

MN HFMA

On the Cover

Palisade Head,
Lake Superior



Artist Unknown

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VIKINGLAND VIEWPOINT

VOLUME 72, ISSUE 1

SUMMER 2013

Thinking About Merging? Considerations for Your To-Do List

By John Randolph

Spurred on by growing economic challenges, many remaining independent community hospitals are currently considering some degree of affiliation with a larger health care system. This is not surprising as hospital mergers and acquisitions have steadily been increasing since the recession of 2007-2009.

According to Irving Levin Associates, there were 51 merger or acquisition deals in 2009, 75 in 2010 and 86 in 2011—the highest number in the past decade. Moody's Investors Service reported in March 2012 that this consolidation trend is expected to continue.

Drivers of Hospital Consolidation

There are several factors driving the pace of mergers and acquisitions for independents: volume growth constraints; struggling local job economy; continuing cuts to Medicaid and Medicare reimbursements—two major

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Is Your Hospital Ready for 501(r)? Proposed Rules for Medical Debt Collection and Patient Financial Assistance Policies

By Tom Gavinski

In 2012, the IRS and U.S. Treasury Department proposed rules relating to non profit hospital medical debt collection and patient financial assistance policies. The rules apply to all hospitals exempt from income tax under 501(c)(3) of the Internal Revenue Code. The IRS/Treasury released their proposed rules asking for public comments prior to finalizing these rules. The rules are currently under review based on public commentary and it is expected that the rules will soon be finalized and approved.

These proposed rules originated from the passing of the Affordable Care Act (ACA) in 2010. The ACA included language within the act that allowed the IRS/Treasury to define rules and regulations around medical debt collection and hospital patient financial assistance policies and procedures. HFMA, AMA, MGMA, and ACA International all have submitted comments to the IRS/Treasury regarding concerns on the proposed rules and their burdensome administrative requirements on hospitals.

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Introducing the **Member-Get-A-Member** Program!

Win prizes for encouraging others to join HFMA.

See page 8 for details.

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payer sources; rapidly changing technologies; other hospital consolidations in the regional market; limited geographical growth opportunities; poor payer mix; and difficulty in accessing capital to make needed improvements. Any one of these market forces would put enough pressure on a hospital's revenue base to push it toward affiliating with a bigger, more financially stable hospital or hospital system.

Furthermore, the Patient Protection and Affordable Care Act - ACA for short - is expected to push independents to strongly consider an affiliation with other hospitals as health care reform is phased in. Its implementation for hospitals is projected to raise the costs of doing business (increased compliance) and to reduce revenues (reimbursement cuts), making it more difficult for smaller hospitals to remain autonomous. Additionally, by mandating new delivery models to reduce health care costs and improve quality, the ACA will encourage hospital consolidation by rewarding integrated health care systems that can achieve these goals.¹

The Need To Affiliate

While the economic pressures cited above are external drivers, there are several internal indications that may signal when an independent hospital should consider aligning itself with another hospital or hospital system. When conducting an assessment of a stand-alone hospital's ability to remain independent, leadership should focus on some of these key indicators:

- Ongoing financial problems, including a strained balance sheet and an unfavorable cost position hindering the ability to reduce expenses to stay competitive
- Limited debt capacity to meet current or long-term capital needs
- Inability to attract and retain physicians, in both primary care and key specialties
- Reduction in total market share and a lack of profitable service lines
- Poor clinical performance
- Deteriorating utilization and financial performance trends
- Weakened position in negotiating rates with insurers
- Ability and willingness to pursue new opportunities.

Once the assessment has been made and leadership believes the hospital can no longer remain independent, it is not always a "merge or perish" situation. There is a range of affiliations that a hospital's leadership can consider from a fairly simple cooperation agreement between hospitals for some mutual benefit, such as group purchasing, to an acquisition of one facility by the other in which all control is surrendered to the acquiring facility. In between are management agreements, clinical affiliations and lease transactions - each one a formal partnership with legal and financial commitments by each party. (See sidebar.)

It is important that board members and senior management understand what is involved with each type of affiliation - the resulting legal, governance and financial aspects of the transaction structure under consideration. While the idea of partnering may seem to be the obvious decision, the benefits of any type of affiliation must be weighed against the loss of independence, local control and flexibility.

Do Your Due Diligence

Once a decision is made to move forward with some level of affiliation, the community hospital needs to find a suitable partner. The first step is to determine the goals of the partnership and the desired characteristics of the larger hospital or health system. A chief consideration for any independent looking to partner with a larger hospital or health system is to achieve financial stability. Ideally, the potential partner should have a strong credit rating, a stable credit profile and a willingness to support and invest in the smaller facility.

Types of Affiliation

Affiliation or cooperation agreement: Smaller hospital can benefit from purchasing power of a larger health care provider for vendor contracts.

Management agreement: Larger hospital or health care system will agree to manage operations of a community hospital. Board governance is still maintained at the local level.

Clinical affiliation: Partnership with larger hospital where defined referral relationship is agreed to formally.

Lease transaction: An acquiring partner may agree to lease facilities and/or operations from a community hospital.

Acquisition: Outright purchase of a hospital by a larger provider. Local control and governance is lost in this type of transaction.

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The next step for the independent is to try to rectify any problems that would deter potential suitors regarding any financial (bond issuances, pension liabilities, capital leases, interest rate swaps and other debt) or regulatory liabilities. It also needs to provide a complete compliance plan, detailed histories of accreditation reviews, Medicare audits, environmental surveys and financial and billing audits.²

Financial Considerations

While due diligence is being undertaken, a comprehensive balance sheet analysis along with an evaluation of the debt instruments of both entities needs to be completed. Special attention should be given to the documents of any existing financings that may be in place with either party. Some of the provisions that might need to be addressed include the following:

- Redemption or defeasance - Will the documents require that a current financing be either redeemed or advance refunded through a defeasance? If yes, how will this impact or hinder the transaction? Redemption is less costly; however, if there is a lock-out period on the bonds, then defeasance will be required.
- Membership substitution or asset transfer - Will a trust indenture allow a substitution in membership or transfer of assets? Leadership should know the requirements that need to be met in order to allow for this.
- Transfer of assets out of the obligated group - How will the new parent be supported financially?
- Change in control: Although most debt structures have broad provisions for mergers and acquisitions, they often require prior approval from bondholders or lenders prior to the transaction. How does a change of control affect the hospital being acquired?
- Approvals and consents - What parties are required to approve changes to these provisions? Typically the trustee, who serves on behalf of the bondholders and issuing authority, may be required to approve any changes.
- Restrictions on admission into the obligated group - Bond documents address how an asset or entity may become a member of an obligated group. An obligated group allows organizations to combine assets or entities to create a single entity that becomes jointly and severally liable for debt.
- Interest-rate mitigation contracts - Swaps, caps or collars may impact the decision or timing of the transactions.

Additionally, hospitals must also evaluate the impacts of a merger on their individual investment portfolios. The best way to protect investments is to have a highly liquid, well-diversified portfolio. The acquiring system also may choose to liquidate the investment portfolio to pay down existing debt, or if existing debt is not paid down, liquidated investments are re-invested by the acquiring institution. In the case where a merger is between two smaller hospitals, the investment strategy should be reviewed before, during and after the merger. To stabilize, ensure liquidity and in anticipation of a very different debt structure of the resulting entity, they should introduce a new strategy for the risk profile as determined by the new entity's financial strength and risk propensity of its board members.

Here's the Thing

Hospital affiliations, particularly mergers, can be challenging. During the process it's important to have a certain degree of alignment in terms of mission, strategies, services and culture plus a shared understanding of what facility will assume the predominant role after the merger.

Deals often take time and are slow to coalesce. At the same time, market conditions can change rapidly, so hospitals looking to partner must be nimble and react quickly to new realities. Transparency, flexibility, attention to details and open communications with stakeholders will make the transition from being an independent to being a health system...not exactly easy, but easier.

¹ "Current Trends in Hospital Mergers." Thomas C. Brown, Jr., Krist A. Werling, Barton C. Walker, Rex J. Burgdorfer and J. Jordan Shields. *www.hfma.org*. March 1, 2012.

² "Outlook for Independent Community Hospitals: Uncertain." Scott Clay and Peter Bruton. *hfm Magazine*. Nov. 1, 2012.

John Randolph is a vice president with Lancaster Pollard in Atlanta. He may be reached at jrandolph@lancasterpollard.com.

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What are the proposed rules of concern for non profit hospitals? They are:

1. The hospital must provide the patient a 120 day “Notification Period” to enroll in the hospital’s financial assistance program. The notification period ends on the 120th day after the hospital provides the first billing statement to the patient. Within this 120 day period the hospital cannot implement “Extraordinary Collection Efforts”, which include credit reporting, debt selling and legal actions. The hospital can still attempt to collect the bill through their standard collection methods during the 120 day period.
2. The hospital must also give the patient another 120 day “Application Period”, during which the patient can apply for financial assistance. So, technically, the patient has a maximum of 240 days to complete their financial assistance application with the hospital. Again the hospital cannot implement any “Extraordinary Collection Efforts” during this second 120 day application period (potentially 240 days total). If a hospital has commenced any “Extraordinary Collection Efforts” after the 120 day notification period and the patient applies for financial assistance within the 120 day application period those collection efforts must be halted until the application is approved or rejected. Again the hospital can continue to collect the bill through their standard collection methods during the entire 240 day period.
3. While the hospital is implementing their standard collection process of letters and phone calls with the patient within the 120 notification period, the hospital must provide the patient with at least three written statement communications informing them of the hospital’s financial assistance policy. The hospital must also inform the patient of the financial assistance policy on all communications with the patient, both oral and written, within the 120 day notification period.
4. The hospital must comply with four measures of financial assistance communication with the patient. They are:
 - Make available to patients paper copies of the financial assistance application and directions for completion. Hospitals can give the information to patients in the hospital, place it in public locations within the hospital available to patients or mail it to the patient.
 - Make financial assistance applications and directions for completion available to patients on display stations throughout the hospital.
 - Make financial applications and directions for completion available through community outreach programs within the community.
 - Make financial assistance applications and directions for completion available on the hospital’s web site.
5. The hospital must bill any patient who qualifies for any hospital financial assistance program under the “Amounts Generally Billed” (AGB) methodology. The hospital must determine which method of AGB it wants to bill. The two options allowed in the proposed rules are the “Look Back” method and the “Prospective Medicare” method. These are defined in the rules.

As you can see these rules will be burdensome to both the healthcare provider and its outsourcing partner who assists on collecting on patient self pay medical accounts. Hopefully through the commentary it has received the IRS/Treasury Departments will refine their proposed rules to be a little more accommodating to the hospital.

501(c)(3) hospitals will need to monitor these proposed rules and adjust their internal collection, financial assistance application programs and self pay discounting policies since hospitals that fail to comply could face IRS/Treasury fines and penalties.

Tom Gavinski is currently Vice President, Healthcare for IC System Inc., a Saint Paul Healthcare Collection Company.

PRESIDENT'S LETTER



Greetings Fellow HFMA Minnesota Chapter Members!

Summer is the start of the new year for HFMA Chapters, and this year's theme, chosen by Steven Rose, National Chair of HFMA is: "Whatever It Takes". A simple concept that I am sure resonates with many managers in health finance. I am fortunate to be able to work with a number of different organizations and consistently see finance professionals faced with challenges do whatever it takes to meet the mission of their organizations.

HFMA's mission is to help members and others improve the business performance of organizations operating in or serving the healthcare field. To meet that mission, our Minnesota Chapter strives to offer quality education opportunities that will provide resources to continually improve performance at each member's organizations.

The Minnesota Chapter of HFMA has developed a variety of programming including a number of joint offerings with other organizations. On August 7-9th is the 2013 Joint Summer Conference with AAHAM in Duluth. The Fall Institute jointly held with the Minnesota Hospital Association will be October 11-12th in Plymouth, and later this winter will be our second joint conference with the Minnesota Society of CPAs. Check out the Education & Events section on the Chapter website for the latest updates to all the coming events (www.mnhfma.org).

Our membership committee is working on some social events to welcome and introduce new members to the chapter and to provide networking opportunities for all members. Watch for ongoing emails with details on both social and education events. Life is busy, but I hope you can take advantage of at least one of these opportunities to reconnect with some friends and colleagues and meet some new and interesting people as well.

This fall you will receive an invitation to complete the Chapter Member Satisfaction survey. Before you complete the survey, we hope you will take a close look at all the programming your chapter has to offer. Over the past six years, the number of members responding as "very or extremely" satisfied has consistently improved. Last year, 60% of our members responded as very or extremely satisfied. This year we hope to continue the trend and make that percentage higher.

Just as important are the specific comments and feedback you provide in the survey. Feedback from prior surveys was the basis for programs such as the CFO Conference, New to Healthcare Leadership – which is a free seminar to members and non-members, and the MNCPA joint conference which provides education credits helping CPA's meet their license requirements. We will continue planning events at the times and locations that you are requesting and value your continued feedback.

This coming year the Minnesota Chapter board members, committee chairs, and leadership team will be doing "whatever it takes" to maximize the value of your membership. Perhaps the best way to maximize the value of your membership is to become a chapter volunteer. Feel free to contact me or any chapter board member to see how you could get more involved. Thanks for supporting HFMA!

Regards,

Greg Brock
Minnesota HFMA Chapter President



LETTER FROM THE EDITOR



My parents were both gifted, but in different ways. My mother is very artistic and caring, while my father is very intelligent and thoughtful. Growing up, I thought I was a smart person and I always measured my intelligence against my perception of Dad. He was high school valedictorian and graduated magna cum laude from college in computer engineering. One year, he took a physics class and thought it was fun, so he decided to take more physics-related courses. That year, the physics professors selected him as the “Physics Student of the Year” for his exceptional performance.

When I graduated from high school and had to take the ACT and SAT college-entrance exams, I compared my test scores to my Dad’s. Although I did well enough on each test to meet the requirements of my colleges of choice, my scores were a tiny bit lower than Dad’s. I retook both tests. The second time through, I performed only slightly better, but that slight improvement was enough to beat Dad’s scores. I’ll always remember a small comment he made around that time. When I said something about being smarter than him, he responded along the lines of, “You’re doing great so far, but you have to realize that **most of what I’ve learned, I learned after high school and college.**”

I was shocked by that statement and thought Dad must be lying, so I asked Mom about it. She agreed with him, pointing out my Dad’s experience with Encyclopedia Britannica: in his mid-20’s, Dad decided that (forgive me if this is too personal) all of the time sitting on the toilet could be put to better use. He decided to read an encyclopedia entry every time he sat down. According to Mom, it took Dad somewhere between 10 and 15 years, but he eventually read the entire Encyclopedia Britannica set. Why? Just because he thought it would be interesting to learn about such varied subjects.

I love to read. Most of the time, I read fictional books based on war (Tom Clancy), science fiction (J.R.R. Tolkien, Robert Jordan), or intrigue (Robert Ludlum, Vince Flynn). However, based on my dad’s example, I try to occasionally pick up a book on a real-life topic that sounds interesting. So far, I’ve read biographies, historical events, psychology and astrophysics (surprisingly, this is my favorite topic so far) as well as learning the basics of playing the piano and guitar.

I share this to emphasize the value of “continuing education”. When we hear those words, we normally think of the annual training we go through to learn the newest technical aspects of our fields. However, I want to point out a slightly different view of continuing education. Technical knowledge is only one aspect of a valuable employee or team member. Other valuable skills include effective communication, both oral and written, leadership, budgeting and money management, team-based decision-making, knowing when to trust or ignore your instincts, organizational skills, and time management.

I ask, are we taking the time to learn or improve these softer areas that lead to long-term career success? I’m not sure about you, but I don’t have much time in my 40-50 hours at the office to dedicate to improving these. If I want to improve, I have to make time in my personal life for it. That’s why I talked about my dad above. He enjoys learning for the sake of learning. Instead of turning on the TV or grabbing the fishing pole, he occasionally picks up an educational book and reads it just for the sake of personal growth.

The fact that you’re reading this newsletter says that you’re okay with reading. The big question: **what will you read next?**

Kurt J. Bennion, CPA
Newsletter Editor

Kurt’s Korner

Welcome back to Kurt’s Korner! Five things you never needed to know:

1. Every episode of the TV show Seinfeld included an image of Superman.
2. Every episode of the TV show Psych includes a pineapple.
3. Approximately 50% of the world’s population has never made or received a phone call in their life.
4. Rats multiply so quickly that within 18 months 2 rats could have over 1 million descendants.
5. After his death in 1998, Dr. Eugene Shoemaker was buried... on the moon. Interesting story. Look it up.

COMMITTEE UPDATES

Certification

HFMA's certification program, like all certification programs, assesses and recognizes individuals who possess the knowledge and skills identified as essential to professional practice within the scope of the profession. 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. Examples of those with suitable professional experience to take the examination would include: Director Patient Financial Services, Director Reimbursement, Patient Accounts Manager, Billing Director, Controller, Director Business Services, Director Finance, General Manager Finance, Business Office Manager, Treasury Manager, Partner and Principal. The certification program would also be beneficial for senior accountants and senior financial analysts.

Congratulations to **Melissa Marcotte** who recently became a Certified Healthcare Financial Professional. She is the first Minnesota HFMA member to achieve this goal for the 2013-2014 reporting year. Melissa prepared for the exam by accessing the online study guide which includes modules on Revenue Cycle, Disbursements, Budgeting and Forecasting, Internal Control, Financial Reporting and Contract Management.

Minnesota HFMA members pay a fee of \$350 when they register to take the exam. This fee is reimbursed by the Chapter upon successful completion of the exam. The Chapter's goal is to have nine members become certified during the 2013-2014 year. In addition to the on line study program, we are assessing other ways the chapter can lend support to members who wish to distinguish themselves as leaders and high-level performers through certification. Members will have an opportunity to hear more about the certification program at the Fall Conference in October.

Questions often arise about certification maintenance. HFMA members who have earned either the Certified Healthcare Financial Professional (CHFP) or Fellow of HFMA (FHFMA) designation must maintain their certification by meeting two basic requirements:

- Remain an active HFMA member in good standing; and
- Complete 90 contact hours in eligible education programs every three years (a contact hour is 50 minutes of continuous programming, excluding meals, breaks, or social activities). In addition:
 - At least half (45) of these contact hours must in healthcare finance-related topics; and
 - At least 20 contact hours must be completed in each of the three years.

More maintenance details can be found at: <http://www.hfma.org/chfp/>.

Call Marilee Vogel, Certification Chair, at 320.231.4282 to get started.

COMMITTEE UPDATES

Winter Institute

This year's winter institute will be held on Thursday, January 30, 2014 at the Crowne Plaza in Plymouth, Minnesota. We are still in the planning stages for next year's conference. The potential topics will include motivational, panels from a local and national perspective, case studies and a legislative update. We would welcome any feedback, ideas and topics for next year's MN HFMA Winter Institute in January of 2014. Look for registration information to come out this fall. We hope to see you next year.

You can contact Kara Carpenter, Winter Institute Chair, at karacarpenter@gmail.com.

Education Update

Education offerings are beginning to pick-up again for the 2013-2014 year. Our next event in August will be a joint conference with AAHAM to be held in Duluth. Topics for this conference include ways to maximize reimbursement, presumptive charity care, details on the transition to the new MAC, and a keynote address from a speaker who was once involved in a multi-year fraud scandal. Also in August is the Region 8 MidAmerica Summer Institute in St. Louis that will offer a wide array of timely and relevant topics in Financial Leadership, Revenue Dynamics and Reimbursement Mastery. It is also an excellent opportunity to meet members from other states in our region.

In addition to the many webcast offerings being made available through Regional and National, Minnesota will be hosting an upcoming regional webinar in September on the topic of ACOs. It will include an expert presentation from one of the pioneer ACOs in Minnesota. And, the cost of this webinar is free!

For additional information on these and other upcoming educational offerings, please visit our website at www.mnhfma.org. If you have any questions on any education events, please feel free to contact Jackie Hinderks at jhinderks@rice.willmar.mn.us or 320-231-4425.

RECENT EVENTS

HFMA Annual National Institute (ANI)

At ANI, attendees learned strategies for leading their organizations through health system changes. Here are some highlights:

Proposed Guidelines for Patient Financial Interactions Released—“Today, I am proud to share a draft of Patient Financial Interaction best practices that will bring more consistency, clarity and transparency to patient financial communications,” HFMA President and CEO Joe Fifer told ANI attendees.

Berwick: Finance Professionals Must Be in the Driver’s Seat for Improving Value—This is a moment of “very special opportunity” for healthcare finance professionals to benefit society by pinpointing areas where waste can be removed throughout the continuum of care, Donald Berwick, MD, former Centers for Medicare & Medicaid Services administrator and founding CEO for the Institute for Healthcare Improvement, told ANI attendees.

HFMA Chair: Be Committed to Doing Whatever It Takes—“Making the changes necessary to move forward in this environment is going to require massive amounts of time, energy, and creativity on the part of everyone here,” HFMA Chair Steve Rose told ANI attendees. “However, I’m firmly convinced that if we remain committed to doing whatever it takes, we will meet our goals and achieve astonishing results.”



MN HFMA members Marie Gernes, Candy Peterson and Dalton Huber chat between sessions at ANI.

MN HFMA Member-Get-A-Member Program

The Minnesota Chapter of the HFMA would like to introduce an exciting new initiative for the 2014 membership year! As many of you current members know, at any point when you sign up a new member to the HFMA and list yourself as a sponsor on that new member’s application, you are immediately awarded a \$25 gift card from the National HFMA office. The National HFMA office will also sponsor a program called the Member-Get-A-Member Program from time to time, in which drawings are made on a quarterly basis. Cash and fun gifts are awarded to the winning members. Your leaders here at the Minnesota Chapter would like to support a local initiative in order to both welcome our new members, and recognize and award those individuals within our great chapter who go above and beyond. Here are the rules:

On a quarterly basis (first quarter ended August 31, 2013), all New Members, Sponsors of those members, and any individual that refers a new Corporate Sponsor will be entered into a drawing. For the first three quarters of the year, the winning individual will be awarded a \$50 prepaid visa card. In addition, that individual will be recognized with a personal/professional highlights article in the Vikingland Viewpoint.

On an annual basis at the membership year end (May 31, 2014), all individuals that were eligible for the previous quarterly drawings and any new individuals that were eligible in the 4th quarter will be entered into a drawing for a Grand Prize. We are still working through the details of this prize, but some potential examples would include a new mini-tablet or a \$300 pre-paid Visa card!

We hope you all will take some time throughout the year to participate in this exciting new program, with the ultimate goal of encouraging the use of our most important recruiting tool here at the HFMA... You! After all, the stronger our organization here in Minnesota, the greater the benefits we all receive as members. In the end, we all WIN!

UPCOMING MINNESOTA EVENTS

HFMA / AAHAM Summer Meeting

Health Care Delivery Strategies for Critical Access Hospitals

An Update on Billing and Reimbursement and an Introduction to National Government Services

August 7-9

Spirit Mountain Conference Center

Duluth

Join us at the 2013 HFMA / AAHAM Joint Summer Institute at the Spirit Mountain Conference Center. Educational sessions include:

- Crossing the Line—An Insider's Story of Fraud
- Denials in the age of the Affordable Care Act—Maximizing Recoveries and Patient Satisfaction
- Pending Is Not a Status
- Presumptive Charity Care
- Think Life a Futurist

In addition to the wonderful educational sessions, participate in the Enger Golf Outing or the Charter Fishing Outing.

[View the brochure.](#)

MN HFMA Webinar

Health Care Reform Insurance Overview

Thursday, August 8

2:00 to 3:00 pm CST

Join Jamie McDonald of BKD and Dan Timmermann of Schwartz Benefit Services, Inc. as they present valuable insights on how your organization can prepare for the numerous potential changes brought about by the Patient Protection and Affordable Care Act (ACA). You'll also hear ideas on how the act might affect your organization's insurance offerings.

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

MN HFMA / MHA Autumn Institute

October 10-11

Crowne Plaza Hotel

Plymouth

The Minnesota chapter will once again be partnering with MHA to host the Autumn Institute in Plymouth. The topics for this conference include healthcare reform, making strategic pricing and reimbursement decisions, understanding key clinical quality indicators, and planning for population health. Please watch for registration details on the website and via email.

UPCOMING REGIONAL EVENTS

HFMA Region 8 Webcast

Accounting, Auditing and Compliance Update

Tuesday, August 13 12:00 to 1:30 pm CST

This webinar on accounting updates for health care entities will provide implementation guidance on recently issued standards effecting bad debt presentation, charity care, and insurance claims and recoveries along with discussion of issues affecting health care entities such as accounting for ICD-10 implementation costs and electronic health record technology incentive payments. The webinar will also touch on new GASB statements and the new Private Company Council that was formed by FASB to develop private company standards. In addition, the webinar will give an update on proposed standards for leases and revenue recognition. Finally, the webinar will highlight some of the changes to the 2012 audit and accounting guide for health care entities recently released by the AICPA.

The program is free. [View the brochure.](#) [Register online.](#)

HFMA Region 8 MidAmerica Summer Institute

August 21-23 Ameristar Casino Resort St. Charles, MO

HFMA Region 8 is proud to announce some of the highlights for our upcoming conference. Don't miss the opportunity for education and networking with your Region 8 members (9 chapters) and attend a St. Louis Cardinals baseball game. Mark your calendars now!

Session topics include:

- ICD 10 Changes Everything for HIM and Revenue Cycle (Think Y2K)"
- Building a Medicaid ACO—Exercise in Public / Private Cooperation
- Lean, Not Anorexic—Using Six Sigma Appropriately to Drive Process in Revenue Cycle
- Chargemaster and Cost Reporting Strategies for Critical Access Hospitals
- The Journey from CFO to CEO

Keynote Speakers:

- "No Barriers"—Neal Peterson
- "Leadership and Success"—Darryl Strawberry, 4 World Series Titles, New York Mets
- "Making Every Day Count"—Tony DiCecco, Former Women's Basketball Coach at University of Northern Iowa

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

UPCOMING NATIONAL EVENTS

HFMA National Webcasts

High-Impact Service Contracts: Balancing Risks and Savings to Lower Costs

Thursday, August 8 2:00 to 3:30 pm CDT

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

Leveraging the Latest RFID Technology to Support Your Supply Chain, Manage Costs, and Improve Clinician Workflow

Thursday, August 15 2:00 to 3:30 pm CDT

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

Managing the Transition from Volume to Value

Thursday, August 22 2:00 to 3:30 pm CDT

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

Strategies to Increase and Accelerate Patient Payment at the Point of Care

Tuesday, August 27 2:00 to 3:00 pm CDT

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

Transform Budgeting, Capital Planning, and Performance Reporting to Support Strategic Business Decisions

Wednesday, August 28 2:00 to 3:30 pm CDT

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

Leveraging Your Organization's Enterprise Resource Planning (ERP) System Investment

Tuesday, September 10 2:00 to 3:30 pm CDT

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

Understanding the Impact of Consumable Costs that Exceed their Capital Investments

Wednesday, September 11 2:00 to 3:00 pm CDT

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

Predicting the Unpredictable: Using Analytics to Match Staffing-to-Patient Demand

Thursday, September 12 2:00 to 3:00 pm CDT

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

Control High-Cost Supplies from Value Analysis to Point-of-Use

Thursday, October 17 2:00 to 3:30 pm CDT

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

HFMA National Seminar

Chicago, IL December 10 - 12

Revenue Cycle/Reimbursement/Compliance Topics: 2014 Chargemaster Update, Managing Denials Through Process Improvements, Revenue Cycle Essentials

Business Intelligence & Performance Improvement Topics: Cost Accounting Under New Reimbursement Models, Benchmarking Organizational Performance for Productivity and Process Improvements

Clinical Alignment & Delivering Accountable Care Topics: Building the Infrastructure to Deliver Accountable Care and Clinical Integration, Creating Financially Sustainable Physician Employment

More details to come. [View the brochure and register online.](#)

WELCOME, NEW MEMBERS!

Corrie Evans

Marketing Manager
Optum

Ann Gillund

Director of Patient Financial Services
RiverView Healthcare

Michael Hoban

Senior Business Manager
TRIA Orthopaedic Center

Kim Ericson

VP Finance
Fairview Health Services

Kim Kalinoski

ASM
Oracle

Christy Kutzera

Implementation and Support Manager
ProSource Billing, Inc.

Kevin Loeffler

Integrated Healthcare Strategies

Chris Jepson

U.S. Bank

Brittany Thompson

Senior Associate
McGladrey LLP

Tiffany Chlebecek

Client Service Director
Adreima

Donald Ashton

Finance Director
3M

Shelly Jacobs

Director, Accounting
St. Benedict's Senior Community

Trish Lugtu

Senior Manager
MMIC Consulting

Ken Nicholas

Process Improvement Specialist
Fairview Health Services

Jessica Zeaske

VP, Research & Development
Lemhi Ventures

Louis Henry, Jr.

Board Member
Healtheast Care Systems

Carrie Blandin

Process Improvement Specialist
Fairview Health Services

Debra Baumgarn

Director of Admissions Services
Sanford Worthington Medical Center

Karen Moore

Vice President
AnCor Healthcare Consulting, Inc.

Timothy Balthazor

Manager
McGladrey LLP

Rebecca Reed Farha

Senior Director, Treasury Solutions
UnitedHealth Group

Jeff Sobolik

Account Executive
American Accounts & Advisors, Inc.

Lauraine Palm Singh, Esq.

Partner
Singh Advisors, LLC

Peter Robson

CEO
Miga Solutions

Matthew McCabe

CFO
UHS Surgical Services

Lori Lindgren

Director of Revenue Cycle
Lake Region Healthcare

Michael Boardman

TT Capital Partners

Cheri Riley

Senior Finance Analyst
Hill-Rom Respiratory Care

Hannah Wieshalla

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melissa.fransen@arraysg.com



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CliftonLarsonAllen
220 South Sixth Street, Suite 300
Minneapolis, MN 55402
Darryn McGarvey, Partner, 612-376-4624
darryn.mcgarvey@cliftonlarsonallen.com
www.cliftonlarsonallen.com



Craneware
13219 Tyler Street NE
Minneapolis, MN 55434

Luke Foslien, 612-807-8292
L.Foslien@craneware.com



Eide Bailly LLP
U.S. Bancorp Center
800 Nicollet Mall, Suite 1300
Minneapolis, MN 55402-7033
Scott Sisel, 612-253-6514
ssisel@eidebailly.com
www.eidebailly.com



Grant Thornton

Grant Thornton
200 South 6th Street
Minneapolis, MN 55402-1403
Tom Hogan, 612-677-5247
tom.hogan@gt.com



Johnson McCann
206 E. Little Canada Road
Little Canada, MN 55117

Pat McCann, 651-486-2182 Fax 651-484-1602
pmccann@johnsonmccann.com



Lockton Companies, LLC
The Colonnade, 5500 Wayzata Boulevard
Suite 510
Minneapolis, MN 55416
Jan Plant Duda, 763-512-8610
jduda@lockton.com



McGladrey
801 Nicollet Avenue
West Tower, Suite 1300
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Sue Ankeny, 507-526-4428, Fax: 507-526-2367
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Reimbursement Services Group, Inc
401 Park Avenue South
New York, NY 10016
Michele Manuel
mmanuel@reimburse-services.com



Wipfli, LLP
7601 France Avenue South
Suite 400
Edina, MN 55435

Tim Ritter, 952-548-3401
tritter@wipfli.com

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Apex Information Technologies
100 south Owasso Blvd.
St. Paul, MN 55117

Ken Lawrence
Phone: 651-332-5166
Fax: 651-287-8203
klawrence@
apexinformationtech.com



Avadynehealth
85250 Apple Hill Road
Bayfield, WI 54814
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avadynehealth.com



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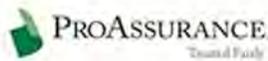


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Fax: 866-308-1831
alanik@kpmg.com



ProAssurance Wisconsin Insurance Company
1002 Deming Way
Madison, WI 53717
Jan Hayler, 608-826-5812
jhayler@proassurance.com



Scicom Data Services
Mary Jo Anderson
(952) 932-3923
manderson@scicom.com



TCF Equipment Finance
Michael Berryman
Phone: 248-854-1968 Fax: 952-229-6383
E-mail: mberryman@tcfef.com

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Kurt J. Bennion, CPA
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