

MN HFMA

On the Cover

Untitled (Split



Rock Lighthouse)
Howard Ignatius

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VIKINGLAND VIEWPOINT

VOLUME 74, ISSUE 4

SPRING 2016

New Revenue Recognition Standard Hits Health Care Entities

By Trent Fast, CPA

In May 2014, the Financial Accounting Standards Board (FASB) completely rewrote the rules for revenue recognition. Accounting Standards Update (ASU) 2014-09 – Revenue from Contracts with Customers created a new principle-based framework to determine when and how an entity recognizes revenue from its customer contracts. The effective date for the changes under ASU 2014-09 has been pushed back one year from the original date due to implementation issues. Effective dates are set to begin after December 15, 2017, for public entities, including entities with conduit debt, and after December 15, 2018, for all others.

New framework based on core principle

FASB established a core principle for recognizing revenue within the new rules: revenue should be recorded only when services are provided or goods are transferred to customers at the agreed price.

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A Shift in Care: Protecting Access to Medicare Act

By Jessica Rosenberg

The Protecting Access to Medicare Act (PAMA), like a lot of legislation, is based on a noble intention and is full of trade-offs, benefits and drawbacks. Overall, the Act aims to move the health care industry toward one that pays for results as opposed to services. Getting there, of course, is the tricky part.

Since the PAMA was signed into law on April 1, 2014, it has been a source of conversation among health care providers, lenders and beneficiaries. While there are many important components to this multifaceted legislation, this article will focus on the key components pertinent to senior living and health care providers. Perhaps most noteworthy for providers is the introduction of a value-based payment system for skilled nursing facilities (SNFs) that is based on individual SNF performance on a hospital readmission measure.

In the spirit of transparency and clarity, the goal of PAMA is to further define the terms, expectations and limitations of the Medicare Act pertaining to Medicare providers, beneficiaries and legislative branches. When it was

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FASB provides five steps for organizations to determine how to recognize revenue from customers:

- Identify the contract(s) with a customer.
- Identify the performance obligations in the contract.
- Determine the transaction price.
- Allocate the transaction price to the performance obligations in the contract.
- Recognize revenue when (or as) the entity satisfies a performance obligation.

Implementation challenges for health care industry

The American Institute of CPAs (AICPA) Health Care Entities Revenue Recognition Task Force is one of 16 industry task forces created to identify potential implementation issues and provide guidance. Although no formal guidance has been issued yet, the task force has begun to identify significant issues that may affect the health care industry. These issues will be submitted to various AICPA and FASB committees for consideration.

The intent of the new rules is to establish a core principle for revenue recognition across all industries. While this concept may not appear to be overly complex at first glance, the different sub-industries within health care have a variety of contractual arrangements with customers to provide services and goods (performance obligations). The numerous ways that entities are paid may make implementation challenging.

The greatest impact of the new rules will be on transactions that overlap at the end of the reporting period (typically year-end); therefore, organizations should focus their efforts on the revenue recognition issues related to those transactions.

Variations by health care sub-industry

The new revenue recognition model will have an impact across the health care industry, from hospitals to continuing care retirement communities (CCRCs). Each health care sub-industry will have challenges unique to their field.

Continuing care retirement communities

Under current standards, nonrefundable entrance fees are amortized over the expected lives of residents, while monthly service fees are recognized immediately. Under the new standard, a CCRC will likely need to estimate the transaction price that includes both amortization of the nonrefundable entrance fee and the expected monthly service fees the organization receives under the resident contract. The implementation issues will include identifying the performance obligation or obligations and transaction price, then recognizing revenue as the performance obligation(s) are satisfied.

CCRCs will need to assess whether there is a financing component (an interest free loan) in the advance entrance fee the organization receives, which would increase the transaction price with the imputed interest. Given the various plan options that are available, the answer may differ from one organization to the next. One key area that implementation committees should focus on is understanding the impact of the new revenue framework on each type of contract, which ranges from life-care to fee-for-service.

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Hospital and health systems

Hospitals face many challenges as well. For example, when providing emergency services to uninsured or self-pay patients, they must determine when a contract is created, and when and how the transaction price is determined. Hospitals will also need to apply the standard's concept of "implicit price concessions," such as adjustments to gross charges for third-party payers, or the amount the hospital expects to be entitled to for their services in estimating the transaction price. After the transaction price is determined, the probability of collection will need to be determined for revenue recognition. These considerations will impact both the timing of revenue recognition and the amount that is recognized.

Third-party payor settlements

Health care providers will need to address the process for estimating third-party payor settlements as "variable consideration" under the new standard. The current estimate is broadly based on knowledge and experience. Under the new standard, the estimate will need to be based either on the expected value (probability weighted amounts in a range) or the most likely outcome, if the outcomes are limited.

Other considerations for health care providers

Organizations can apply the new standard to a portfolio of contracts with similar characteristics "if the impact would not materially differ from applying to individual contracts." This can create consistency and efficiencies during implementation and future revenue recognition. Health care providers will be able to determine what detail of disaggregation of portfolios is needed, such as life-care or fee-for-service contracts, uninsured and self-pay patients, co-payments and deductibles, charity care, Medicaid and Medicare, or other third-party payers. Organizations can immediately begin developing portfolios of revenue contracts in preparation for implementation of the standard.

FASB, AICPA, and several trade associations have begun studying these issues, but formal guidance is not expected soon. In addition, because the effective date of these new rules has been deferred, many have taken a "wait and see" attitude. Unfortunately, the date for implementation will eventually arrive.

Both public and nonpublic companies should prepare to adopt the new requirements by inventorying their revenue streams and evaluating how revenue will be affected by the new rules.

Trent Fast is a health care principal at CliftonLarsonAllen LLP in Owatonna, MN.

This article originally appeared on [CliftonLarsonAllen's website](#).

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signed into law in 2014, one of the key provisions was a delay in any cuts in the Medicare reimbursement rate until 2015. These cuts were originally scheduled to go into effect April 1, 2014, and have traditionally been delayed each year for more than a decade. This time, the cuts went into effect with no legislation in sight to change that. Many groups, such as the American Medical Association (AMA), were disappointed in this aspect of PAMA and continue to push for a permanent fix to the Medicare cuts. It remains to be seen whether those efforts will prove to be fruitful. For now, PAMA is garnering attention not for the highly discussed Medicare cuts, rather for other provisions that are beginning implementation.

Paying for Performance

One of the core sections to come from the PAMA is section 215 which discusses the shift to a value-based purchasing (VBP) system. VBP is a demand side strategy to measure, report and reward excellence in healthcare delivery. The transition to a VBP system typically occurs over many years with a transition period during which revenue decreases (Figure 1).

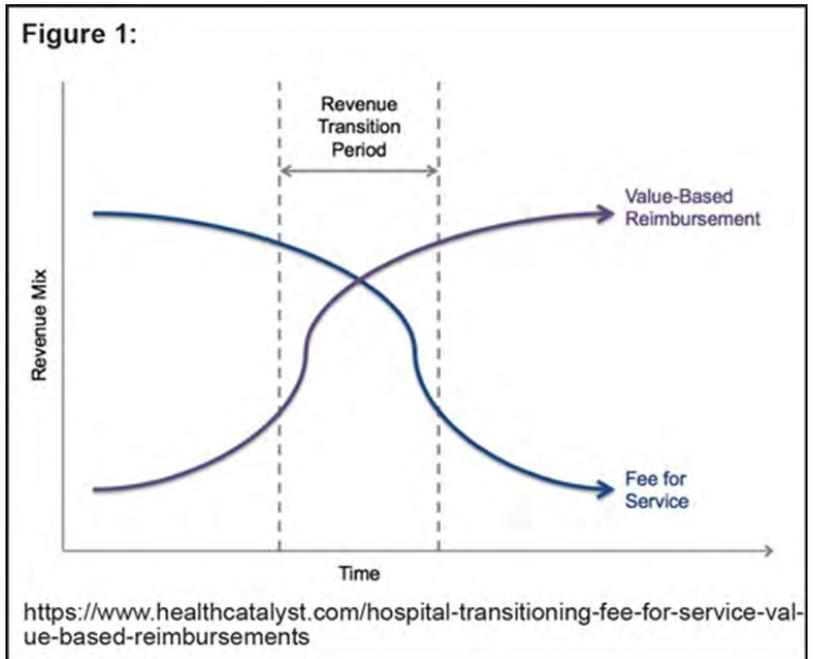
Beginning on Oct. 1, 2018, Medicare reimbursement for SNFs will be tied to performance and quality of care rather than the traditional “fee-for-service” model. The VBP program looks at one quality measure defined by Health and Human Services (HHS) to determine the Medicare reimbursement that the facility will receive. High performers will receive incentive payments and low performers will be subject to penalties.

In order to create the incentive pool, SNF’s Medicare per-diem payments will be reduced by 2%. Out of the money collected, 50-70% of it will be available for the incentive pool. Not all of the 2% reduction is going back to SNFs, as it is also a means to save Medicare money, a projected \$2 billion over 10 years. Top performing SNFs will see most, if not all, of their 2% withhold returned through incentive payments, and possibly more. SNFs that perform in the middle level are expected to see a portion of their 2% withhold returned, while bottom performers will receive less than their withholding or nothing.

To quantify a SNF’s performance in the VBP program, HHS will use one of two quality measures: a hospital readmissions measure based of all causes and conditions, or a “resource use” measure of “all-condition risk adjusted potentially preventable hospital readmissions” for SNFs. Initially, the VBP performance will be measured using the all-encompassing readmission measure, however, the PAMA requires that the more specific “resource use” measure be implemented as soon as possible.

HHS will provide SNFs with confidential feedback on the initial results from both measures in 2016 and will publicly report data on both measures by Oct. 1, 2017. The proposed VBP rule will be published in 2018 and the first adjustments to a SNF’s payments will begin in 2019.

Ultimately, the VBP program should affect providers, beneficiaries and lenders in a positive way. The programs afford health care providers the opportunity to stand out from a quality of care, service and hospitality perspective by making global initiatives to enhance their operations. This methodology forces health care providers to refocus and reconsider their why statement (“why we are here and why are we doing this?”) Hospitals and other health programs were created to care for the sick by those who had a passion for helping others. Effectively implementing a VBP program within a health care organization returns to the original principals that guided the creation of health care in society today.



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Hospitals Feel the Effects

The changes in the PAMA affect hospitals in a variety of ways. Typically, Medicare sets annual beneficiary payment limits for outpatient therapy services. The PAMA allowed the temporary expansion of the cap on outpatient therapy services provided in Hospital Outpatient Departments (HOPDs) if the therapy is deemed medically necessary. The extension of the therapy cap was permanently extended by the Centers for Medicare & Medicaid Services (CMS) for Critical Access Hospitals (CAHs). From both an operational, beneficiary, and financial perspective, this is key as it drives additional patients to hospitals to supplement Medicare revenue and it allows patients to receive higher quality care for longer time periods through what is likely to be a better therapy program.

Concentrating more on rural hospitals, Section 106 details plans to spend \$100 million over 10 years, focusing on extending the Medicare-Dependent Hospital (MDH) program. Established in 1987, the MDH helps support small rural hospitals for which Medicare patients make up a majority of their inpatient days or discharges. To qualify as an MDH, the hospital must be located in a rural area, have 100 beds or less, not be classified as a sole community hospital, and have at least 60% of discharges or inpatient days covered by Medicare. These hospitals are able to receive the inpatient price per service (PPS) rate plus three-quarters of the amount by which their costs per discharge exceed the (PPS) rate. For example: ABC hospital discharges Patient X who had a one night stay. Patient X had a PPS rate of \$150. The cost to discharge Patient X is \$300. The hospital will receive \$262.50. This is determined by taking the difference between the PPS rate and the discharge cost (\$300-\$150), multiplying it by .75 and adding it to the PPS rate which amounts to \$112.50. This boost in rates is invaluable to operators as it helps to bridge the gap between costly discharges and low PPS rates. Additionally, MDH will help decrease expense margins and boost Medicare revenue.

Section 212 has received a lot of attention due to its focus on technology and effect on monetary means of providers. HHS Secretary Sylvia Burwell delayed the adoption of ICD-10 as the standard code for medical data from Oct. 1, 2014 to Oct. 1, 2015. There was significant opposition regarding the delays in implementing the ICD-10 coding system. Many hospitals had incurred substantial financial obligations in implementing ICD-10. This delay ultimately slowed down the transition to value-based payment in the health system.

A Clear Shift

The PAMA, like a lot of legislation, has noble goals but is imperfect. While some sections in the PAMA are steering health care in the direction of realizing a true value-based payment system, some components of the legislation such as the ICD-10 coding have slowed down this process. Overall, however, the trend is clear; health care is moving towards a pay-for-performance model and PAMA represents a significant step in that direction.

Jessica Rosenberg is an associate with Lancaster Pollard in Columbus, Ohio. She is responsible for financial modeling and valuation, credit analysis, interaction with all funding participants and coordinating the closing process.

This article originally appeared on Lancaster Pollard's website.

PRESIDENT'S LETTER



Hello Fellow Members,

I'm hoping you're enjoying spring!

As we close out the HFMA fiscal year at the end of May, I want to thank the many volunteers that serve as your Board officers and directors, committee chairs and volunteers. There are many hours that fellow members put into the local chapter to plan and organize the education events.

Jackie Hinderks, President as of June 1st has put in countless hours helping the local Chapter and the Region 8 Mid-America Summer Institute for many years. I look forward to helping Jackie take the lead as President to help the Chapter move forward in providing quality education and opportunities for more members to get involved.

I would like to thank Gordon Gablenz, CFO Ridgeview Medical Center for his four years as a Board Director providing his provider insights and co-chairing the New to Healthcare Conference.

Kurt Bennion has spent many hours putting together a stellar newsletter for the Chapter! Kurt will be relocating to Washington State, but will continue to volunteer his time with the newsletter. Thanks, Kurt!

There are many more volunteer examples like that where the person helping the Chapter offers their time and talents to work with a network of healthcare finance colleagues. Your location isn't important to being able to help your Chapter. Yes, this is a plea for you to take a step to get involved and "Go Beyond" your regular role to help share your time and talents.

Also, if you have some ideas to make the Chapter better, please reach out now to Jackie jhinderks@rice.willmar.mn.us or me at tom.hogan@claconnect.com. We welcome more input and involvement to help improve the Chapter for you.

Take care,
Tom

GO BEYOND

REGION 8 CONNECTION



It's hard to believe this is my final Regional Executive message and another HFMA year is almost complete. I would like to take this opportunity to say "Thank You" to all of the Region 8 Presidents – Kara Dunham, Brian McCook, Tom Hogan, Paul Knudtson, Dan Schonlau, Paul Gerhart, Cindy Fischer, Bill Lane and Susan Duncan. It has been a privilege to work with and get to know each of you. As a region we have had a phenomenal year. Every chapter in the region has worked hard to meet or exceeded this year's goals and I look forward to seeing those rewards presented with National Awards at ANI this June in Las Vegas. It takes a TEAM to reach those goals and each of our chapters have an amazing group of dedicated individuals that are 'Going Beyond' to make it happen. CONGRATULATIONS to each of you!

Bill Fenske and his TEAM have been working hard to bring yet another fantastic year in 2016/2017. Thank you Bill for all your support through this year; the region is in good hands with you and Kyle Lee! Best of luck to the 2016-2017 incoming Region 8 Presidents – Chad Tysdahl, Theresa Kipper, Jackie Hinderks, Michelle Narayan, Joe Harnish, Jamie Schaefer, Cindy Fischer, Josh Honn and Joshua Wilks.

Thank you to the members of the Region 8 Chapters – Greater St. Louis, Iowa, Minnesota, Heart of America, Nebraska, South Dakota, North Dakota, Sunflower, and Show Me of Missouri for the opportunity to serve as your Region 8 Regional Executive. This has been a fabulous and rewarding experience. For those of you not currently involved talk to your chapter's officers, directors, and committee chairs – your volunteerism will make this next chapter year even better!

Lastly, I would like to take a moment and recognize all of the chapter leaders and volunteers, you know who you are, that have made the past Region 8 Mid America Summer Institutes a success. Things are taking shaping for another exceptional conference this year – mark your calendars, August 24 – 26 in Minneapolis, MN. Hope to see everyone there!

In closing, my telephone number is 319-240-5306 and my email address is sjhultman@mediacombb.net. I welcome your questions and comments at any time!!!

Stephanie Hultman, CHFP
HFMA Region 8 Regional Executive 2015-2016

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healthcare financial management association

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healthcare financial management association

 **hfma**[™] show me of missouri chapter
healthcare financial management association

 **hfma**[™] south dakota chapter
healthcare financial management association

 **hfma**[™] sunflower (kansas) chapter
healthcare financial management association

LETTER FROM THE EDITOR



I want to take this opportunity to emphasize the value and importance of participating in our HFMA chapter. I don't know the exact figure, although I know it's fairly large, but there are many people in our chapter who don't participate in any way... attending meetings, volunteering time or communicating with other members.

A few weeks ago, the chapter leaders had the chance to go to the annual Leadership Training Conference ("LTC") in Fort Lauderdale, Florida. The few days in a beautiful location at the chapter's expense was one of the benefits to participating. I originally volunteered because I found out one of these LTC meetings was being held at Disneyland in Anaheim, California. I know it was a selfish reason on my part, but it still led me to this great place in my life.

During this year's LTC, I heard a lot of chapters across the nation discuss their local involvement, for better or worse. We aren't very different than most chapters, but I want to point out a few simple facts in the hope of encouraging each of us to do our small part to make our chapter great.

First, the value of an event is strongly connected to the number of people, especially hospital employees, who attend that event. While a group of chapter leaders work hard to organize each event, the educational opportunities at the event are only half of the event's value. The other half is in the networking and socializing that happens. That networking value increases incrementally with every additional person who attends. You never know who you'll get to know and how that relationship may better your life down the road, but they definitely won't add value if you never make the connections in the first place.

Second, everybody's time is precious. If fewer people are willing to help the chapter, then those people will be forced to put more of their personal time into helping the chapter. At some point, there is no additional time to give, and the chapter suffers as a result. I don't blame those people who just ran out of time. Instead, I look to the people who weren't willing to give any time and ask if they really couldn't participate. Some tasks can be done in 15 minutes a month while others may take several hours a week. The chapter will take any amount of time you're willing to volunteer, but every minute one person helps is another minute somebody else doesn't have to help.

Similarly, we have a solid team giving their time and energy to support what I consider the minimal activities (education, website, newsletter, etc.). If we had more people, the excess time and energy can be spent improving those items and developing new and better ideas, all of which would improve the chapter as a whole. There are definitely things we could do to strengthen the chapter, such as expanding our footprint in social media (Twitter, Vine, Snapchat, etc.), developing new educational events for specific segments (e.g.: students, physicians, new to healthcare, CFOs, women, minorities), and developing alternative educational methods (e.g.: webinars, TED talks, YouTube videos) that better fit members' lives. We know the chapter can be better, but at some point, we need more people who are willing to participate so that we can hit the critical mass to focus energy on those improvements.

Finally, HFMA recognizes that other associations, like AAHAM and MMGMA, also add a lot of value to your lives. We try to maintain strong relationships and coordinate educational opportunities with them, but they can always be stronger. If you're an active participant in another association or group and we can better coordinate our efforts to help members of both HFMA and the other group, we'd love your help in forging and strengthening those ties. This can be an especially easy task, although it's immensely valuable.

I guess the main message I want to give is that I have the privilege of working with some incredible people through volunteering at HFMA. The individuals have changed, but the quality of individuals hasn't. If you're willing to give to the chapter, the chapter will absolutely give back, not only to you but to all other chapter members because of you. I know you're busy, but we could sure use anything you're willing to give.

Sincerely,
Kurt Bennion



Kurt's Korner

Welcome back to Kurt's Korner! Five things you never needed to know! This quarter's theme is "animals".

1. A mole can dig a 300-foot tunnel in one night.
2. Owls are the only birds that can see the color blue.
3. Slugs have four noses.
4. Ants stretch when they wake up in the morning.
5. The bee hummingbird weighs less than a U.S. penny.

PLATINUM SPONSOR SPOTLIGHT

What is BMO Harris?

Established in 1882 as Harris Bank, and owned by Canadian parent BMO Financial Group since 1984, BMO Harris Bank has grown to become one of the largest banks in the Midwest serving personal, commercial and affluent customers.

Where is BMO Harris?

BMO Harris Bank provides a broad range of personal banking products and solutions through more than 600 branches and approximately 1,300 ATMS in Illinois, Wisconsin, Indiana, Kansas, Missouri, Minnesota, Arizona and Florida. BMO Harris Bank's commercial banking team provides a combination of sector expertise, local knowledge and mid-market focus throughout the U.S.

LinkedIn: [commercial Bank LinkedIn page](#)

Who does BMO Harris serve?

BMO Harris Bank works with businesses of all types including healthcare companies across many sectors: Hospitals and affiliated clinics, specialty physician practices, medical manufacturers, insurers, ambulatory surgery centers, private non-profits, and many others.

What goods and/or services does BMO Harris offer?

BMO Harris Bank provides a broad range of banking services including solutions for everyday banking, financing, investing, as well as a full suite of integrated commercial and financial advisory services. BMO Harris Bank provides individuals and companies with comprehensive banking, cash management and lending solutions. BMO Harris relationship managers draw on a combination of sector expertise, local knowledge and business acumen to help commercial clients realize success.

What makes BMO Harris special?

We leverage our unique combination of sector expertise, local access and mid-market focus to help our clients achieve their goals. We anticipate and guide our clients' choices by actively listening and fully grasping their vision. We are committed to our clients' success and to the success of the communities we serve.

What would you like to say to MN HFMA members?

BMO Harris Bank's local Minnesota healthcare team would welcome an opportunity to visit with members of the MN HFMA chapter to better understand the needs and goals of their respective organizations. We pride ourselves on building long-term relationships by bringing value-added solutions that will not only serve your business today, but in the years to come.



BMO  **Harris Bank**
We're here to help.™

At BMO Harris Commercial Bank, we have expertise in more than twenty industries. And, we make it a point to know each inside and out. That's how we can help make your vision a reality.

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Banking products and services subject to bank and credit approval.
BMO Harris Commercial Bank is a trade name used by BMO Harris Bank N.A. Member FDIC

RECENT NEWS AND EVENTS



YOUR CAREER. YOUR FUTURE.

HFMA Certification Programs

Excellence at every level.

I was fortunate to attend the HFMA Leadership Training Conference in Ft. Lauderdale along with several other dedicated leaders from the Minnesota Chapter. I learned several things about the new certification program that has me excited as we plan our year ahead.

Like most of the other 41 currently certified members of the Minnesota Chapter, I became certified under the "old" system. That system focused heavily on accounting and finance. Members were not encouraged to pursue certification until they had 3 years of managerial experience. The "pass" rate was low as many candidates struggled to successfully understand and calculate the various ratios and indicators covered in the course work. Members from the Revenue Cycle and Vender side of the industry were at a disadvantage due to the nature of the work they do on a daily basis.

The new certification program has a broader focus than just accounting and finance. The focus is on learning and understanding the healthcare industry to create a shared space for Finance and Clinicians. Reformers of the program have been asked, "Did you dumb it down?" The answer is clearly, "No, we are preparing leaders to address the continually evolving healthcare business environment and focus on today's essential skills: business acumen, strategy, collaboration, and leadership."

The certification coursework and study materials are all on line and are composed of two modules. Module 1, The Business of Healthcare, consists of a 75 question exam related to the following topics covered in the study:

- Healthcare Finance: The Big Picture
- Financial Accounting Concepts
- Cost Analysis Principles
- Strategic Financial Issues
- Managing Financial Resources
- Looking to the Future

Module 2 is a case study application of the knowledge gained in Module 1. The exam is 7 multiple choice questions.

Newly certified members at LTC indicated they were pleased with the study materials and able to complete the certification process in about 10 weeks on average. All felt it is best to take Module 2 immediately after passing the Module 1 exam while the information is fresh.

There is new energy around this change. Your Minnesota Chapter is committed to helping you grow in your industry knowledge and achieve the certification distinction by providing access to the study materials at no cost to the member. As we head into our chapter planning and mini LTC, we are making plans to hold informational breakfast sessions at our major conference events in the coming year to stir up your enthusiasm as well.

Marilee Vogel, Certification Chair 320-231-4282, mvog@rice.willmar.mn.us

RECENT NEWS AND EVENTS

Career Opportunities

Do you have a job opening that needs to be filled? Are you looking for a change or new opportunities? Remember to check the [Careers tab in the Minnesota HFMA website](#) and the [HFMA Job Bank tab in the National HFMA website](#). Current postings include:

- Chief Financial Officer—River's Edge Hospital and Clinic—St. Peter, MN
- Denials Management Analyst—Essentia Health—Duluth, MN; Fargo, ND; or Brainerd, MN
- System Director Finance, East Business Partnering and Physician Compensation—Essentia Health—Duluth, MN
- Senior Business Partnering Analyst—Essentia Health—Duluth, MN
- Denials Coordinator—Minnesota Adult & Teen Challenge—Minneapolis, MN
- Financial Operations Director—MNSure—St. Paul, MN
- Rates Specialist—Minnesota Department of Human Services—St. Paul, MN
- Senior Auditor—Minnesota Department of Human Services—St. Paul, MN
- Health Care Audit Supervisor—Minnesota Department of Human Services—St. Paul, MN
- Deputy Commissioner Veterans Healthcare—Minnesota Department of Veterans Affairs—Minneapolis, MN
- Manager, Mid-Revenue Cycle—Gundersen Health System—La Crosse, WI

Check often. Don't miss out!

MN HFMA Member-Get-A-Member Program

Congratulations to John Moroz, who won our quarterly prize drawing for members who recruit a new member! John won a \$50 gift card.

John is a Senior Vice President of Sales and Marketing at Avadyne Health. He helps clients improve their overall financial performance and challenges them with new ways of approaching long-held beliefs about patient interaction and satisfaction. John's experiences span sales, business development, product management and marketing. He's held executive positions at SearchAmerica, CarVal Investors, and Connance, among others. He holds an MBA in international management from the Monterey Institute of International Studies and a BA from the University of Minnesota.

Did you know the national association also rewards members who recruit to HFMA? Rewards are based on the number of recruits and include Visa prepaid cards, cash prizes of \$1,000+, Apple iPad Minis, and a grand prize of \$5,000. Visit the HFMA webpage for more details.



We Need You...

Thank you for your support of the Minnesota Chapter of HFMA. As a member of HFMA, you have expressed your interest in improving healthcare. HFMA needs your help to continue and expand our programs and offerings to members. Our committees are the strength of the chapter. We are looking to expand the committee membership. All committees can use your help. We are asking members to assist one committee. See the committee list on the last page of this newsletter. [Email Steve Plaisance](#) or call him at (320) 693-4512 to volunteer.

UPCOMING LOCAL EVENTS

2016 Mid-America Summer Institute (MASI)

August 24-26

Marriott Minneapolis City Center in Minneapolis, MN

Plan now to attend the 4th annual Region 8 Mid-America Summer Institute. This will be the second year that the conference is held in Minnesota, and it will move to another state in 2017. Reasons to attend include:

- Excellent educational programming
- Great networking events
- Show support for your chapter and the region
- Broad array of sponsor support

Dr. Jonathan Burroughs, MD, MBA, FACHE, FACPE, is the keynote speaker. He has over 35 years of healthcare experience as an emergency physician, manager and leader. Industry leading topics in Finance and Revenue Cycle will be provided in two tracks on Wednesday afternoon and Thursday. Friday morning will provide a look at the healthcare political landscape. Thursday night, join us for a Minnesota Twins game!

We also need volunteers to help plan the event and make it the best ever. [Email Bill Fenske](#) or call him at (320) 231-4009 if you're interested in volunteering.

Improving Revenue Cycle Processes in Outpatient Clinics and Physician Practices

May 17 12:00 to 1:30 pm CST HFMA Region 8 Webinar

Administrators and revenue cycle professionals are focused on providing patients with a positive experience while being forced to improve cash flow in an environment of lower reimbursement and increasing patient responsibility. This webinar describes the analytical steps and forward-thinking business process adoptions taken to fix flaws and to reduce errors that create denials and cause leakage in your outpatient settings. Many organizations struggle with improving physician practice productivity. During this webinar, we will review:

- Best practices in optimizing business processes in physician practice management, self-pay A/R and denial management
- How to develop key metrics that can be used to monitor performance

COST = FREE. [View the brochure](#) and [register online](#).

HFMA Networking Golf Event

May 20 The Meadows at Mystic Lake in Prior Lake, MN



Lunch is at 11:00am, compliments of HFMA! Tee times start at 12:00 noon. The fee for 18 holes and a cart is \$89.00. Join us for either or both. The Meadows at Mystic Lake is one of Minnesota's premier courses. Please [R.S.V.P. to Tom Osberg](#).

UPCOMING REGIONAL AND NATIONAL EVENTS

HFMA Regional and National Webcasts

Leveraging Data to Drive Results in Your Revenue Cycle

May 11 2:00 to 3:00 pm CST

[View the brochure and register online.](#)

A Patient-Centered Approach to Reducing Clinical Supply Costs

May 17 2:00 to 3:00 pm CST

[View the brochure and register online.](#)

Patient Financial Engagement and the Link to Payment & Satisfaction

May 24 2:00 to 3:00 pm CST

[View the brochure and register online.](#)

Steps to Implement Patient-Centered Billing and Collection Best Practices

May 26 1:00 to 2:00 pm CST

[View the brochure and register online.](#)

Commercial Audits: Managing Concurrent Reviews and Retrospective Denials

June 1 2:00 to 3:00 pm CST

[View the brochure and register online.](#)

Focus on "Customers" and Increase Patient Satisfaction and Payments

June 2 2:00 to 3:30 pm CST

[View the brochure and register online.](#)

Labor Strategies to Lower Cost and Improve Productivity

June 8 2:00 to 3:00 pm CST

[View the brochure and register online.](#)

Pioneering a Rolling Forecast at Mission Health: Lessons Learned and Ways You Can Make the Case for Change

June 14 2:00 to 3:00 pm CST

[View the brochure and register online.](#)

Understanding Medicare's Final FY 2017 Inpatient Prospective Payment System Rule

June 16 2:00 to 3:00 pm CST

[View the brochure and register online.](#)

[Check HFMA's website](#) regularly for new educational opportunities.

UPCOMING REGIONAL AND NATIONAL EVENTS



hfma national institute

OUT
OF THE BOX

JUNE 26-29 LAS VEGAS

Register by
February 29
SAVE \$150

Think outside of the box to drive success where it matters most.

- Meet the challenges of consumerism—from first contact to final payment
- Manage costs while delivering quality
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Keynote speakers and presentations include:

- Julie Williamson, PhD, coauthor of *Matter: Move Beyond the Competition, Create More Value, and Become the Obvious Choice*
- Eric Topol, MD, cardiologist and author of *The Patient Will See You Now: The Future of Medicine is in Your Hands*
- Thinking Outside the Box: a panel discussion of venture capitalists, researchers, and health systems on how they reward and encourage innovation. Moderated by Joe Fifer, President and CEO of HFMA.

Other speakers and topics include:

- Provider-Sponsored Health Plans: Analysis of the Competitive Landscape
- Creating the Capabilities to Become a High-Performing Organization
- Enabling Physicians to Deliver Value-Based Care
- Finding a Better Way Toward Patient-Centered Medicine
- Industry Trends and Credit Issues
- What Drives Patient Loyalty? Analyses from Inpatient, Outpatient, and Emergency Department Patients
- Competition, Consumerism, and Choice: Building a Better Healthcare Market
- Getting to High Reliability Health Care While Generating Positive ROI

Dozens of additional presentations will be held during the conference, plus several receptions and special events.

Get all of the details and [register online](#) now.

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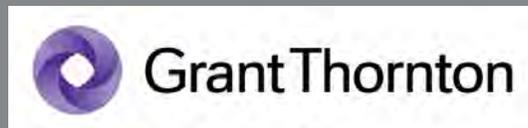
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