

Let us not forget that we are in:



**Coming Events:**

- January 27, 2006 - CFO Forum (see story on page 1)
- February 24, 2006 - First ever teleconference
- March 16 - 17, 2006 - Alliance Meeting
- May 10—12, 2006 - Region 10 & 8 annual conference at the Canyons in Park City (see update on page 2)

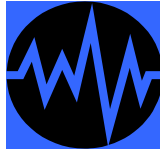
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# Vital Signs

Healthcare Financial Management Association - Utah Chapter Volume 25, Issue 3 - January 2006

## Return of the CFO Forum For January 27, 2006 Meeting

We're pleased to remind you that HFMA will be holding its next educational meeting **Friday, January 27 at Primary Children's Hospital**. It's an exciting and relevant agenda with some outstanding speakers. The meeting will go from 9:00 A.M. (registration, networking, and breakfast start at 8:30 A.M.) until 4:00 P.M.

The morning will be the **CFO Forum**, where we will hear from a panel of CFO's discussing the key issues in healthcare, what keeps them awake at night, suggestions for career planning, etc. This year's group will include Steve Schramm, Gordon Crabtree, Ben Cluff, Dave Larsen, Brian Murray, and Rod Lisonbee as moderator. Last year's CFO Forum received excellent reviews!

The afternoon will feature two more outstanding sessions:

**Patient Progression--**  
Partnering with operations to



**Through sharing and communication we all gain knowledge from one another. That is what HFMA is all about. Join US!**

improve capacity, return on assets, patient care and patient satisfaction. This will be presented by Doug Fenstermaker and Jeff Jones of Stockamp & Associates, with local clinical operations managers participating.

**Sarbanes-Oxley--** This is a critical internal control/compliance issue which will impact both for-profits and non-profits. It will be

presented by KPMG's Steve Huebner and Amy Verbick.

The attached agenda has more details about the meeting. The flyer includes the website for registering in advance online. **Please register ASAP** so we'll have a count for food.

Cost for the full-day program is:

Members	\$125
Non-members	\$175
Students	\$ 25

For your convenience you may register online at:

[www.hfma-ut.org/calendar.htm](http://www.hfma-ut.org/calendar.htm)

If you have any questions, please contact Alan Robinson at Logan Regional Hospital - (435) 716-5331.

## January 27, 2006 Meeting - Please bring a guest for free!!!

Greetings,

The Board has decided to make the January 27 meeting a "Member/Guest" meeting. We have received feedback that the prices we're charging are a little steep - especially for non-members. So please feel free to invite someone who you know is not a member of HFMA, but who is a good candidate for membership. Alan Robinson and his com-

mittee have a terrific meeting lined up for us. This is an opportunity to let some new folks see what HFMA is all about!

We need to know ahead of time if you are going to bring a guest. So each attending member may only bring one guest and guests must be registered on the website. Following is the link:  
<http://www.hfmaut.org/calendar.htm>





## The Tipping Point ...

## A Message from the President



**A Message from President Barb Viskochil—HFMA Utah Chapter 2005 - 2006**

*“...the tipping point of a cohesive, fun-loving, well-educated chapter!”*

### Welcome to 2006 -

The start of a new year is always an exciting time because we have been given a brand new slate on which to write. For HFMA chapters it is a great time to reassess the goals we set at the Strategic Planning meeting last May. So I have a request to make of each of you – please come to the January 27 meeting with thoughts about moving forward with our goals this year. We will take about 10 minutes to have a chapter-wide conversation. Following are the 2005 – 2006 Goals and Objectives to help you be ready to provide feedback:

1. To create educational value by providing affordable, timely education at convenient venues.
2. To provide membership with high quality communication.
3. To maintain chapter membership by providing excellent educational events and promoting relationships.
4. To improve chapter finances in order to ensure high quality speakers.

5. To provide service to our community.

Hopefully you all received the notice that the January meeting is a member/guest. There are several reasons for doing this, but one major factor was feedback to the Board that the meetings are expensive. We can only afford to have a member/guest meeting once in a while.

However, there is a relatively painless way to reduce the meeting cost to members. Other chapters have had tremendous success getting sponsors to help cover the costs. Take a look at the Texas Chapter website and you'll see the following sponsors: Kaufman Hall, Pricewaterhouse Coopers, Ernst & Young, Siemens, Financial Corporation of America, SAS, Vinson & Elkins, Que Financial, and on and on!

Sure, sponsors would be hoping to gain business by working with the members who are on the

provider side, but rightfully so. They are in the business of providing services to health care providers. Members would benefit from learning about their products, from their financial support and from the hours they spend helping make our chapter events successful. So let's take a look at sponsorship. And in the meantime, let's remember to thank the vendors who already participate in our chapter and give so much to us.

We have a clean slate to write on. Let's begin by reassessing the status of our chapter and plan for the remainder of the year.

Thanks for your support of HFMA,

Yours truly,  
Barb Viskochil

## November 2005 Meeting was a time for Awards - Way to Go



President, Barb Viskochil & Regional Executive, Michelle Phinney display the Silver Merit Award



Not to be left out, Past President, Kelly Christensen also got to hold the award with Michelle Phinney.



## Region 10 & 8 Conference Update - An Event of Olympic Proportions



Region 10 & 8 is moving forward quickly.

Exhibitor Booths 85% sold out!!!

**Join us at the Canyons in Park City - May 10 - 12, 2006 for the Region 10 & 8 Conference**

**MAKE PLANS NOW!**

In February our conference website should be up @ [www.hfmaRegion10and8.com](http://www.hfmaRegion10and8.com). Please be sure and go there to register and also look at all the

events that will be happening.

We have a fantastic speaker line up with speakers from all parts of both regions. The Revenue Cycle Panel should be not only informative but exciting. With Adam Plotkin as the moderator he is sure to bring added interest to an already powerful panel. We will have Jana Danielson from The Nebraska Medical Center and Mike Frith from St. Alphonsus to name a few. In addition we will be having a Self Pay Panel that will address the specific needs of Rural and Critical Access Facilities.

Our day will be highlighted Thursday Night with a Banquet on Historic Main Street in Park City, UT. Park City is the site of an old silver mining industry and the heart of the action for half-pipe, slalom, bobsled, skeleton, luge and ski

jumping during the 2002 Winter Olympics. This should be an exciting event with numerous possibilities to share in the nightlife and shopping of Park City.

This year's conference is promising to be one of the best yet for Regions 10 & 8, with great education, and lots of entertainment and fun.

Please don't forget to mark your calendars and plan your budgets accordingly. We can't wait to see all of you there!!!!!!!

See you in Park City!!!!!!

Sincerely,

Janet Malmberg  
Chairperson

## Please welcome our newest members !!!



- Robin M King  
Director of Finance  
The Ogden Clinic
- Martin D Brockman  
CFO  
Davis Hospital/Med Ctr
- Tess Karen Leiker, CPA  
Health Care Consultant
- Lawrence C Wiscombe  
Vice President  
Marsh Risk/Insurance Svcs
- Jason L Winters  
Project Manager  
Cardon Healthcare  
Network
- Jim Cannon  
A/R Director  
IHC

**New members keep our chapter growing - make sure to greet our newcomers.**



## News Briefs from HFMA National

### Study Finds Further Problems Associated with Health Care Access for the Uninsured

Lack of insurance continues to add to healthcare access problems. For example, only 21 percent of the estimated 34 million “nonstandard” workers in the U.S. workforce have health insurance through their employer, compared with three-quarters of regular full-time employees, according to a Commonwealth Fund report released Dec. 1, 2005. About 24 percent of these part-time, temporary, and contract workers are uninsured, compared with 12 percent of “standard” workers. Nonstandard workers obtain coverage three and one-half times more often from a spouse or other family member’s employer than do standard workers.

In *On the Fringe: The Substandard Benefits of Workers in Part-Time, Temporary and Contract Jobs*, the researchers find that nonstandard workers are far more likely than regular full-time employees to lack healthcare coverage, experience gaps in coverage, and depend on public insurance programs.

### Uncompensated Care Rising

With the increase in the numbers of uninsured and underinsured, it is not surprising that the amount of uncompensated care provided by U.S. hospitals is on the rise. In fact, that amount was at \$26.9 billion in 2004, up from \$24.9 billion in 2003, according to the latest AHA Annual Survey of Hospitals (the survey measure includes both charity care and bad debt). The amount of uncompensated care provided by hospitals has increased more than 25 percent since 2000.

### Allegations of Excessive Pricing

On Nov. 7, 2005, the Wisconsin attorney general announced action to seek special orders prohibiting two Milwaukee-area hospitals from charging allegedly excessive prices to uninsured patients. According to the complaints, St.

Joseph Regional Medical Center, which is a member of the not-for-profit Covenant Healthcare System, and the Wisconsin Heart Hospital, which is a joint venture affiliate with Covenant Healthcare, have unfairly charged uninsured patients prices that far exceed the discounted prices the hospitals regularly charge the vast majority of insured patients.

However, a North Carolina Superior Court judge has dismissed four class-action lawsuits against tax-exempt hospitals that were accused of unfair billing practices because they charged higher rates for uninsured patients than for insured patients, the *Winston-Salem Journal* reported Nov. 13, 2005. Claims were dismissed against Carolinas Medical Center in Charlotte, NorthEast Medical Center in Concord, Rowan Regional Medical Center in Salisbury, and Moses Cone Memorial Hospital in Greensboro.

And in Chicago, a circuit court judge dismissed a similar suit against Northwestern Memorial Hospital, stating that the practice of giving discounts to large buyers was commonplace and legitimate, *Modern Healthcare* reported Nov. 10, 2005.

### Pressure Growing for Healthcare IT Adoption

The end of 2005 saw significant activity intended to push the nation toward greater healthcare IT sophistication.

On Nov. 18, 2005, the Senate unanimously passed S.1418, the *Wired for Health Care Quality Act*, which would provide competitive grants to providers to facilitate the widespread adoption of certain health IT. Among other things, the healthcare IT bill calls for the adoption of health IT standards by the federal government and private entities contracting with the government, as well as the development or adoption of a quality measurement system.

The bill would provide \$125 million in 2006, \$155 million in 2007, and such sums as necessary for

2008 through 2010 for activities facilitating the adoption of health IT. (The Congressional Budget Office estimates that implementing S.1418 would cost \$40 million in 2006 and \$652 million over the 2006-2010 period.)

Then, only 10 days later, the Center for Health Transformation and IDX Systems Corporation released a report outlining achievable recommendations to spur the adoption of electronic health records and regional health information organizations, based on the best practices of successful health data exchanges. The white paper, *Accelerating Transformation through Health Information Technology*, highlights strategies for healthcare providers, federal and state policymakers, and other stakeholders.

Among the report’s 16 specific recommendations, which address issues crucial to creating a successful RHIO and promoting broader adoption of healthcare IT, are:

- Engaging both the public and private sectors as funding supporters

- Developing populationwide health management initiatives

- Establishing best practices for keeping patient data private and secure

- Integrating technology systems

- Overcoming cultural resistance to change

In addition to action items, the report contains case studies on RHIO initiatives operating in diverse regions throughout the United States, including California, Indiana, Nebraska, Ohio, and the Pacific Northwest.

The report also outlines policy recommendations to spur the adoption of health data exchanges. Among other recommendations, the report calls on the federal government to ensure that comprehensive health information is protected across state boundaries by creating a common regulatory framework for health IT, including privacy safeguards.



## News Briefs (continued)

### Pay-for-Performance Works, Says CMS

The quality of care has improved significantly in hospitals participating in Medicare's first pay-for-performance demonstration project, the Premier Hospital Quality Incentive, CMS reported Nov. 14, 2005. Medicare has awarded \$8.85 million to hospitals that showed measurable improvements in care during the first year of the program. Improvement in these evidence-based quality measures is expected to provide long-term savings because of their demonstrated relationship to improved patient health, fewer complications, and fewer hospital readmissions.

Quality of care improved in all of the five clinical areas for which quality was measured: acute myocardial infarction (improved by 4 percent), heart failure (9 percent), pneumonia (10 percent), coronary artery bypass graft (5 percent), and hip and knee replacement (5 percent). Hospitals received a Medicare payment bonus based on how well they met the relevant quality measures. Hospitals in the top 10 percent for a given condition were given a 2 percent bonus on their Medicare payments for that condition; hospitals in the second 10 percent were given a 1 percent bonus.

The \$8,851,000 in bonuses included \$1,756,000 distributed to 49 hospitals for heart attack care; \$1,818,000 to 52 hospitals for heart failure; \$1,139,000 to 52 hospitals for pneumonia; \$2,078,000 to 27 hospitals for heart bypass; and \$2,061,000 to 43 hospitals for hip and knee replacement. This is the first time Medicare has awarded actual monetary bonuses to healthcare providers in a pay-for-performance demonstration.

Preliminary information from the second year of the demonstration shows that quality scores are continuing to improve at the hospitals in the demonstration in each of the five clinical conditions. Nota-

bly, the scores of the poorest performing hospitals are improving the most, so the variance between the top and the bottom performers is decreasing. CMS will continue to monitor the demonstration to determine if the improvement trends continue.

The demonstration began in October 2003, with more than 260 hospitals voluntarily participating. It is scheduled to end in September 2006.

### CMS Announces New Physician Voluntary Reporting Program

In January, CMS will launch the first phase of a new program that allows physicians to voluntarily report information on the quality of care they provide to Medicare beneficiaries. Physicians, physician organizations, and other experts have been involved in developing the 36 evidence-based measures to be reported in the first phase of the program.

For this phase, CMS will collect information through the use of a dedicated set of HCPCS codes, called G-codes, which will supplement the claims data doctors currently submit to CMS with clinical data. These clinical data will then be used to measure the quality of services provided to Medicare patients. The agency anticipates that these G-codes will serve as an interim step until the electronic submission of data through electronic health records replaces this process.

CMS will provide feedback to the physicians who submit the data by the summer of 2006 about the level of their performance based on the submitted data. However, the data will not be made available to the public, the agency says.

### Study: Consumer-Directed Plans Find Support from Employers

U.S. employers are increasingly turning to consumer-directed health plans such as health savings accounts with the expectation they will help control rising healthcare

costs, according to a Deloitte Center for Health Solutions survey of U.S. employers released Nov. 15, 2005.

The survey of 316 employers found that 22 percent of respondents have a consumer-directed health plan in place; another 21 percent say they will be offering one in the next two years. Another 51 percent said they are reviewing consumer-directed options and may offer one in the near future if they can be proven to be attractive to employees while saving money.

Of those surveyed, 77 percent said they expect consumer-directed plans to change employee purchasing patterns by making them aware of the true cost of health care; 8 percent said they will not. Regarding whether consumer plans will result in immediate employer cost savings, 56 percent of those surveyed said they will, while 27 percent said they will not. And 43 percent of those surveyed said consumer plans will reduce the long-term health cost trend, while 24 percent disagreed.

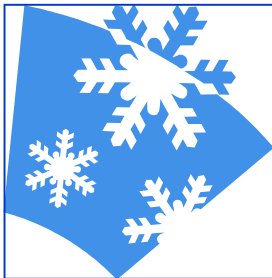
Of surveyed employers with consumer-directed health plans in place, 63 percent offer a health reimbursement account plan, while 31 percent offer a health savings account.

From Latest Chapter News - updated 12/27/05 - HFMA website



## Guide to the Seasons of HFMA ...

Calendar for 2005 - 2006



### **Summer 2005**

September 1, 2005: Stingers Game - 7:00pm Bring friends & family! Catered picnic option available.

### **Fall 2005**

September 16, 2005: Full day meeting at St. Marks' Hospital (Revenue Cycle, Uncompensated Care, Healthcare Cost Accounting, & Taking Personal Responsibility)

November 11, 2005: Full day meeting at Little America (Larry Goldberg's Washington Update, Compliance, Leadership)

### **Winter 2006**

January 27, 2006: Full day meeting at Primary Children's (CFO Forum, Sarbanes-Oxley, Fraud Prevention)

February 24, 2006: NEW!! Teleconference on Rural Hospital Issues (No travel - dial right in from your own office!)

### **Spring 2006**

March 16 - 17, 2006: Alliance meetings in St. George

May 10 - 12, 2006: Region 10 & 8 Conference in Park City, UT at the Canyons Resort

*Don't miss a single meeting! Education is only as good as the members who attend and participate.*

**DON'T MISS A SINGLE MEETING!  
PUT THESE DATES ON YOUR CALENDAR NOW!**

## Chairperson assignments for 2005 - 2006

DCMS Contact

Brent Davis

Sponsorship Chair

Crista Beauchat

Membership Chair

Colin Quincy

Certification Contact

Scott Schofield

Newsletter Chair

Martha Silliman

Region 10 & 8 Chair

Janet Malmberg

Program Chair

Alan Robinson

Member Directory Contact

Colin Quincy

# HFMA Conference

Healthcare Financial Management Association - Utah Chapter

January 27, 2006

8:30 – 4:00

Primary Children's Hospital

Third Floor Auditorium, 100 North Medical Drive

Salt Lake City, UT

*Parking on North side of hospital in Parking Terrace - Parking is tight (carpool or TRAX if possible)*

Members Registration	\$125.00
Non-members Registration	\$175.00
Students	\$ 25.00

**Agenda:**

- 8:30 – 9:00 Registration and networking  
9:00 – 11:45 CFO Forum (Steve Schramm, Gordon Crabtree, Ben Cluff, Dave Larsen, Brian Murray)  
11:45 – 12:45 Lunch  
12:45 – 2:15 Patient Progression - Doug Fenstermaker & Jeff Jones, Stockamp & Associates  
2:15 – 2:30 Break  
2:30 – 4:00 Sarbanes-Oxley - Steve Huebner and Amy Verbick, KPMG

Register online at <http://www.hfma-ut.org/calendar.htm> or

Mail registration & check payable to Utah  
HFMA c/o Laura Wood to:

Laura Wood  
1455 W. 8230 S.  
West Jordan, UT 84088

**Questions?**

Contact Alan Robinson  
Logan Regional Hospital