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Dear Florida Chapter Members and Friends,

I hope all of you had a wonderful holiday season. I would like to wish everyone a happy, healthy and prosperous New Year in 2015! The Chapter started off the new calendar year with a wonderful regional event held at Memorial Healthcare System in Hollywood, Florida on January 8. This year marks the 6th anniversary of this event.

The HFMA Florida chapter is committed to providing education that is closer to home. This chapter year, we have made a concentrated effort to establish a regional education network to provide events such as the one held at Memorial more frequently across our state. As a result, I am pleased to report that our chapter has hosted 12 events across the state hosted by hospitals. The number of events we have held is well above pace compared to prior years.

The regional education network has been just one of a few of our chapter’s initiatives this year. Our chapter volunteers (over 200) are very committed to providing our members top, quality education for the lowest fee possible and continuing to enhance member services. Please be sure to take a moment and thank all Committee Volunteers for their continued support. Many hours of volunteer time are provided for all Chapter activities throughout the year that could not be accomplished without the entire team we have in place today. And if you would like to become more involved in our Chapter – we are always looking for members to join our committees – just complete the form on the Getting Involved page on our Florida website.

Later this month, our chapter will be in Orlando for the 2015 Mid-Winter Payor Summit. Lisa Mathews and the Program Committee have planned a great agenda including payor presentations by Aetna, Florida Blue, United, and First Coast. We will also bring back the Provider Vignettes which were a huge success at the Fall Conference. Providers will present short business cases to share best practices in 15 minutes or less.

In addition to the Payor Summit, our chapter is offering a pre-conference education event. Our pre-conference will be our chapter’s LTC hosted by Chris Durkin, President-elect. At this meeting, you can learn more about the volunteer experience and leadership opportunities on the 2015-2016 chapter leadership team.

And thanks to all our Corporate Sponsors that made the commitment to support us during calendar year 2014. The high quality events are dependent upon the level of support our Sponsors provide to the Florida Chapter. Our website provides a listing and contacts for all of our current Sponsors and also provides information on becoming a Corporate Sponsor of our Chapter for 2015.

I look forward to seeing all of you either at the Mid-Winter conference in Orlando or the Region 5 Dixie Institute in Charleston, SC in February. I would also like to request that you take a few moments to visit our website at www.floridahfma.org to stay up to date on our chapter activities.

Thanks,

Billie Jean
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A NOTE FROM THE EDITOR:

It seems like only yesterday we were planning the first edition of the 2014 newsletter. This has been an exciting and busy year! We transitioned the newsletter to an electronic format as I transitioned into my new job. As we get ready to begin the New Year, many of us are already planning our New Year resolutions and making the list of all the things we would like to accomplish in 2015. Many times, the list itself can be so overwhelming that it reduces our chances of achieving our goals for the year. Consider selecting no more than three targets of focus for 2015, and strive to achieve great success in those three areas.

For those of you not currently volunteering in the HFMA Florida Chapter, I would like to challenge you to make getting involved one of your focuses for this year. Being involved in the Chapter is a great way to make contacts, grow professionally, and get the most out of your HFMA experience.

I would like to thank those that helped with developing and publishing our newsletter, specifically, John Guidroz, Meagen Lane, Gary Heeseman, Kimberly Davis, Lynn Wilson, Alissa Bridges and all those that contributed articles and helped make Sunspots successful!

I wish each of you a joyous and successful New Year!

Please reach out to me if you would like to submit an article at Renee.Burger@zirmed.com. We would love to hear from you.

Renee Burger is Client Account Manager at ZirMed, and Newsletter Chair.

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Volunteering for an HFMA Florida Chapter committee or event is a great way to get the most out of your HFMA membership!

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By Mike Bickers

Mike Bickers is Senior Vice President of Sales and Marketing, DaVincian Healthcare, Inc. and Chapter Secretary for the HFMA Florida Chapter.

2015 Winter Edition Board Report

Planning for the Mid-Winter Conference is in full swing as of this Board Report. The Payer Summit theme for the Mid-Winter Conference continues to have the full support of the Board and membership. Representatives from Florida Blue, Aetna, United, Humana, and First Coast Service Options have been invited to participate. Additionally, Forum Group meetings are anticipated, along with “Provider Speed Best Practice” sessions. Many thanks to Lisa Mathews and her dedicated team for their efforts.

The second Friday of each month we host a Regional Sharing Call to share successes, best practices, and lessons learned. These discussions are designed to assist those involved in planning and executing our regional education sessions, as well as help provide tips for post-meeting responsibilities such as DCMS reporting and CPE Certificate distribution. If you are involved in planning our regional meetings, you are encouraged to participate and share.

Yerger Update: The Board approved a plan to prepare a Yerger for the new “Provider Speed Best Practices” program that was introduced at the Fall Conference and continued at the Mid-Winter Conference. This just shows that there are many opportunities to introduce new ideas and programs to our education process. As of this report, we are tracking well against our goal for education hours. We encourage all HFMA Members to continue their involvement and support of the Chapter by attending meetings regularly. Your attendance helps to contribute to the overall success of the Chapter.

The Senior Executive Forum will take place in Summer 2015. More details to follow.
Capio Partners is a privately-held healthcare receivables management company. Founded in 2008, it has grown to become the largest healthcare-exclusive debt purchaser in the country.

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Tax-Exempt Purchase of Physician Practices: Assets or Stock?

By John V. Woodhull, CPA

In negotiations for the purchase of physician practices, tax-exempt hospitals and healthcare systems (“tax-exempts”) should be aware that the structure of the acquisition – an asset purchase or a stock purchase – can make a big difference in the cost of the transaction.

A tax-exempt will incur an immediate tax liability if it intends to convert or liquidate the newly acquired professional practice into the tax-exempt system soon after the sale. Although the tax burden will be imposed on the taxable subsidiary, the tax-exempt purchaser actually bears the expense. If a tax-exempt intends to operate the medical practice as a tax-exempt activity, it should try to negotiate a direct purchase of the assets, not the stock, of the taxable corporation.

At the same time, tax-exempts should be aware that physicians who are shareholders in a professional corporation generally will want to structure the transaction as a stock sale. In a stock sale, physicians pay tax only once on the sale of their stock, and the shareholders realize a long-term capital gain, thus resulting in a maximum tax benefit for the physicians. An asset sale, however, results in double taxation to the physicians – once at the corporate level and then again at the physician-shareholder level when the proceeds are distributed.

Asset Purchase

If a tax-exempt organization purchases the assets of a physician practice from a physicians’ professional corporation, the selling corporation is taxed on any gain realized on the sale of its assets. (That’s the corporate-level tax.) The proceeds available to the ultimate sellers – the physician-shareholders – are reduced by the amount of tax the corporation pays on the sale of its assets. The physician-shareholder then pays an additional tax when the sale proceeds are distributed to them by the corporation. (That’s the shareholder-level tax.)

As an illustration of the tax ramifications of an asset purchase by a tax-exempt, assume that the professional corporation has assets worth $6 million with a tax basis equal to $1 million, and the physicians have a tax basis of $1 million in their stock. A sale of those assets would result in a gain of $5 million, which would be subject to a corporate tax of 34 percent ($1.7 million). Thus, when the net proceeds of $4.3 million are distributed to the physicians, they will recognize a capital gain of $3.3 million ($4.3 million less $1.0 million in basis) and an additional tax of $785,000, leaving the physicians with net receipts of approximately $3.5 million. That’s a respectable gain for the shareholders but it’s not as much as if they had sold their ownership interests (stock) directly.
Stock Purchase

If instead of making an asset purchase, the tax-exempt purchases the stock of the professional corporation from the physicians, the physicians would be taxed on their proceeds minus the adjusted basis in their stock. As a sale of stock, the gain to the physicians would be a capital gain. Unlike in the asset sale, the corporate-level tax is deferred because the assets remain inside the corporation. Only the ownership of the corporation has been sold.

To compare the tax ramifications of a stock purchase by a tax-exempt organization with those of an asset purchase, assume that the value of the stock is $6 million and the basis in that stock is $1 million, as in the example above. A sale of the stock by the physicians results in a capital gain of $5 million and a tax liability of approximately $1.2 million, leaving the shareholders with $4.8 million in net receipts, as compared with $3.5 million in an asset purchase. What is left unpaid in this example is the corporate-level tax of $1.7 million. If the tax-exempt purchaser liquidates its now wholly owned taxable subsidiary or converts it to tax-exempt status, the taxable subsidiary will have to pay the $1.7 million deferred tax liability.

A Hobson’s Choice?

It should be noted that whichever of these alternatives is adopted, ultimately the tax-exempt will actually have paid $7.7 million (the $6 million purchase price and $1.7 million in taxes) for the taxable corporation.

At this point, the tax-exempt owns stock in a wholly owned taxable subsidiary, and it has three options. It can convert the taxable subsidiary to tax-exempt status or liquidate the taxable subsidiary into itself, which both trigger capital gains tax at the subsidiary level, or it can operate the physician practice as a wholly owned taxable subsidiary.

Contact Information

John Woodhull is a director with Crowe Horwath LLP in the Chicago office. He can be reached at 312.899.7005 or john.woodhull@crowehorwath.com.
OUR VOLUNTEERS: NATALIE BILLO

By
Lisa Mathews

What is your current volunteer role within HFMA?
For the 2014-2015 HFMA year, I am the Communications Chair, the Volunteer Chair, and the Founders Chair for the Florida Chapter.

Where did you grow up?
Until I was 26, I lived mostly in Upstate NY with a few years in NYC after college. I was born in Watertown, NY, and lived in Adams, NY, right in the snow-belt where we typically saw tons of snow in the winter. In fact, in the Blizzard of 1977, our house was buried in snow. The National Guard had to help my mother and two brothers get out of our house; my dad had been stranded coming home from work. It was memorable because we did not have school for a week and we helped stranded Canadians at the local fire station. When I was in 3rd grade, my family moved two hours south to Binghamton, NY, where I spent the rest of my growing years until college.

Where did you attend College?
After high school, I graduated from SUNY (State University of New York) at Albany with a mathematics degree (actuarial science concentration) and minors in Russian Language and English. Later, after working in the healthcare field for about ten years, I went back and received my MS-HSA from UCF (University of Central Florida).

Are you married? How many children do you have?
In March, I will be married for 22 years. My husband and I have two children, a thirteen year old son and an eleven year old daughter.

Where do you live?
I live in the Central Florida area in Winter Haven, FL. The old Cypress Gardens, which is now Legoland, is about a mile down the street from me.

What are your hobbies?
My personal hobbies vary from logic puzzles to listening to almost any type of music to reading. Also, I am known for dancing at various venues including my son’s baseball games and HFMA events.

Another hobby is my children. My son has played baseball since he was three, competitively since eight. My daughter is a gymnast and in her second year of competition. If we are not at one of their events, my family likes to camp mostly at various state campgrounds. We have traveled from the Keys to the Panhandle along with a few trips outside of Florida to Georgia and Tennessee.

Also, I love spending time with family and friends. My in-laws moved from NY to five minutes from us in 2006 and my father and step-mother moved from NY to the Villages a few years ago.

How did you become involved with HFMA?
After joining HFMA in the early 2000s and attending a few conferences, I became more involved in 2007 after I received a promotion at Winter Haven Hospital. My responsibilities included government reimbursement, specifically the filing of and audits for the Medicare and Medicaid cost reports. At the Tampa Spring Conference in 2007, I was eager to find a network of reimbursement professionals. While there, I spoke to David Sierra after a session. Next thing I knew, I was co-chairing the Governmental Reimbursement & Regulations Committee with David as the Chair. Ever since then, I have had a role as chair of a committee or two, along with helping wherever needed and whenever I could – whether giving input on the Educations Committee for session topics or assisting at the conferences.
What do you enjoy about it?
Everything!!! What I enjoy most are the relationships and the education.

The relationships, both personally and professionally, are indescribable. I definitely found my network of reimbursement professionals, along with revenue cycle, chargemaster, managed care, and any other healthcare finance professionals.

The education offered at the State conferences, regional events, webinars, and other national events is the best our profession has to offer.

What do you think are the biggest challenges facing revenue cycle/reimbursement teams today?
One of the biggest challenges facing the revenue cycle/reimbursement teams today is trying to keep up with the constant changes such as applying new, modified or deleted rules and regulations; determining the ongoing State and Federal dialogs and budgets; comprehending new concepts such as value-based purchasing; developing new payment methodologies; and considering the quality side to reimbursement.

In addition, trying to understand the high-level impact and capturing the information at a very transactional process level is often a challenge to the various departments involved. “Follow the patient, follow the charge” is something I try to refer to when understanding a change whether it is the new role of the health exchanges or Medicaid Reform or a new Medicare rule.

That is why it is even more important today to tap into an organization like HFMA, specifically the Florida Chapter of HFMA. It is an investment into the education, networking, and leadership needed to solve and understand the problems we all face at various levels in our organizations.

I am with my mom and two brothers at my son’s baseball tournament in Cooperstown, NY during the Summer of 2014.

ABOUT THE AUTHOR:
Lisa Mathews is Director of Business Development at Berkeley Research Group, LLC and Director of Education / Program Chair.
SELF-PAY COLLECTIONS BEST PRACTICES

By Lyman Sornberger

The American Hospital Association reported that in 2012, U.S. hospitals provided $45.9 billion in uncompensated care. This represented approximately 6% of annual hospital expenses and was nearly $5 billion more than 2011. Since 2006, uncompensated care has continued to increase by approximately 8% annually. Even the best-performing hospitals admit that there is much room for improvement in managing patient receivables associated with bad debt expense. It is estimated that 2% - 4% of additional patient collections could be captured with enhanced procedures. The major challenge of collecting bad debt is that many providers have not embraced industry-leading practices. Just the mere mention of the word “collections” is often intimidating to both parties.

There are two ways to minimize the sensitivity of pursuing patient balances. The first is associated with hospitals and physicians providing a “patient advocacy” practice that insures that every patient who can afford to pay is provided an opportunity to reimburse the provider for his/her medical services. The second is a “patient-friendly” process, which should provide that all financial communications be correct, clear, and concise. By embracing these state-of-the-art practices, providers are supporting the sensitivity of the patient’s financial communication. Each practice should be well thought out and, more importantly, effectively executed and communicated.

An effective “patient advocacy” program employs industry-leading practices:

- Same-day Scheduling
- Online Registration
- Kiosks
- Financial Counseling
- Medicaid Eligibility Screening
- Disability Support Programs
- Provide COBRA Compensation
- Medical Loan Programs
- Online Patient Portal
- Credit and Debit Card Acceptance
- Payment Plans
- Charity
- E-statements
- Computer-Assisted Coding
- Coding Documentation Improvement Program
- Denial Management
- Online Patient Education Programs
- Monthly On-site Patient Advocacy Training
- Collection Agency Associations
- Debt Buyer Partnership

The second component to supporting “patient advocacy” is to ensure that all efforts are patient friendly. A three C’s approach is paramount to success when it comes to patient-friendly financial communications:

Billing statements should CORRECTLY reflect the financial elements of the episode of clinical care, contain CONCISE detail to effectively communicate the message, and CLEARLY express what actions are required by the patient in order to resolve any patient amount due.

Whether one has insurance or not, medical debt impacts everyone receiving healthcare. The new healthcare reform created an industry assumption that self-pay would decline or maybe even be non-existent. It is now very evident that this is not the case and, in fact, there are now higher out-of-pocket costs to the patient and a decline in collections of those balances to the provider. Fifteen percent of the U.S. population does not have health insurance and almost half of the U.S. population has outstanding medical bills that average from $8,000- $10,000 per person. While it would seem that this is a big part of
the bad debt problem, it is not where the great opportunity lies to reclaim compensation from self-pay patients.

It is reported that over 60% of medical debt complaints are made by patients who have insurance coverage. In addition, more than 70% of people who filed for bankruptcy because of medical bills had insurance coverage. The National Consumer Law Center has reported on the growing problem of abusive medical debt collection processes. They included everything from not offering charity care to denying future care for patients with an outstanding debt. Again, it is important to stress that offering the patient population various means to pay their bills is critical to patient satisfaction.

At the end of the day, the definition of bad debt should be limited to patients who could afford to pay and were offered various alternatives to reimburse providers for the services provided, but who elected not to pay for services rendered. In that population, there is a percentage that clearly will not pay for something that they do not understand.

ABOUT THE AUTHOR:
Mr. Sornberger is the Chief Healthcare Strategy Officer at Capio Partners. Prior to joining Capio Partners, Mr. Sornberger was the Executive Director, Revenue Cycle Management for The Cleveland Clinic (2006-2013), a position he accepted after spending twenty-two years in revenue cycle management with the University of Pittsburgh Medical Center. This article is an excerpt from the Capio white paper Self-Pay Collections Best Practices. To read the full white paper, please visit www.capiopartners.com/downloads.
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Once again, hospital collections are about to undergo a major transformation. Over the last decade, hospitals have made great strides toward designing sophisticated and patient friendly collection programs. Driven by a call to increase transparency, improve the patient experience, and minimize IRS scrutiny over community benefits, hospitals now offer everything from easy-to-understand patient statements to front-end help with Medicaid eligibility and charity assistance programs. They use state-of-the-art analytics to examine entire portfolios, and to improve self-pay collections recovery and overall costs.

Despite these advancements, such programs may not be dynamic enough for what’s around the corner. As the Affordable Care Act (ACA) goes into full swing, it is a brand-new day in self-pay collections. These changes will affect a hospital’s and its collections partner’s ability to forecast recovery rates and to assign workflows in self-pay collection programs. Specifically, hospitals can expect to see three key changes to self-pay collections in the next 12 to 24 months.

1. **A NEW FINANCIAL CLASS IS BEING CREATED.** With the ACA comes a new patient financial group. These are patients who are either newly insured, or whose insurance has changed under the ACA. Although patients have gone from no insurance to being insured, their ability to pay does not change. With new insurance, these patients will likely have a balance after insurance. Because this is a new financial class, there is much uncertainty in their ability to pay.

2. **TRUE SELF-PAY FINANCIAL CLASS DOLLARS WILL LIKELY DROP FOR MOST PROVIDERS.** True self-pay financial class dollars, although a large portion of the overall A/R, typically will only liquidate between 3 to 5 percent. As increasing numbers of uninsured patients gain insurance through the new healthcare law, that same population will no longer show up in this financial class causing true self-pay dollars owed to hospitals to be reduced.

3. **BALANCE AFTER INSURANCE FINANCIAL CLASS DOLLARS WILL INCREASE.** Today, balance after insurance financial class dollars typically will liquidate between 28-32 percent. Knowing that there will now be a shift in dollars from the true self-pay financial class to the balance after insurance bucket, the number of dollars attributed to patients with a residual balance after insurance (from deductibles and co-pays) will increase.

ARE YOU READY TO IDENTIFY THE SHIFTING FINANCIAL CLASS?
What does it all mean for hospitals? From a top-level perspective, the new patient financial class will affect a hospital’s ability to evaluate and compare new statistics to historic statistics and liquidation rates. It is essential to capture this shifting financial class properly in order to develop new strategies and work efforts. If not, organizations and their collection partners are likely to experience higher costs by focusing misguided activities on uncollectable dollars as well as overusing technology, automation and other headcount resources. There is also a greater
potential to miss out on opportunities to identify charity care candidates.

BE PROACTIVE
While many organizations now excel in areas such as Medicaid eligibility and financial assistance screening, it is important to also focus on other important pieces of the puzzle. Hospitals need to determine when the former true self-pay dollars start to shift and how to address those shifts. This involves putting in place the tools, processes and partnerships that will help identify patients on the front end who have subsidized insurance and predict their ability to pay as they move from a true self-pay financial class to newly insured under the ACA.

Data plays a critical role in the new world of self-pay collections. Start reviewing current processes that use performance analytics, scoring and segmentation, and automated workflows that impact collection programs. These tools will need to be modified as you begin to understand the new patient financial class. For example, analytics programs will now need to provide detailed information about whether or not the same people that had difficulty paying before, when they were uninsured, will be able to pay now, with subsidized insurance (residual balances) under the ACA. This new information will assist in changes to not only collection activities but also to charity care and financial assistance programs.

SMART COLLABORATION TACTICS
Hospital performance in this new era of self-pay collections also depends on having strong internal and external partners who are skilled at gathering specific data and know the appropriate questions to ask. These collaborators will be instrumental in updating your forecasting plan for recovery rates and creating advanced workforce strategies to help identify the new financial class and the changes in a consumer’s ability to pay.

Given the depth of changes happening in self-pay collections, your partners should be 100 percent healthcare focused, understand the entire healthcare revenue cycle, and place a high priority on patient experience and quality. Start having conversations with your partners today. A primary question to ask your vendor is what tactics they will use to identify subsidized insurance provided through the exchanges? While so much of this is still unpredictable, ultimately, you will know you are on the right path if you have the confidence in your organization’s ability to promote positive change as other forms of unplanned changes occur.

GET READY FOR THE NEW CHANGES TO SELF-PAY COLLECTIONS

- Create processes to identify new self-pay financial classes now.
- Review and update analytics and automation.
- Update forecasting plans: Is your partner asking the right questions?
- Collaborate only with those who have a strong healthcare track record
You may have heard the term “balanced scorecard” used in your Company as a means to measure performance. HFMA uses a Chapter Balanced Scorecard (CBSC) to measure individual Chapter performance. The goals are set each year by the Regional Executive Council and measured for the Chapter year. “Total education hours delivered” is one of the key measures of Chapter performance and is the most heavily weighted category with 30 out of 100 points. For the 2014 -2015 Chapter year, the goal for education hours is:

Lesser of 16.1 education hours per member or 0.5% growth

This is a lofty goal for the Florida Chapter since our membership is so high. The Chapter goal for education was entered into the National Program Planning Tool on June 1st, (as required by National) using a calculation of membership x 16.1 hours of education. Our education hour’s goal for this Chapter year was set at 25,401.6. With the goal set, the next step was to create an education plan to ensure that these hours would be achieved and we would maximize all 30 points on the CBSC.

Creating and executing the education plan involved many Chapter Leaders since education hours can be realized through different vehicles. Our Chapter framework for education is built from the following vision for how education can be delivered.

These vehicles all support the delivery of education to our members and earn the Chapter education credit hours based on attendance and hours of education provided. The variety of vehicles for delivering education is critical since our Chapter has a diverse membership population spanning a broad geographical area. Over the years, we have learned from our membership that a “one size fits all” approach to education isn’t what our members want. Some individuals regularly take advantage of attending Statewide In-person meetings for their education, where others are restricted by scheduling & budget and prefer to attend local educational meetings. Many members also enjoy attending Webinars as a means to obtain education on key topics impacting the industry today. The newly formed Interactive Learning Forums were designed to afford members with another option for learning with peers focused on similar interests. These forum groups meet via conference call, WebEx, and in-person at State-wide meetings to learn & discuss topics that are important and current for them. Last but not least, Strategic Alliances allow us to partner with other Healthcare organizations such as ACHE, AAHAM, South Florida Hospital Association, Florida Association of ACOs, and others to deliver education to members across the State.
As of November, I am pleased to report that all of these combined efforts have paid off and we have delivered 15,063.5 hours of education as of 11/13/2014. This is the direct result of the hard work of many who planned & executed education events for our members.

Providing relevant education to members is at the center of all we do and continuing to strive for creative ways to deliver education that reaches all members remains one of our number one objectives. As the Director of Education/Program Chair for 2014/2015 I am honored to serve along so many Chapter Leaders that share a common passion for education and I look forward to achieving our Chapter goal for this year and continuing to be a meaningful source of education for healthcare professionals.

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The “Holiday Season” is upon us. The end of a fantastic year is fast approaching. Our HFMA Florida Chapter family continues to grow and extend its reach into other parts of the country. Our family of members do their best to touch the lives of those in our communities in such a positive manner. We wish to recognize the following individuals for their accomplishments and promotions that represent this edition of our “PEOPLE on the MOVE”

We are pleased to share the following announcements taking place within our HFMA family:

**PROMOTIONS**

**Daniel HonorBrink**, FACHE, FHFMA was recently promoted to CEO of Parallon, Inc.’s Richmond Supply Chain Division. With this promotion, Dan has relocated to Richmond, VA. Formerly, Dan served as the CFO of Parallon’s East Florida Supply Chain. Dan was an active member within our HFMA Florida Chapter and we wish him great success for the future. We will miss his friendly smile in our sunshine state, but know he will extend the dedication and inspiration of our Florida HFMA Chapter to his new friends and colleagues in Virginia.

**NEW HIRES**

**Tonja B. Mosley** has been named the Chief Financial Officer at Good Samaritan Medical Center in West Palm Beach, FL, a Tenet Healthcare facility, with responsibility for financial operations. Prior to joining Good Samaritan Medical Center, Tonja worked as a Chief Financial Officer at Heart of Florida Regional Medical Center in Davenport, FL. Notable is her twelve years as a Hospital Chief Financial Offer with Health Management Associates, now Community Health Systems where she was named CFO of Division V in 2010 and received numerous awards throughout her career. Under Tonja’s leadership are the departments of Accounting, Patient Access and Financial Services, Case Management, Materials Management, Health Information Management and Information Technology.

**David Alexander** has joined St. Joseph’s Healthcare System in the greater New York area as Senior Vice President and CFO. David most recently served as a Senior Vice President and CFO with Memorial Healthcare System in South Florida. We wish David all the best with his future endeavors in the great state of New York.

**Mark Doyle** has recently accepted the position of Administrator and CEO with Memorial Healthcare System, Pembroke. Mark relocated to South Florida as a healthcare consultant and, most recently, served as the interim CFO for the Pembroke location of Memorial Healthcare System.

Please join us in congratulating these individuals on their exciting accomplishments.

The HFMA Florida Chapter would like to invite our members to share announcements regarding future “PEOPLE on the MOVE” articles by sending information to Lynn Wilson at LWilson@saluco.com, HFMA Florida Newsletter Committee Member. Please forgive us for any members we may have left off of this announcement.
Greetings from Region 5! Happy New Year to each of you and wonderful wishes for 2015. I hope each of you have taken the time to spend with your loved ones and also reflect on the passing of 2014. As a reflection for 2014 on HFMA, Joe Fifer sent out a message to HFMA; I would like to share that message with each of you and hope that you gain an excitement of upcoming events and ideas for HFMA in 2015. Please enjoy the following message from Joe Fifer, President and CEO of HFMA.

“Looking back over the past 12 months, it’s clear that we’ve made significant progress in our quest to lead the financial management of health care. I am in awe of your achievements and amazed by your passion and commitment to the Association. I would like to take a moment to share my thoughts on some of our key accomplishments.

HFMA articulated a "three circles" strategy to reflect the convergence taking place in the industry. This strategy signifies our commitment to promoting collaboration among the three stakeholder groups who play a major role in achieving the Triple Aim: payers, physicians, and hospitals. In support of this effort, we established four new Affinity Groups, including payer health economics executives, academic medical center CFOs, physician practice administrators and value chief strategy officers.

I am pleased to report that we continue to provide our members with much-needed best practices for the ever-changing healthcare industry. This year, we added two new Value Project reports to encompass value-focused acquisitions and affiliations as well as physician engagement and alignment.

A task force led by HFMA, made up of healthcare leaders and consumer representatives, reached a consensus on how consumers can obtain clear and easy-to-understand information about their financial obligation for healthcare services. Their recommendations are set forth in the Price Transparency in Healthcare report, which has earned us a spot on a list of price transparency movers and shakers published by George Washington University. In addition, a working group of the task force developed Understanding Healthcare Prices: Consumer Guide, a resource for consumers that is offered to patients as an online resource by hundreds of providers and other healthcare organizations. I would like to thank all who participated – your contributions have been invaluable.

We continued our work with patient financial communications; HFMA took pride in rolling out the Patient Financial Communications Training Program. This online educational resource addresses an unmet need in the marketplace and elevates financial interactions with patients to the importance they deserve.

Information about all of our published reports can be accessed at hfma.org.
HFMA ended FY2014 with more than 40,000 members, including a record increase in student memberships. Our membership continues on a healthy track for FY2015, and we anticipate ending the year with over 40,000 members. Our members realize the value of the products and services HFMA offers – they are proud to be a part of the “HFMA Family.”

Reflecting the importance of reaching beyond our core membership, we increased the publication frequency of Leadership, the magazine that highlights collaborative efforts to redefine and redesign health-care delivery. The print magazine circulation is more than 75,000 stretching across the C-suite and other healthcare leaders, in hospital, physician, and payer settings.

More than 500 organizations now participate in HFMA’s MAP App online tool for improving revenue cycle performance. In 2014, we recognized 19 hospitals and health systems with MAP Awards for High Performance and Performance Improvement in Revenue Cycle. Starting next year, physician practices will also be eligible for MAP Awards.

Our educational impact continues to be impressive, equating to more than half a million education hours per year. The majority is delivered at the local level by our HFMA-strong network of 68 chapters and 11 regions. At the national level, we introduced the Value Summit, an interactive program that enabled finance leaders to operationalize value in their own organizations and share their value journeys with their peers.

It’s important to mention that HFMA has moved to the next level on the national stage. From presentations to agencies like the Federal Trade Commission and the Consumer Financial Protection Bureau to filing a Supreme Court amicus brief, we are making our voice heard – now more than ever.

I’m sure you’ll agree that we all have much to celebrate and I’m excited about what lies ahead. I am confident we’ll raise the bar even higher in 2015.”

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In late August, the Centers for Medicare and Medicaid Services (CMS) announced plans to reinstate the Recovery Audit program on a limited basis. CMS reports the delay in restarting the Recovery Audit program was to enable the various RAC regions to restructure, allowing time for the appeals to catch up. Soon, however, the hiatus will end and RACs in all regions will resume automated reviews; these will be in addition to select complex reviews based on topics chosen by CMS.

Start Preparing for Audits

The reinstatement of the program is limited to certain claims and does not include inpatient hospital patient status reviews during the commencement period. Currently, there is a statute prohibiting RACs from processing post-payment patient status reviews of inpatient hospital admissions through March 2015. After March 2015, RACs will be able to perform Patient Status Reviews; however, the volume of audits will remain low due to Medicare Audit Contractors’ (MAC) reviews.

Look for Changes to Occur

While organizations have experienced a lull in RAC audits, they need to stay on top of the changing audit landscape. One such change, announced by CMS in February 2014, relates to RACs’ responsibilities before the appeal process begins. Specifically, beginning in the new contract cycle:

- Recovery Audit Contractors must wait 30 days to allow for a discussion before sending the claim to the MAC for adjustment. Providers will not have to choose between initiating a discussion or an appeal.
- Recovery Audit Contractors must confirm receipt of a discussion request within three days.
- Recovery Audit Contractors must wait until the second level of appeal is exhausted before they receive their contingency fee.
- CMS is establishing revised ADR limits that will be diversified across different claim types (e.g., inpatient, outpatient).
- CMS will require Recovery Audit Contractors to adjust the ADR limits in accordance with a provider’s denial rate. Providers with low denial rates will have lower ADR limits, while providers with high denial rates will have higher limits.

The Appeal Crisis

Hospitals are waiting longer than they have in the past for an administrative law judge (ALJ) to hear appeals of claims denied by Medicare RACs. The extreme backlog of appeals has resulted in the suspension of the assignment of appeals to an ALJ for at least two years. Although the original rule mandated that ALJ appeal decisions be issued within 90 days of receiving the request for the hearing, the system was not built to withstand the volume of cases waiting to be processed.

CMS’ Office of Medicare Hearings and Appeals (OMHA) reports the ALJ backlog is estimated at over 350,000 appeals for fiscal year (FY) 2013.
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The backlog for FY 2014 through July 1, 2014, is estimated at over 500,000 appeals, bringing the total to over 800,000 appeals pending as of July 2014. The backlog can be attributed to CMS allowing the volume of audits to multiply over the past three years. Meanwhile, OMHA supported only 65 administrative law judges until recently, when it allowed funding for seven additional teams that began work in late August 2014.

According to AHA’s RACTrac Survey from Q4 of 2013, participating hospitals report appealing almost half of all RAC denials. While 72 percent of denials appealed to the ALJ have been overturned in favor of the hospital, more than two out of every three appealed claims are stalled in the appeals process.

The American Hospital Association (AHA) has done a good job of identifying, reporting, and providing insights regarding RACs and how they impact a hospital. If a RAC finds that the services on an inpatient claim should have been provided as outpatient services, Medicare is not allowing full outpatient payment. Most inpatient claims that get denied do not get a chance to be rebilled because of the date of service. CMS only allows hospitals to rebill for services from the previous year, but gives RACs the ability to audit claims for the prior three years. RACs deny services that are more than one year old, which leaves the hospital at risk and unable to collect full outpatient payment though the rebilling process. When this occurs, a hospital’s only option is to seek full payment for the denial through the appeal process. According to CMS, 75 percent of all RAC-denied claims fall outside of the one-year filing window and thus cannot be rebilled.

Together, the aforementioned appeals issues have resulted in the appeals process becoming both lengthy and costly to a hospital’s bottom line.

**What’s at risk?**

AHA’s RACTrac Survey of participating hospitals in Q1 of 2014 shows that the average value of a medical record requested is about $10,087 for a specific RAC region. With the limits increasing over the years, many hospitals receive as many as 500 RAC requests every 45 days, resulting in over $40 million a year at risk. With so much at stake, the value of disputed and denied claims can threaten a hospital’s revenue cycle. Careful monitoring is required in order to understand the volumes and values of RAC requests, respond to audits in a timely fashion, and work to achieve a favorable result.

**Let’s Make a Deal**

Among the massive backlog of hospital inpatient claim appeals at OMHA, CMS is giving providers the chance to settle up and get paid – at least somewhat. In September 2014, CMS announced, via its website, that any acute care or critical access hospital willing to withdraw their pending appeals would receive “timely partial payment” of 68 percent of the disputed claims’ net allowable amount. CMS is encouraging hospitals with inpatient status claims currently pending in the appeals process “to make use of this administrative agreement mechanism to alleviate the administrative burden of current appeals on both the hospital and the Medicare system.”

CMS identifies claims eligible for partial payment as those that have a date of admission prior to October 1, 2013. Additionally, based on a patient status review from a Medicare contractor, the claim must have been denied because services may have been reasonable and necessary, but treatment based on an inpatient status was not necessary. Along with deciding to settle select claims, hospitals can still choose to appeal others, and will have until October 31, 2014, to submit settlement documents.
Settlements are not available for claim appeals by psychiatric hospitals, inpatient rehab facilities, long-term care hospitals, cancer hospitals or children’s hospitals.

CMS will review applications for agreements using a three-step process:

- **Step One** - Hospitals submit spreadsheets of claims and appeals to CMS for review with a signed Administrative Agreement.

- **Step Two** - Hospitals review discrepancies from step one and resubmit a revised spreadsheet and Administrative Agreement within two weeks.

- **Step Three** - Hospitals receive payment and the appeals submitted for settlement are dismissed.

For hospitals with thousands, or sometimes even millions, of dollars sitting in appeals, the option of getting paid 68 percent of the allowed amount could be enticing, especially when considering the alternative: additional legal fees, lengthy waits for judgments and the potential of not receiving anything.

As we wait to see what the results from the settlement offer, and as new rules and changes come into effect, now is the time to identify and understand the audit changes that will impact facilities’ processes. Regular monitoring of the RAC websites is vital, as it enables those affected to keep up with the changing landscape and monitor new activity. Additionally, it is never too early to implement documentation improvements and refine the overall audit process in preparation for the changes.
As a new forum to FL HFMA, the Women’s Leadership Forum has been a huge success. Our first event was held at the end of the September conference in Delray Beach, FL. Although it was a long conference we still held over 30 attendees! Speaker/Trainer Soni Dimond coached us on “Effective Communication Styles” and “How To Gain Control of a Conversation by Respecting, Reflecting, Redirecting”.

Our next event was a half day conference hosted by All Children’s Hospital in St. Petersburg, FL. This event had over 65 attendees and 5 speakers, including Kanika Tomalin, Deputy Mayor at City of St. Petersburg! We learned about dealing with stress, nutrition and how to effectively brand yourself through social media. It was a perfect day to develop personal skills. We are thankful to All Children’s for being a gracious host.

We are very excited to bring you Melissa Springer at the Winter Conference in Orlando, FL. http://www.floridahfma.org/chapter-calendar/items/hfma-fl-chapter-mid- Melissa Springer serves as the Vice President of Client Strategy at Social Driver, a full-service digital agency in Washington, D.C. Melissa is a seasoned information technology strategy, program management, and change management professional. She leads teams of strategists, designers, developers, and marketers to develop innovative digital solutions for top-priority business challenges. This session will be a hands-on training session to teach beginners the importance of social media, how to get started and social media etiquette. She will also cover areas for the experienced social media users on ways to improve their branding and get recognized with more followers.

I hope you can join us in Orlando, FL for this excellent forum!

Cheryl Spanier is the Client Services Manager at MDS (Medical Data Systems, Inc.) and Women’s Leadership Forum Chair http://www.floridahfma.org/WomenLeadership
OCHSNER HEALTH SYSTEM RISES TO THE CHALLENGE OF HEALTHCARE REFORM

By: Bill Vaughn, Manager, Business Development

Spending cuts in Medicare and reforms brought about by the Affordable Care Act have prompted hospitals across the country to improve cost efficiencies. In response, Ochsner Health System challenged its employees company-wide to meet three goals: (1) improve efficiency, (2) better utilize resources and, of course, (3) save money—all while maintaining their leadership position as Louisiana’s premier healthcare system. After evaluating its payment processes, accounts payable utilized a strategic relationship with American Express to help drive down its operating costs, and actually recast itself as a role model for efficiency across the Ochsner organization—a role unheard of in a traditionally back-office department. Read more...

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• One Speed Networking Event – Mid-Winter Conference (Free to Diamond Sponsors – First right of refusal)

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1. Exclusive Diamond Exhibitor Area per conference
2. FREE premium exhibiting
3. Three complimentary sponsor/exhibitor representative registrations per conference for HFMA members (50% off for non-HFMA members)
4. Sponsor Board, Slide Show and Brochure recognition at each conference
5. Special recognition of all Diamond Sponsors at all Luncheon gatherings
6. List of attendees will be provided two weeks in advance and one week in advance to each sponsor registered to attend
7. Opportunity to provide your promotional items in the conference registration packets
8. Second priority consideration for a company representative to present or speak at a conference annually subject to approval by Education committee
9. Second priority consideration for a company representative to introduce a presenter or speaker per conference

Additional Benefits:
10. Name recognition and link to your website through the Chapter’s award winning website
11. Listing in the 2015 FL HFMA Buyer’s Resource Guide that will be posted on the Chapter website to include Florida representative photo
12. Recognition of your company and years of membership support throughout the year
13. Free scrolling of your logo with link to your company website near the top of the homepage of the HFMA Florida Chapter’s website
14. Second priority consideration for a company to submit articles to Sunspots
15. Complimentary Full page advertisement ($5000 Value) in all Sunspots newsletter issues
16. Name recognition and contact information in all Sunspots newsletter issues

2015 Corporate SPONSORSHIP Levels

GOLD SPONSOR $4,000 Sponsorship Fee

Gold Sponsorship Benefits:
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1. Second Priority in Sponsorship notification and reserving and selecting exhibiting space
2. 50% reduction in exhibitor fees
3. Two complimentary sponsor/exhibitor representative registrations per conference for HFMA members (50% off for non-HFMA members)
4. Sponsor Board, Slide Show and Brochure recognition at each conference

Additional Benefits:
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11. Listing in the 2015 FL HFMA Buyer’s Resource Guide that will be posted on the Chapter website to include Florida representative photo
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PLATINUM SPONSOR $6,000 Sponsorship Fee

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2. FREE exhibiting
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7. Opportunity to provide your promotional items in the conference registration packets
8. Second priority consideration for a company representative to present or speak at a conference annually subject to approval by Education committee
9. Second priority consideration for a company representative to introduce a presenter or speaker per conference

Additional Benefits:
10. Name recognition and link to your website through the Chapter’s award winning website
11. Listing in the 2015 FL HFMA Buyer’s Resource Guide that will be posted on the Chapter website to include Florida representative photo
12. Recognition of your company and years of membership support throughout the year
13. Free scrolling of your logo with link to your company website near the top of the homepage of the HFMA Florida Chapter’s website
14. Second priority consideration for a company to submit articles to Sunspots
15. Complimentary Full page advertisement ($5000 Value) in all Sunspots newsletter issues
16. Name recognition and contact information in all Sunspots newsletter issues
5. List of attendees will be provided two weeks in advance and one week in advance to each sponsor registered to attend
6. Opportunity to provide your promotional items in the conference registration packets
7. Third priority consideration for a company representative to present or speak at a conference annually subject to approval by Education committee
8. Third priority consideration for a company representative to introduce a presenter or speaker per conference

Additional Benefits:
9. Name recognition and link to your website through the Chapter’s award winning website
10. Listing in the 2015 FL HFMA Buyer’s Resource Guide that will be posted on the Chapter website to include Florida representative photo
11. Recognition of your company and years of membership support throughout the year
12. Third priority consideration for a company to submit articles to Sunspots
13. Complimentary ¼ page advertisement ($1250 Value) or 50% off on ½ page in all Sunspots newsletter issues
14. Name recognition and contact information in all Sunspots newsletter issues

**SILVER SPONSOR**

$3,000 Sponsorship Fee

Silver Sponsorship Benefits:

**2015 Mid-Winter, Spring & Fall Conferences**
1. Third Priority in Sponsorship notification and reserving and selecting exhibiting space
2. 35% reduction in exhibitor fees
3. One complimentary sponsor/exhibitor representative registrations per conference for HFMA members (50% off for non-HFMA members)
4. Sponsor Board, Slide Show and Brochure recognition at each conference
5. List of attendees will be provided two weeks in advance and one week in advance to each sponsor registered to attend

Additional Benefits:
6. Name recognition and link to your website through the Chapter’s award winning website
7. Listing in the 2015 FL HFMA Buyer’s Resource Guide that will be posted on the Chapter website to include Florida representative photo
8. Recognition of your company and years of membership support throughout the year
9. 50% reduction on ¼ page advertisement ($625 Value) in all Sunspots newsletter issues
10. Name recognition and contact information in all Sunspots newsletter issues

**BRONZE SPONSOR**

$1,750 Sponsorship Fee

Bronze Sponsorship Benefits:

**2015 Mid-Winter, Spring & Fall Conferences**
1. Fourth Priority in Sponsorship notification and reserving and selecting exhibiting space
2. $150 Discount in exhibitor fees
3. Sponsor Board, Slide Show and Brochure recognition at each conference
4. List of attendees will be provided two weeks in advance and one week in advance to each sponsor registered to attend

Additional Benefits:
5. Name recognition and link to your website through the Chapter’s award winning website
6. Listing in the 2015 FL HFMA Buyer’s Resource Guide that will be posted on the Chapter website to include Florida representative photo
7. Recognition of your company and years of membership support throughout the year
8. 25% reduction on ¼ page advertisement ($312.50 Value) in all Sunspots newsletter issues
9. Name recognition and contact information in all Sunspots newsletter issues

**January 1, 2015 to December 31, 2015**

Corporate Sponsorship Program

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