *Education Corner*

The program committee has been working very hard on the sessions for the 2010/2011 Chapter year. There are only 4 members on the committee this year. Therefore, we would be very glad to welcome any member interested in helping on the committee. As a committee member you will help set the educational direction of the Chapter as well as help coordinate all the small tasks to bring meetings to the membership. The Program Committee provides a great sense of satisfaction in accomplishing interesting and successful events. In 2009/2010 the Committee helped the Chapter earn the C. Henry Hottum Award for Educational Performance Improvement!

Below is the list of the committee members with contact information. If you have any suggestions on topics, speakers or locations please be sure and pass the information along to us.

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Rachel Herman	Chair	419) 483-4040 ext. 4204	rherman@bellevuehospital.com
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Jodi Bain	Advertising	(419) 383-7183	jodi.bain@utoledo.edu
Dawn Balduf	Committee Member	(419)-350-1469	debalduf@ucbinc.com



Education session schedule for 2010/2011

The Committee has put together another interesting education year. The subject matter and speakers are being developed continually with the more current sessions like the Fraud Forensics which will be open for registrations very soon. Watch for the brochure in your e-mail. We are very excited to announce that we are offering a Panel Discussion this year. We hope that this will be a well received education session. The topics will be discussed from the perspective of a physician, Managed Care Organization and from a small, large and critical access hospital. The later sessions are still under construction. Subject matter may change slightly as the topics are developed with the speaker or as new issues surface. As always if anyone hears a good speaker please let any one of the committee members know and provide us with any documentation you can share.

The Committee decided to continue offering the webinar and half day education sessions FREE to chapter members. We have also decided to bring back lunch for the full day education sessions, but will require a very small fee.

August 26, 2010

Fraud & Embezzlement: Lessons from the Trenches (1/2 day)

- Angela R. Morelock leader of BKD's forensic accounting and investigations team will provide her insights into the world of fraud.

September 23, 2010 (1/2 day)

Healthcare Reform-Are you Prepared and Financial Impacts

- Brian Kelly, Vice President from Kaufman Hall

October 28, 2010 (1 day session)

Panel Discussion – Revenue Cycle Perspectives: Trends, Initiatives, and Reform

- Moderator: Charles Cataline, OHA

Panelists: Ron Wachsman – Promedica Health System
Samantha Platzke – Mercy Health Partners
Tim Buit – Bellevue Hospital
Darrell Topmiller – Fulton County Health Center
Kris Brickman, MD – UPMC Physicians
Holly Howell – Buckeye Community Health
Jeff Martin – Paramount Health Care

Topics: Quality
Patient Access
Pricing
Clinical Documentation
Patient Communication (patient friendly billing initiatives)
Audits/compliance/regulatory
Collection

November 10, 2010 (1/2 day)

OPPS Payment Methodology

- Tammi Mihaly from Bureau of Workers Compensation will be presenting on the upcoming changes to outpatient reimbursement that is scheduled to implement January 1, 2011.

January 20, 2011 (1/2 day)

MACS Update

- Charles Cataline from OHA will be presenting on the upcoming changes. Exact date to follow.

January 2011(Webinar)

Cerner Implementation

- How the team came together and the value of it. Presenters will include Fisher Titus and Wood County.

February 24 & 25, 2011 (2 day session)

Medicare and Medicaid Cost Report preparation

- BKD speakers will present the Cost Report session again this year. This has been one of the Chapters most popular annual sessions and the committee is working to possibly break down the sessions starting with a beginner level to intermediate level.

2011 March Madness/Annual Meeting

April 2011

Subjects under consideration:

- Patient Access - Benchmark
- Crystal Reporting – We hope to set up Web/Audio conferences.

Maria Todd Webinars

NW Ohio will be chairing the Maria Todd webinars this year for the Region. Dates will soon be announced. There will be four webinars offered this year.

- IPA, PHO, and MSO Redesign: Accountable Care Organizations
- Capitation 2.0: Ready or Not, Here it Comes
- Contract Negotiation Techniques
- Coordinating Third Party Liability Claims

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THE EXAMINER is published four times per year.

Our objective is to provide members with information regarding chapter activities as well as ideas to help individuals in the performance of their job duties.

Your chapter leadership strongly encourages the submission of material for publication. Articles should be typewritten. Letters should be legible and must be signed. The editor reserves the right to edit material and accept or reject contributions whether solicited or not.

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