

News & Profiles



Novemr/December 2011 Vol. XXX No. 3

The official newsletter of the Healthcare Financial Management Association - Wisconsin Chapter



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Recent Medicare Developments • Autumn in Wisconsin

ICD-10 Readiness and Adoption • Mega Conference Update, and more.



Fall Message from Canada

Message from the President by Art Mertig, FHFMA

As I write this message the weather outside is a balmy 37 degrees, yesterday morning I woke to find the car covered in ice. I hate to admit it, but fall is my favorite time of year as it affords me the opportunity to pursue some of my favorite outdoor activities. My sons and I enjoy hunting and fishing, and but a few of the many allures here in what most of my HFMA friends refer to as “Canada.” Although with the changing of the seasons comes the reality of another Northern Wisconsin winter, it also means an opportunity to enjoy ice fishing, snowshoeing or whatever your favorite winter pass time might be. Living in Wisconsin is a life choice, similar to working in healthcare. You do it because you enjoy the diversity and the challenges that both offer. The difference is that although your HFMA colleagues may not be willing to help you shovel your driveway, they are always willing to share their knowledge and advice on healthcare issues.

The 2011-2012 Wisconsin Chapter Membership Directory was delivered to my office earlier this week and as I have said before I believe this document is one of the most valuable resources the Chapter has to offer. It contains your link to all of the Chapter members and their vast wealth of knowledge. I want to take the opportunity to thank Pam Brindley, Directory Chair, and her committee for all of their work in putting this year’s Directory together. I also would like to extend a special thanks to Pam’s husband, John, for his many hours of formatting, re-formatting, editing and design work. .

This week HFMA’s National office sent out the 2011-2012 Member Satisfaction Survey. There are a few changes this in how the survey is being conducted. The survey is now conducted annually vs. biennially and is sent to all HFMA members (with the exception of Chapter Officers, Directors, students, retired members and members of less than six months) versus a random sample of members. The survey is designed to measure how well chapters meet the needs of their members. I encourage everyone to take the time to complete and submit the survey, as it is your opportunity to impact the future direction of Chapter activities. Survey results are used as a basis for our Strategic Planning session each year, and previous year’s responses have resulted in the Chapter offering early bird pricing for educational opportunities, providing National speakers at programs and increasing the variety of networking opportunities for members. If you have not received the link to the survey, please feel free to contact the National office or one of the Chapter Officers or Directors.

We hope you have plans to join us for the 2012 Mega Conference to be held at the Kalahari Resort in Wisconsin Dells from January 18th – 20th, 2012. This conference is the combined effort of AAHAM, HFMA, HIPAA-COW, WMCA, WCCMA, and WAHAM. Wendy Schultz, Shawn Gretz and Carmen Wolf represent HFMA on the planning committee. The committee is working hard to make this the best Mega Conference yet! With 15 breakout sessions over a day and a half, three keynote addresses, and excellent networking opportunities and entertainment, there is something for everyone. The Mega Conference is a great value too! If you haven’t already registered for the conference you can visit www.megawisconsin.com for more details.

Since May it has been my privilege to welcome over 40 new members to the WI Chapter. It is remarkable how many have expressed an interest in volunteering to assist in making our chapter the best it can be. We are always looking for volunteers and whether you are a new member or have been with us for years, we welcome your enthusiasm and interest in becoming involved. If you are interested in becoming more involved, you can find a listing of committees and their chairs in your membership directory. Please feel free to contact the Committee Chairs, Officers or Directors to learn more about how you can help. Look for future “Want Ads” for Chapter opportunities in News and Profiles.

In closing I want to express my gratitude to all of you that are serving as Officers, Directors, Committee Chairs and Committee members. I would also like to wish everyone a safe and happy Holiday Season and look forward to seeing everyone in January.❖

On the Cover

Pete Nelson
Shawn Gretz
Jerry Demmer
Mike Rautman

Explore Wisconsin

Communities & Happenings from Across the State

Milwaukee

Takes its name from the river, which had been the site of an Indian village since Wisconsin was first known to Europeans. Originally pronounced as "Meneawkee" or "Mahnowawkee," it is probably a Potawatomi word meaning "a rich beautiful land."

Many people are familiar with the artesian well that can be seen from Highway 2 in Ashland, but did you know that Milwaukee boasts its own free well water source? The Pryor Avenue Well, located in Milwaukee on Pryor Avenue between S. Superior and S. Wentworth Streets in the Bay View area, is the only public well operating in Milwaukee and is one of the few operating in the state. Water flows continuously from the well (via an electric pump) and is prized by many for its unique taste due mainly to the high iron content of the water. The well dates back to 1882 and the Milwaukee Historic Preservation Commission designated it a historic structure in 1987.

(from Todd Nova at Hall Render)

Eau Claire

The Land of "Clear Water" - is located in the heart of West Central Wisconsin at the confluence of the Chippewa and Eau Claire rivers with a population of approximately 66,000. The Mayo Clinic Health System in Eau Claire was named one of the nation's top performers on key quality measures by The Joint Commission, the leading accreditor of health care organizations in the United States. The Joint Commission recognized Mayo Clinic Health System in Eau Claire based on data reported about evidence-based clinical processes shown to improve heart attack, pneumonia and surgical care. Mayo Clinic Health System in Eau Claire is one of only 405 U.S. hospitals to earn distinction as a top performer on key quality measures. It was one of only seven hospitals in the state to be recognized and the only hospital in western Wisconsin to earn distinction in multiple key quality measures.

Prairie du Chien

New hospital project in Prairie du Chien, contributed by Dave Breitbach, CFO at Prairie du Chien Memorial Hospital. After one year of careful consideration and extensive research, the Board of Directors of Prairie du Chien Memorial Hospital voted unanimously to engage an architect in anticipation of building a new hospital. "This is a bold and visionary decision and we want to take the time to do it right," said Bill Sexton, Prairie du Chien Memorial Hospital Chief Executive Officer. "We will release more information as it becomes available, but what we know for certain is that we're focused on patient-centered care for the future. Ultimately, our goals include providing the communities we serve with a state-of-the-art, energy efficient hospital, enhanced emergency services and 100 percent private rooms, superior infection control and privacy, increased accessibility, expanded services and a building which can accommodate future growth through flexible design.

Additionally, the regional economy will benefit from a project of this scope and magnitude, as a result of constructions jobs, material purchasing and more. A progressive, robust healthcare system will be attractive to prospective residents and businesses," Sexton stated.

Prairie du Chien Memorial Hospital, a non-profit, 25 bed Critical Access Hospital, was established in 1957 from very humble beginnings. In the last half-century the hospital has grown to serve approximately 400 people per day and employs more than 300. This positive impact reaches throughout Southwest Wisconsin and Northeast Iowa. "Planning for the future health care needs of the people of our communities is one aspect of our never-ending pursuit of excellence," Sexton stated.

Cuba City

One-hundred-seventy years ago, John Amie Merle and Mathais Comstock bought 160 acres of southwest Wisconsin land, now recognized as Cuba City, from the American Government on June 14, 1836. In 1846, a lone man named Jack Deboard erected the first building and is considered to be the first settler in Cuba City. Later, Issac Nicholas began farming on the same land. The land was ideal for farming in the late 1800's. The two men were settled before Wisconsin even became a state.

See *Explore Wisconsin* page 4.

Coming Attractions

January 18-20, 2012

2012 Mega Conference

Kalahari Resort

Wisconsin Dells, WI

*Chairs: Wendy Schultz, Bellin Health &
Sonja Weiland, ProHealth Care*

Hotel: For reservations, call 877-525-2427

May 23-25, 2012

2012 Annual Meeting

Blue Harbor Resort, Sheboygan, WI

**For more information go to
<http://www.hfma.org/events/conferences/html>**

Member-Get-A-Member Program

By Steve Backus, Membership and Marketing Chair

As a valued member of HFMA, you can impact the future of HFMA by sharing your experience you're your peers, your staff, and others in your organization with an interest in healthcare finance. The Member-Get-A-Member Program allows you to sponsor a new member and earn free stuff. The more new members you sponsor, the more free stuff you get! Who doesn't want free stuff? For those of you not familiar with the program, here is how it works.

Gifts will be given based on the number of new members that a current member recruits.

- Recruit one or two members and receive your choice of:
 - ** HFMA apparel item (approximate retail value of \$25)
 - ** \$25 Visa prepaid card.
- Recruit three or four members and receive:
 - ** \$100 Visa prepaid card
 - ** An entry to receive \$1,000 cash prize
- Recruit five or more members and receive:
 - ** \$150 Visa prepaid card
 - ** An entry to receive \$2,500 cash prize

For every new or former member that is recruited, the sponsoring member will be entered into a drawing for a new iPad 2. Drawings will be held in October, January and March. The sponsoring member will also be entered to win the Member-Get-A-Member Make a Difference Grand Prize worth \$5,000 (\$3,000 in cash and \$2,000 donation to a charity of your choice).

At our annual meeting in May, 2012, the Wisconsin Chapter will hold its own drawing to reward a few members for helping support and grow the chapter. I would like to thank Jim Nelson for sponsoring two new members and Brian Gamelin, Brooke Napiwocki, David Snow, Julie Stephani and Lori Stortz for all sponsoring one new member so far this year.

One last note, in order to get credit for sponsoring a new member, make sure that they include your name and member ID number on their membership application.❖

Explore Wisconsin from page 3.

Rhineland

Rhineland Christmas Parade & Tree Lighting Ceremony will be Friday November 25, 2011. The theme for this year's parade is "Fill Your Hearts with the Christmas Spirit".

Ashland

Chequamegon Bay annual Bass Kickin on the Bay and more, tagged fishing contest in Ashland, WI ran from May 1st thru October 31st, 2011. All 12 fish were tagged with DNR tags! There were 2 fish from 6 different species totaling 12 tagged fish worth money. The top prize of \$1,000.00 was for a smallmouth bass. Ask our Chapter President, Art Mertig, about the results and prizes at our next meeting.

Kenosha

Kenosha is a vibrant and diverse community full of charm and beauty, of lighthouses and waterfront promenades, of friendly faces and wondrous sights. Bordered by the grand Lake Michigan to its east, Kenosha boasts a revitalized lakefront area brimming with acclaimed museums, vintage streetcars, historic sites and a lively Downtown shopping and entertainment district. Kenosha was first called Pike, after the post office which was established at the creek, in 1836. The next year, the name of Southport was adopted, the place being the southernmost part of the lake in Wis. It wasn't until 1850 that the name was changed to Kenosha, in Chippewa, "Kinoje," is the work for pike or pickerel.❖

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Wisconsin Health News

Milwaukee Journal Sentinel:

Bill Weakens Protections For Public.

Since 1995, Michigan has been the only state in the country in which citizens cannot bring suit against drug companies. If a drug has received Food and Drug Administration approval, that manufacturer cannot be held liable for deaths or injuries caused by its product. ... An identical law is being proposed for Wisconsin. ... For 16 years, Michigan has endured a law at odds with public health, civil justice, economic growth, consumer protection and the FDA itself. We can only hope that Wisconsin will avoid the same fate (Henry Greenspan, 10/25).

Journal of the American Medical Association:

The Continuing Paradoxes Of Nursing Home Policy.

The confusion about nursing homes arises because many clinical practices and public policies about long-term care are unclear and frustrating. In the patchwork of US health care delivery and financing, nursing homes sit squarely atop 2 of the most problematic seams: the disjunction between Medicare and Medicaid and the disjunction between episodic acute care and long-term care. As a result, facilities referred to as "nursing homes" are generally individual facilities with 2 entirely separate – and often conflicting – clinical missions (Bruce C. Vladeck, 10/26).

Journal of the American Medical Association:

Hospital Readmissions And The Affordable Care Act.

Hospital readmissions have been the subject of ever-increasing scrutiny. Indeed, they are an important focus of the U.S. Patient Protection and Affordable Care Act (ACA). Identified by the Medicare Payment Advisory Commission as a major action item for some time, hospital readmissions remain prevalent, costly, and largely preventable (Dr. Robert P. Kocher and Kr. Eli Y. Adashi, 10/26).

Journal of the American Medical Association: **Hospital Readmissions – Not Just A Measure Of Quality.**

Readmission policy could reward hospitals that address the root causes of readmission. Unfortunately, the penalties also have the potential to create new access barriers (Dr. Shreya Kangovi and Dr. David Grande, 10/26).

Milwaukee Journal Sentinel:

State Hears Comments On Plans To Trim Medicaid Budget.

Concern, frustration and, at times, anger characterized the overall mood at a town-hall meeting Friday on the state's plan to trim an estimated \$554 million over two years from the BadgerCare Plus and Medicaid budget. The Department of Health Services this month released dozens of proposed changes in the programs that provide health coverage to about one in five people in Wisconsin, ranging from children in low-income families to adults with severe disabilities to people living in nursing homes. The changes are designed to close the state's budget shortfall while maintaining coverage for people, said Dennis Smith, secretary of the Department of Health Services (Boulton, 10/21).

Milwaukee Journal Sentinel:

Measuring Quality Improves Doctors' Care.

Study Finds The Wisconsin Collaborative for Healthcare Quality was founded on a simple premise: To improve the

quality of health care, you must be able to measure it. ... Yet the premise that tracking the quality of care truly prods physicians to change the way they practice medicine has been more accepted than studied. The Wisconsin Collaborative for Healthcare Quality, started by a group of large physician practices and health care systems in 2003, now can be cited as an example that it does. ... The study found that collaborative members improved overall in every measure, such as monitoring a diabetes patient's kidney function, which was tracked for more than two years (Boulton, 10/22).

Milwaukee Journal Sentinel:

Bill Could Save Nursing Homes Millions In Fines.

A bill moving through the Legislature would give nursing homes more time to pay for violations, put time limits on when the state can impose forfeitures on nursing homes and prevent the state from finding multiple violations for the same practices. ... The bill, which has bipartisan backing, also would give the state more power to suspend and revoke nursing home licenses and would allow the state to sue nursing homes for violating federal rules (Marley, 10/21).

The Associated Press/MSNBC:

Wisconsin Senate Passes Bill Limiting Abortion Funding.

The Wisconsin state Senate today passed a Republican bill to ban abortion coverage from policies obtained through a health insurance exchange that is to begin in 2014 under last year's landmark federal health care law. Democratic opponents argued the move was designed create confusion about the intent of how health care reform will operate in Wisconsin and infringed on the rights of private health insurance providers to offer whatever services they wish (Bauer, 10/20).

Minneapolis Star Tribune:

Health Beat: What Does Hospital's Star Grade Tell You?

HealthGrades is one of those innovations of modern health care that helps patients choose hospitals with the best safety records. Trouble is, the more you look at the website's hospital rankings, the more questions it raises. ... Comparing observed and expected rates of surgical deaths and complications is a great way for the public to evaluate hospitals. Just don't forget the regional context. A hospital rating means little without it (Jeremy Olson, 10/20).

Milwaukee Journal Sentinel:

Healthy Youth Act Also Protects State Economy.

(The Healthy Youth Act) was passed in response to Wisconsin's public health crisis that included rising teen birthrates in 2006 and 2007 and skyrocketing sexually transmitted disease rates for young people statewide that were costing taxpayers millions. ... GOP lawmakers, who recently eliminated funding for birth control programs at nonprofit health care organizations such as Planned Parenthood, have now fast-tracked an initiative to repeal the Healthy Youth Act. ... Continuing teen pregnancy prevention programs is not just common sense; it is an economic and moral imperative that demands lawmakers' attention. It is time to stop playing political games and get back to work building our economic future that includes advancing policies to enhance the health and safety of our communities (Sara Finger, 10/20).

See **Wisconsin Health** page 6.

Highlights from Eau Claire



Eau Claire golfers Bob and Pat Scieszinski, Jake Garro, and Ron Wilzek.



What did Bob say? Pat Scieszinski looks ready for action in a round of Whack-a-CFO.



Mike Bovee, Bruce Lorenz, Nathan Hancock and Shawn Gretz. Colleen Nolan just spun out again!



Huddling together for warmth on a cold Eau Claire day.

Wisconsin Health from page 5.

Milwaukee Journal Sentinel:

Why Tinker? State's Sex Ed Program Is Working.

Wisconsin's Healthy Youth Act is working. The act, which encourages a comprehensive approach to sex education in the state's schools, has helped to reduce teen pregnancies, and we see no reason to change it. Legislators should quash an effort to do just that in the state Senate (10/19).

The Associated Press/Pioneer Press:

Public Speaks Out Against Wisconsin Medicaid Cuts.

A plan to cut about half a billion dollars from the state's Medicaid costs put forward by Gov. Scott Walker's administration drew an overwhelmingly negative response at the first of two public hearings today. ... [Advocates] spoke out against the proposal that would lead to increased premiums and the shifting of hundreds of thousands of people into less costly state or private plans. ...The changes are needed given the rising cost, loss of federal money and exploding enrollment growth in various Medicaid programs, which currently serve roughly 1.1 million Wisconsin residents, or 1-in-5 of the state's population (Bauer, 10/19).

Milwaukee Journal Sentinel: **Bill Would Allow The Return Of Abstinence-Only Sex Education In Schools.**

Schools could again teach abstinence-only courses under a bill moving through the Legislature that also would require any sex education courses to promote marriage and tell students abstinence is the only reliable way to prevent pregnancy and sexually transmitted diseases. A law approved last year when Democrats controlled state government requires sex education courses in public schools to be age appropriate and comprehensive, covering issues such as sexually transmitted diseases and how to use birth control. ... Now Republicans run the Legislature, and they hope to pass a bill that would repeal many of the aspects of the law and allow local school districts to set up abstinence-only programs (Marley, 10/19).❖

SAVE THE DATE

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When: January 18-20, 2012

Where: Kalahari Resort & Conference Center, Wisconsin Dells, WI

For Updates & Information Visit:

www.megawisconsin.com

Presented by: AAHAM, HFMA, HIPAA COW, WAHAM, WCCMA, & WMCA



Your Government at Work: Recent Medicare Developments

By Lori A. Wink and Megan L. Snow, Hall, Render, Killian, Heath & Lyman, PC

There have been a number of important developments in Medicare reimbursement and fraud and abuse guidance that may affect HFMA members. This article highlights recent key Medicare developments since August 2011.

OIG FY 2012 Work Plan

On October 5, 2011, the Office of Inspector General ("OIG") published its proposed Work Plan for Fiscal Year 2012 ("FY 2012 Plan"). Although there is significant overlap between the FY 2012 Plan and the OIG's previous Work Plans, the FY 2012 Plan highlights several OIG's new audit and enforcement priorities for FY 2012. The new enforcement and audit priorities applicable to hospitals include, but are not limited to: Medicare inpatient and outpatient payments to acute care hospitals, accuracy of present-on-admission indicators, acute-care hospital inpatient transfers to inpatient hospice care, Medicare outpatient dental claims and inpatient rehabilitation facilities.

The FY 2012 Plan can be accessed on the OIG's website at <http://www.oig.hhs.gov/reports-and-publications/archives/workplan/2012/Work-Plan-2012.pdf>.

OIG Releases Advisory Opinion Regarding a Health System's Proposal to Provide Free Neuro Emergency Consultations and Telemedicine Technology to Community Hospitals

On August 29, 2011, the OIG concluded in Advisory Opinion 11-12 that it would not impose administrative sanctions or civil monetary penalties against a nonprofit health system providing free items and services to community hospitals in conjunction with the health system's neuroscience program. According to the health system, the provision of items and services, including neuro emergency clinical consultations, clinical protocols, training and telemedicine technology, to community hospitals aims to reduce the mortality and morbidity rates related to strokes in the health system's metropolitan area. The participating community hospitals would not pay the health system for the items and services provided, but must agree refrain from participating in any other neuro emergency telemedicine service without the health system's approval. The OIG concluded the arrangement posed an acceptably low risk of fraud as a result of several factors. In the proposed arrangement, the neuro emergency program would be available to any community hospital meeting certain criteria, regardless of the volume and value of previous or future referrals. Additionally, the neuro emergency program would result in more timely and effective stroke patient care, while not

increasing costs to federal health care programs.

OIG Releases Advisory Opinion Regarding County's Proposal to Credit County Resident Tax Revenue Against Cost-Sharing Amounts for EMS Transportation

On August 29, 2011, the OIG opined in Advisory Opinion 11-13 that a county providing emergency medical services transportation could treat tax revenues from county residents as payment of cost-sharing amounts otherwise owed by such residents utilizing the EMS transportation to hospitals.

According to the OIG, such arrangement would not generate prohibited remuneration under the Anti-Kickback Statute, and accordingly, would not result in administrative sanctions or civil monetary penalties. The county's EMS transportation service is funded through taxes and per-service EMS transport fees, which are currently billed to patients and their insurers. Under the proposed arrangement, the county would continue to bill insurers for EMS transport, but would not bill bona fide county residents for cost-sharing amounts. Although expressing longstanding concern with waivers of Medicare cost-sharing amounts and insurance-only billing, the OIG confirmed that a CMS Benefit Policy Manual exception that permits state-owned or state-operated providers and suppliers to reduce or waive co-payments would apply to the waiver of cost-sharing amounts for county residents in the proposed arrangement. The OIG was careful to note that the CMS Manual exception does not apply to an outside EMS transportation provider that contracts with a governmental unit, such as the county, to provide EMS transportation.

OIG Releases Advisory Opinion Regarding Co-Management of Cataract Surgery Patients

On September 30, 2011, the OIG concluded in Advisory Opinion 11-14 that it would not impose administrative sanctions or civil monetary penalties under the Anti-Kickback Statute against ophthalmologists that co-manage cataract surgery patients with independent optometrists, where the optometrists have proposed to separately charge co-managed patients a fee for post-operative services following premium cataract surgery.

See *Recent Medicare* page 8.

Recent Medicare from Page 7.

The post-operative care fee charged by the optometrist would not be covered by Medicare and would be payable by the patient. In concluding that the proposed co-management arrangement would not constitute prohibited remuneration under the Anti-Kickback Statute, the OIG emphasized that patient choice remains unaffected, as no written or unwritten agreements for co-management would exist between the concluded that no safe harbor would apply to the proposed arrangement because more than 40% of the Physician Company is owned by physicians in a position to make or influence referrals to the Path Lab, more than 40% of the Path Lab's gross revenue would come from the Physician Company, and the proposed arrangement does not set compensation for the management services in advance. Without an applicable safe harbor, the OIG opined that the proposed arrangement posed more than a minimal risk of fraud and abuse, while noting that the proposed arrangement appeared to have no business purpose other than to allow physician investors who are inexperienced in providing clinical pathology services to profit from business they generate for the Path Lab through specimen referrals.

Copies of the Advisory Opinions discussed in this Update are available at: <http://oig.hhs.gov/fraud/advisoryopinions.asp>. ❖

Autumn in Wisconsin

By David Cartier, Editor, News & Profiles

Thank you, HFMA friends, for all your work, your style, your eloquence and your love of all things healthcare. I had fun doing this issue; I'm glad I took up the responsibility, because it has given me the catalyst to pester everyone incessantly. Here's to November and December. Here's looking towards winter and the abundance of holiday family fun!! I hope you all survive and flourish in your Wisconsin dens, making ready for spring.

No shadow
No stars
No moon
No care
November

It only believes
In a pile of dead leaves
And a moon
That's the color of bone
November's cold chain

Made of wet boots and rain
And shiny black ravens
On chimney smoke lanes

~Tom Waits~

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ICD-10 Readiness and Adoption: Major changes on the way

By Peggi Ann Amstutz, MBA, CCS, CCS-P, senior manager, AHIMA-certified ICD-10 CM/PCS, trainer, Moss Adams LLP; and Gary Volland, applications development manager, IT Auditing and Consulting Group, Moss Adams LLP

The U.S. Department of Health and Human Services has issued a final rule on HIPAA electronic standards that would replace ICD-9 code sets with the greatly expanded ICD-10 code sets for claims, remittance advice, eligibility inquiries, referral authorizations, and other transactions.

The shift from ICD-9 to ICD-10, which becomes effective on Oct. 1, 2013, represents a major change for the health care industry and without a solid upfront strategy in place prior to implementation, health care organizations could fall behind.

With ICD-10, all systems, tools, and interfaces – responsible for submitting claims, receiving remittances, exchanging claim status, or conducting eligibility inquiries and responses – must be analyzed to identify software and business process impacts.

Impact on technology, processes and systems

Health care organizations should take inventory of their current systems and underlying IT infrastructure to determine each application's life cycle phase and then map out transitions to other systems and subsequent reporting processes.

If your organization intends to upgrade and maintain its current systems, contact your software vendor now discuss a transition plan. It's important to determine whether current software licenses include regulation updates, and if they do, when the vendor will upgrade the respective systems.

Many health care organizations use systems that have been highly customized or have been developed internally from scratch. Customized systems may not have a simple upgrade path available. Internally developed software systems will require substantial reengineering of applications, underlying databases, reports, and system interfaces to support the new ICD-10 codes.

Data conversion is another key consideration for ICD-10 adoption. The Centers for Medicare and Medicaid Services and the Centers for Disease Control have created General Equivalence Mappings (GEM) to ensure that consistency in national data is maintained. GEMs will be updated annually, as will ICD-10-CM and ICD-10-PCS during the transition period prior to ICD-10 implementation. While coding individual claims, it's important to remember that GEMs are simply helpful tools for converting larger system databases to ICD-10-CM and ICD-10-PCS.

In addition to operational system and data conversion considerations, many organizations have extensive processes for meeting both internal and external reporting needs. A data warehouse often supports these processes, which can require an extensive effort to extract, transform, load, and format information that's aggregated across multiple systems. With ICD-10, the aggregation, processing, and reporting of historical and active information will need to be accounted for.

While many C-level hospital executives have recently sought process improvement initiatives, typically only large hospitals can afford the implementation costs of lean methodology. Organizations that can implement a robust business intelligence strategy are well positioned to take advantage of additional metrics that ICD-10 provides.

Many organizations have projects already under way to

support their ICD-10 adoption program. Organizations need to assess their current program and make sure all underlying projects have been properly defined and are on track. In addition, all project dependencies should be clearly defined, and each project should have its own risk tracking process. Finally, it's crucial to proactively communicate with vendors, partners, and other external entities to align project timelines, process and system changes, and test plans.

Additional considerations

It's important to note that technology isn't the only ICD-10 challenge.

Coders will need refreshed biomedical training that includes medical terminology, anatomy, physiology, pathophysiology and pharmacology. This can be done online, through classroom instruction or independent study. This biomedical education can be divided into "body systems." For example, coders from the cath lab should cover cardiovascular and pulmonary topics in depth, but they could skip or skim obstetrics.

Whenever possible, facilities and providers should work together developing and delivering this education. By offering this education to the provider community, a facility will hopefully gain cooperation in clinical documentation improvement projects.

Once biomedical education is completed, ICD-10 education can begin in earnest. The American Health Information Management Association estimates it takes about 16 hours to learn the ICD-10-CM system and 40 hours for the ICD-10-PCS system.

Suggested timeline

Health care organizations face numerous technical challenges and considerations as they contemplate ICD-10 adoption. Since ICD-10 transition planning has now started, the following outline represents a suggested timeline:

- June 2011 – Assess current systems and processes and develop an implementation plan and impact assessment.
- June 2013 – Upgrade, replace and implement operational and reporting systems.
- January 2013 through September 2013 – Conduct pilot testing, go-live preparation, and systems cut-over.
- January 2013 through September 2013 – Ensure staff has received appropriate ICD-10 education and, most importantly, hands-on practice with ICD-10 code application.
- October 2013 through December 2014 – Perform post implementation follow-up.

Peggi Ann Amstutz, MBA, CCS-P, CCS, AHIMA certified ICD-10-CM/PCS trainer, is a senior manager at Moss Adams, a leader in assurance, tax, consulting, risk management, transaction and wealth services. She can be reached at peggi-ann.amstutz@mossadams.com.

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Mega Conference Update

By Wendy Schultz

The leaves are turning beautiful colors and the crisp air is a reminder that winter is on its way. Before we know it, January will be upon us and the Kalahari in Wisconsin Dells will be the only refuge from the cold. Why don't you join us at the 4th Bi-Annual Mega Conference January 18th-20th, 2012? Network with colleagues from around the state and learn about what's hot in healthcare, visit with vendors in the exhibit hall to hear about the latest services, and have plenty of fun too.

The early bird registration ends on November 11th so don't delay in getting registered for this great opportunity!

The brochure can be found at www.megawisconsin.com. See you at the Kalahari!❖

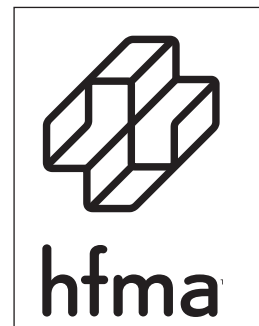


Mike Gutsch, Keith Degner, Brad Taylor and Gerald Noll.

More Eau Claire Highlights



A croud gathers in Art's deluxe room to play a round of Foosball in Eau Claire at our fall meeting. I hope no one forgot their locker combination or fell off the top bunk.



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Have you visited HFMA National's On-line Membership Directory lately? When you select "HFMA Directory", not only can you search for members of our chapter, you can also search for all of your HFMA colleagues by name, company, and location - regardless of chapter! Using an on-line directory instead of a printed directory ensures that you always have the

Certification... An Overview

BY: *Eric Summers, Director of Business Development, The Stark Agency*

Earning the Certified Healthcare Financial Professional (CHFP) designation through HFMA is a simple process. The Healthcare Finance Core Curriculum online study preparation for the CHFP examination is available for purchase. The cost for study materials is \$195. CHFP study materials are recommended but not required for CHFP testing candidates. The preparation materials are designed as an online learning experience.



The CHFP examination is delivered via the Internet by Castle Worldwide. Registration and all scheduling arrangements will be handled through Castle Worldwide's website, including payment for the exam. Note: The 2011 CHFP certification costs are \$395. This includes all application, testing, and processing fees. Should you not pass the examination, the retest fee is \$200.

HFMA recommends the following requirements to become a CHFP:

- a minimum of 3-5 years healthcare financial management experience
- successful completion of the examination
- current and active HFMA membership

I encourage anyone who has not become certified to contact me at 608-274-7764 x238 or Eric Summers, esummers@hestark.com, and I'd be happy to help you through

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Making Your Bank Work for You: Patient Payments



Sponsor Spotlight

By Mark Slesar, Institutional Markets Group for BMO Harris Bank.

Like many businesses navigating a challenging economic environment, it's important for healthcare providers to streamline their collections processes. Unfortunately, providers face three major challenges when it comes to collecting patient payments efficiently:

- Delays in the receivables process due to the increase in patient payment responsibilities.
- Delays in patient billing due to late or incomplete EOB information provided by payers.
- Fewer resources devoted to manual day-to-day collection tasks due to staffs spending more time on research projects, implementing new technologies, and managing complex exceptions.



The opportunity to collect patient payments decreases as more time elapses since the time of service. Industry studies show that after 180 days, the collection rate of accounts receivables is less than 50 percent. By designing solutions for efficient and secure payment collections, healthcare providers can put their funds to work sooner, reduce write-offs, and significantly lessen the burden of manual processing.

Point-of-Service Collections

At the point of service, offering a variety of payment options upfront will provide your patients with flexibility while encouraging alternate methods of payment. This can also reduce the number of checks being handled and the manual processing of those checks.

Most banks offer an online bill payment service, which helps speed collections by enabling your front-end staff to process payments via credit/debit card or by direct debit from a customer's banking account, all in accordance with PCI and HIPAA requirements.



Remote deposit capture is another way to ensure your deposits are processed in a timely manner. This service lets you electronically deposit checks directly from your office. Often, banks will offer an extended deposit cutoff, so you're not bound to normal banking hours.

Post-Service Collections

Billing and collecting payments after completion of service has also grown more challenging. Staff resources are challenged to process and reconcile consumer payments that come in with limited information, resulting in posting and deposit delays and erroneous patient billing. That's why healthcare providers should centralize both paper and electronic post-service collections.

Providing an online bill payment option directly through your Web site provides convenience for both you and your patients. Because payments are automated and carry less costly transaction fees, online electronic transactions should be encouraged and advertised to patients. Online bill payment features should also support previously negotiated patient payment plan options. Furthermore, providers can allow a financial institution to accept patient billing on their behalf and provide a posting file to update their patient billing records. This will accelerate the recognition and processing of patient payments in a secure fashion.

For high-volume paper payments, a retail lockbox service centralizes collection and processing. Outsourcing this task to a bank provides faster availability of funds and reduces the amount of checks and patient information floating from site to site, providing greater security. Understanding your bank's HIPAA compliance process is an important step when evaluating any service, but it's particularly crucial when evaluating the right partner.

Efficient and secure payment collections have never been more critical to healthcare providers. Developing best practices for centralizing and streamlining this process can help ease much of the pain. By partnering with a bank that understands the challenges unique to your industry and has the tools to confront those challenges head-on, you'll be able to focus your resources on providing quality patient care.

Mark Slesar has over 25 years of experience in healthcare and leads the Institutional Markets Group for BMO Harris Bank. For more information, visit BMO Harris Bank Healthcare Banking Solutions at www.harrisbank.com/healthcare. BMO Harris Banksm is a trade name used by BMO Harris Bank N.A. BMO Harris Bank N.A. Member FDIC. ❖

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Federal Deficit: Medicare, Medicaid Cuts Still on Table

By Jenny Boese, VP-External Relations & Member Advocacy, Wisconsin Hospital Association



Federal deficit negotiations are centered around the work of the “super committee” as it tries to meet the November 23 deadline of coming up with at least \$1.2 trillion in savings. As the committee looks for deficit savings, cuts to Medicare and Medicaid are still very much on the table. The Wisconsin Hospital Association has had an ongoing, aggressive grassroots campaign fighting back against a variety of Medicare and Medicaid proposals.

Some of the proposals cutting Medicare include:

- Reduce bad debt payments to 25% for all eligible providers over three years starting 2013.
- Reduce Indirect Medical Education payments. These are payments to hospitals that train physicians.
- Cuts to small, rural hospitals known as “critical access hospitals.”
 - Reduce payments to CAHS from the current 101% of reasonable costs to 100%.
 - Eliminate CAH designation for hospitals less than 10 miles (15 miles has been referenced as well) or outright repeal CAH designation altogether.

Some of the proposal cutting Medicaid include:

- Reduce or outright eliminate provider assessments, like Wisconsin has successfully implemented and which has resulted in hundreds of millions of additional Medicaid dollars.
- Changing the way (and likely reducing the level at which) the federal government pays states for Medicaid.



Rep. Sean Duffy meets with Wisconsin hospital leaders in DC on October 4. L to R: Theresa Van Meeteren; Bob Van Meeteren, Reedsburg Area Medical Center; Nick Hill, St. Joseph’s Hospital Chippewa Falls; Rep. Sean Duffy, Marian Furling, Hudson Hospital; Jenny Boese, WHA; Jeremy Levin; Rural Wisconsin Health Cooperative; Terry Brenny, Stoughton Hospital; Dave Fish, HSHS.

To fight back, the Wisconsin Hospital Association has had an ongoing grassroots campaign, including being on Capitol Hill in Washington, DC to meet with Wisconsin’s Members of Congress (see photos throughout article). In addition to the DC fly-in, a few other elements of WHA’s legislative efforts over the past four months have included:

- Launch of HEAT Action Alerts. **To date, WHA’s HEAT advocates have made 2,000 contacts to Congress via email, phone or in person! (If you are not registered for WHA’s grassroots advocacy program, HEAT, sign up today at <http://www.wha.org/speakUp/heat.aspx>. The program is free and helps connect you to legislative issues impacting hospitals.)**
- In-district, high level meetings between hospital leaders and Members of Congress:
 - Rep. Petri at Agnesian Fond du Lac (July 18)
 - Rep. Duffy at St. Joseph’s Hospital in Marshfield (July 22)
 - Rep. Kind at Mayo-Eau Claire (July 29)
 - Sen. Johnson at St. Elizabeth’s in Appleton (Aug. 9)
 - Rep. Ribble at HSHS St. Mary’s in Green Bay (Aug. 12)
- Dozens of op-eds and letters to editor from hospital CEOs and board members which have run in every Congressional district in the state.
- Joint opinion editorial from WHA President Steve Brenton and Rural Wisconsin Health Cooperative Executive Director Tim Size on rural hospital issues, which has run in various newspapers across the state.
- A bipartisan Congressional “Dear Colleague” letter in support of CAHs being circulated by Reps. Kind (WI) and Emerson (MO). The letter was spearheaded by WHA so far the following Wisconsin Members of Congress have signed on: Reps. Kind, Baldwin, Ribble and Duffy.



Rep. Kind meets with hospital constituents on October 4 in Washington, DC. L to R: Dave Fish, HSHS; Bob Van Meeteren, CEO, Reedsburg Area Medical Center; Rep. Ron Kind; Marian Furlong, CEO, Hudson Hospital.

- Ongoing communications with Members of Congress. **WHA will continue advocating for Wisconsin hospitals and against Medicare and Medicaid cuts.**

Contact WHA’s Jenny Boese, VP-External Relations & Member Advocacy, with questions at 608-268-1816 or jboese@wha.org. ❖

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While assessing HFMA On-Line Membership Directory, you may view your current contact information and make edits to your profile. You can also view any products you have ordered, events you have registered for, your CPE credits, your Founders points and more!

It is vital that HFMA has your correct information, so please take a moment to review your record now. By doing so, you will ensure that HFMA continues to provide you with valuable information and insights that further your success.

Editorial Statement

NEWS & PROFILES is the Official newsletter of the Healthcare Financial Management Association - Wisconsin Chapter. Published six times per year, the newsletter is sent to more than 750 individuals in the health care management field. Our objective is to provide members with information about chapter and national HFMA activities, as well as timely reporting of local, state and national issues and developments.

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