



## President's Message

### Upcoming Events

- Friday April 29th—  
Utah Chapter Mini-LTC
- May 13—Officer  
Induction / Golf
- National HFMA LTC  
May 15-17 in New  
Orleans, LA

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### A message from our president:

Congratulations to **Steven Vance** for recently passing both certification exams. Steven is the sixth certified member of our chapter. Becoming certified requires dedication and much hard work, and reflects commitment to the field of healthcare finance. If anyone is interested in learning more about the benefits of the certification program, feel free to talk with Steven or other certified members.

In March, we held our spring alliance meeting with AAHAM, a big thanks to **Doug Smith, Chris Bruerton** and their program committee for putting together another excellent meeting, those who attended enjoyed informative education, good food and a fun atmosphere. You will find a summary of the meeting later on in this newsletter. For next year, we are considering holding the alliance meeting in St. George; we are looking for your feedback, so please share your feelings

about this change with me or a member of our board.

Don't forget to register for our upcoming spring meeting and golf event at **Thanksgiving Point**. The meeting will be held on **May 13th**. The fees for the meeting will be greatly reduced, and the prizes will be fantastic.

My term as chapter president is almost over; it has been an enriching and rewarding experience. I have truly enjoyed getting to know each of you, and I appreciate the opportunity of being a part of this tremendous organization. I also want to thank our Board; each member has worked hard to make our chapter one of the best in the country.

Thanks,

Scott Schofield

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# Spring Time in the Rockies

## Message from Region 10 Executive

### A Message from the Region 10 Regional Executive: Dave Chohon , FHFMA

Spring for 2011 is here. Snow is melting and the flowers are blooming. And the 2010-2011 year in HFMA is coming to a close. It seems like yesterday that I accepted the nomination to become the Regional Executive Elect for Region 10 and now three years later it will be ending. For the current chapter presidents you are in the same situation. On one hand we are all breathing a sigh of relief but on the other hand there is a sadness in our thoughts.

This last year has gone by so fast. I have had the opportunity to work with so many dedicated professionals and was deeply honored to serve as your regional executive. My two main goals for the region was one, to bring us closer together and work as a team and two, to help each chapter have a successful year. I am very proud of each chapter president for their dedication and effort over this past year. We have several chapters that will receive 100 points on their Chapter Balance Score Card and some that felt a little short but all in all, it was a good year. I got to visit some of the chapters and attend their board meetings. I saw for myself that we have many committed members in leadership roles and I know that Region 10 will continue to build strong chapters here in the near future.

I want to remind everyone of our Region 10 meeting coming up this July 27th, 28th and 29th in Denver, CO. I have seen the brochure and I am very impressed with the lineup of speakers and events. A special thank you to JJ Carmody, Eric Burgmaier and Alan Robinson and their committee for the efforts they have put into the meeting. I hope to see many of you there.

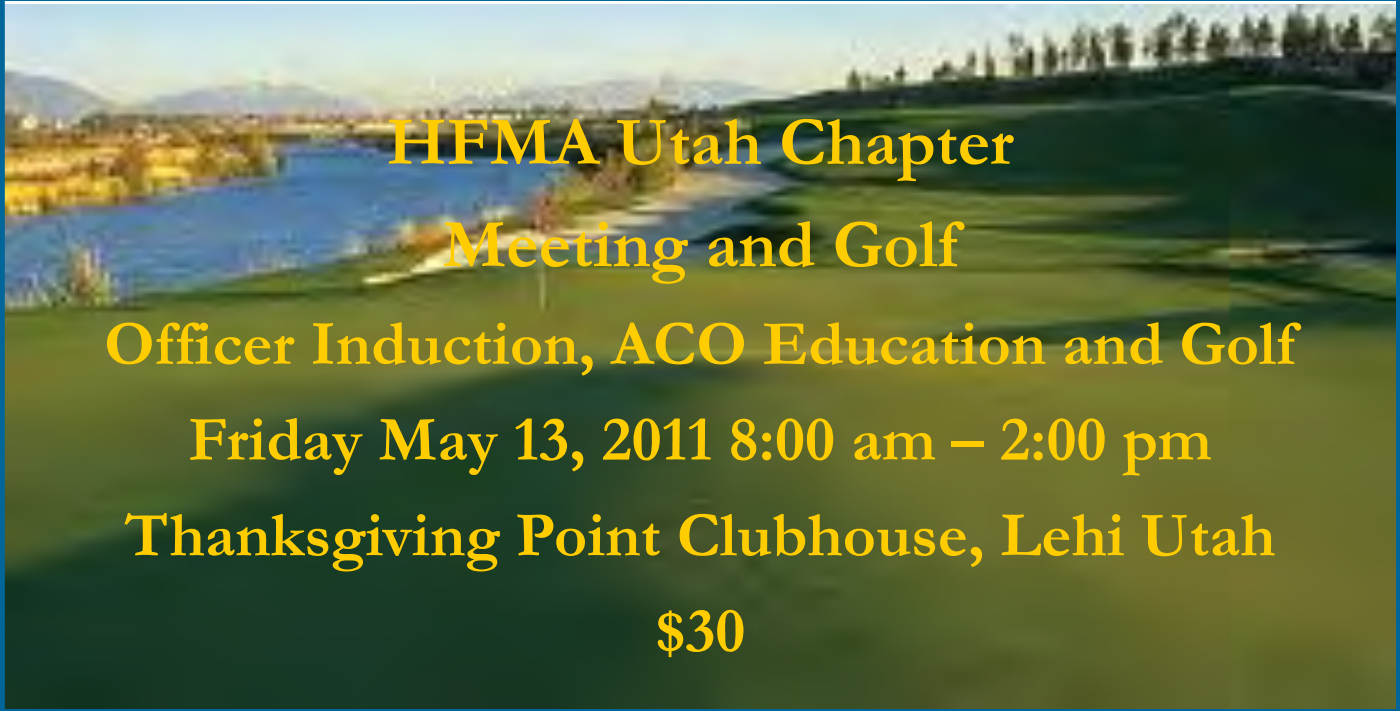
LTC is a month away but for you president-elects it's never too early to start planning your year and prepare your team with goals and anticipation. Make sure each one on your team is prepared and knows what you expect of them. Meet with them and outline how they can be successful. Remember, LTC can be an excellent resource for strategies and networking opportunities. Try to send as many as you can to LTC. You will see the reward in results. Good results makes for a happy team.

Loyalty and commitment. Those are some very strong words for any company or business. In HFMA we are all volunteers, professional volunteers and those words are a way of life for many of us. I see it constantly in our chapter's board of directors and officers as well as many of our members. To use a phrase from an Army saying, our region chapter members strive to make their chapter the best it can possibly be!!!!. I'm proud to be a part of Region Ten. Thank you to all our region's volunteer leaders.

I want to thank all of you for allowing me to serve as your regional executive this past year. It has been rewarding and educational, fun and entertaining and I hope I have helped you to achieve some of your desires. I will miss the opportunity to work with you. I wish all of you the best life has to offer where ever the future leads you. THANK YOU



Dave Chohon, FHFMA Region 10 Executive [dave.chohon@healthcareinc.com](mailto:dave.chohon@healthcareinc.com)



**HFMA Utah Chapter  
Meeting and Golf  
Officer Induction, ACO Education and Golf  
Friday May 13, 2011 8:00 am – 2:00 pm  
Thanksgiving Point Clubhouse, Lehi Utah  
\$30**

## HFMA Utah Chapter Welcomes Its Newest Members

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## AAHAM / HFMA

Thanks to all for another fun meeting – Joint AAHAM/HFMA that was held at Desert Star Theatre on March 11, 2011



**Dave Gessel, J.D.**, is the Vice President of Government Relations and Legal Affairs for the Utah Hospitals and Health Systems Association. He provided HFMA members and their guests with an excellent summary of the 2011 Utah Legislative session. Following are some of the highlights from the session:



**HB-84** creates an Office of Inspector General for Medicaid Services within the governor's Office of Planning and Budget. This will move post-payment review, program integrity and the PERM function from the Department of Health to the new OIG office.

**SB-180** is the major reform legislation that recommends converting the current Medicaid contractors from fee-for-service, leased network, or full-risk managed care organizations to a more accountable care organization model. This will require CMS waiver approval. The department is hoping to submit the waiver by July 1, 2011. The change to the ACO model would take place July 1, 2012.



**HB-217** allows the Governor to make a nomination for the position of Director of the Division of Health Care Financing, with subsequent confirmation by the Senate.



## Member Spotlight

### Craig Barlow

**Job/Department/Company I work for:** I just began a new career with Intermountain Healthcare in the Central Office accounting department. In the past I have been an auditor for a national public accounting firm and a year stint as a consultant providing financial analytic and accounting services.

**My family includes:** I have two fantastic children, Samantha and Nicholas. I believe that common law would suggest that I have a wife too – Heidi.

**The best part of my job is-**As I am new to Intermountain, I have the amazing opportunity to gulp from the fire hose of knowledge, systems, and nuances of the organization. Over my career I have found that success is directly related to the individuals with whom I work and this is certainly true at Intermountain. My coworkers are wonderful, knowledgeable and supportive.

**If I'm not at work, you'll find me...** Frankly the point is that if I am not at work then you won't find me but if by chance we do meet then you have just knocked on my front door or are watching a concert with me.

**Pets:** I love pets but sadly find myself “pet free” due to certain allergic afflictions associated with my girlfriend. I suppose my girlfriend is a pet... or I am hers... Depends on the point of view.

**Hobbies:** I had many as a child and then, as children often do, I lost them. Recently I have begun to pick up hobbies as they tend to have a reputation of fun. Currently I picked up snowshoeing and even more recently biking. If the weather gets better soon I may actually climb on top of it.

**My proudest moment was....**The time when a complete stranger walked up to me and told me that my 7 and 9 year old kids were well behaved, well spoken and funny.

**The best advice I ever received:** That is a toss up. My aunt had a saying on her fridge that I have never forgotten “If you are gonna walk on thin ice, you might as well dance” or as my dad told me “If you are gonna do a job, it is best to do it once and to the best of your ability”. I attempt to practice the latter and unintentionally tease the former.

**I joined HFMA because:** Due to my new position in the Healthcare industry, I found it important for understanding to learn as much about healthcare and the unique issues facing financial management.

**My favorite food is:** By design of nature I do not discriminate and as it relates to food, I find that this is still the case.

**A book that I would recommend:** For fun I enjoy the Forgotten Realms books by R.A. Salvatore. Yeah, I'm a geek. I am most influenced by The Catcher in the Rye.

**My mentor is:** I have had a few in the past, Dave Hardman with my old CPA firm but I am currently taking applications.

**Education:** B.S. Finance – University of Utah  
MBA – Westminster College

**A person may be surprised to know that...** I own a kilt and will wear it as frequently as possible.



# Member Spotlight

## Tricia Hansen

**Job/Department/Company I work for:** Intermountain Healthcare

**My family includes:** Three daughters, two grandchildren.

**The best part of my job is** knowing I have helped someone solve a problem that could have put the patient, the employee, or the company at risk. I like to “fix things”.

**If I'm not at work, you'll find me.....** Home, at a horse show watching my daughter ride, or in Cedar City visiting my grandchildren.

**Pets:** I have 1 dog; she is a mix of something and looks like a black lab when her long hair is shaved off. I have a cat that is staying temporarily while her owner (my middle daughter) is away in Monterey for the Army National Guard.

**Hobbies:** I used to have fun hobbies like tole painting, ceramics, baking. Lately I just try to find a quiet place in the sun to read a book or take the dog for a walk at the nature park.

**My proudest moment was** anything my children have done that I can brag about and everything my grandchildren have ever done!

**The best advice I ever received:** I'm not sure who gave me this idea, but I decided not to take the credit or the blame for anything my daughters do. They get it all and I feel almost no guilt!

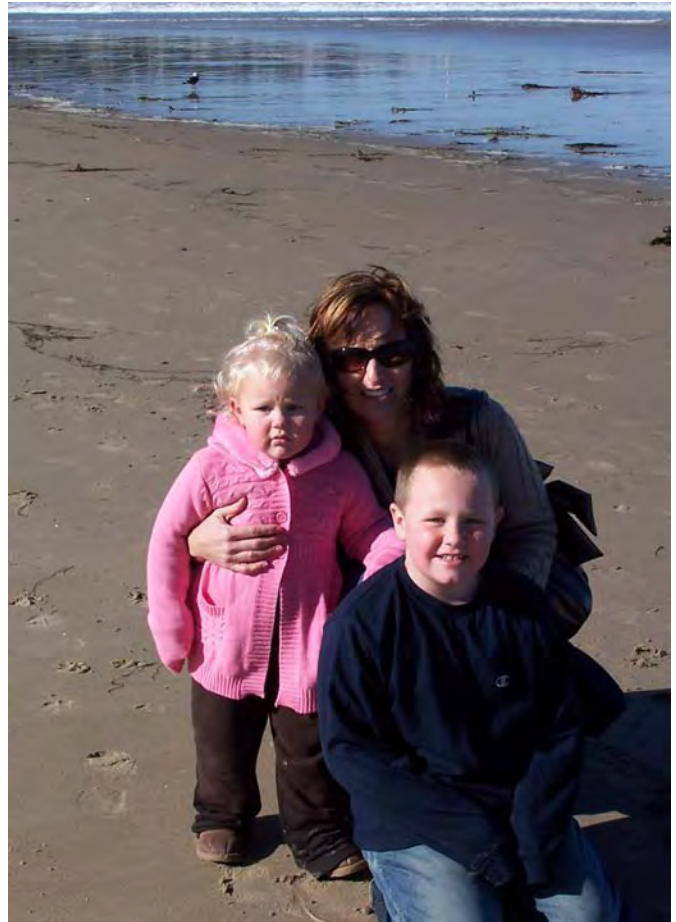
**I joined HFMA because:** My background is patient account billing and I would like to learn more about the financial management aspects of healthcare.

**My favorite food is:** Almost anything Italian.

**Education:** University of Phoenix, BA, Accounting

University of Phoenix, MBA, Business Management

**A person may be surprised to know** that at my age my daughter was able to talk me into taking riding lessons (English riding, which involves the horse jumping) and I haven't broken anything yet! It is good exercise and not just for the horse.



## Make Your Revenue Cycle Hum

This practical approach will help you identify and fix root errors to speed cash flow in the revenue cycle.

By Daniel Schulte, Michael S. Friedberg, and Andrew DeVoe

For many hospitals, an elusive portion of their financial processes just doesn't "hum." Whether it's 2 percent or as much as 15 percent of your revenues, the real impact on your bottom line of this elusive percentage can be the difference between surviving or not. Today's economy, combined with the uncertain impact of Washington's reforms, makes finding the last dollar critical to your financial goals and to your core mission of patient care. Some creative ideas and a step-by-step formula can help you tackle that elusive last percentage.

### Step 1. Start with Your Star People

You need to start with a team that is aligned around the following points.

**Be accountable.** In this whole-system sequence, your team should be accountable to both personal and group goals. Finger-pointing or protecting departments from changes will only harm your work.

**Measure up to the right goal.** A goal that is measurable, achievable, and critical to your bottom line gives your team a "true north" point on its collective compass. Determine that necessary goal—for example, meeting the industry standard to financially clear 95 percent of all elective procedures five days before admission—and then measure your progress with a consistent scorecard of key metrics.

Keep the goal fresh with cash and noncash incentives for any hospital employee tied to the goal. Of course, checks and balances are needed between your accounting department and an external auditor to keep net revenue and the cash goal appropriate.

If needed, solidify your goals with an internal contract that emphasizes each individual's commitment to improve the whole system—even if the explicit goal has to shift along the way.

**Create the "tackle team."** A task force—focused on key goals and made up of your star performers—will keep you on track. A task force should:

- \* Represent staff members from across the revenue cycle and from related hospital departments.
- \* Be driven by a director-level steering committee, and use a working committee. Your business office director is a good team leader, seeing and understanding the entire revenue cycle.

Meet regularly to review progress and goals.

- \* Obtain endorsement by a high-level executive to demonstrate organizational commitment.

### Step 2. Disaggregate the Process

Next, separate your financial processes into key components. Start at the front end, and break it down all the way to the end of the revenue cycle.

**Identify the tough pieces.** The smaller you slice your revenue cycle pie, the greater the impact on your bottom line. Disaggregate your financial processes beyond component departments (patient access, health information management, and patient accounting) to a granular level. That's where the tough challenges exist that, if improved, will yield the greatest return.

Your financials may already painfully highlight your problem areas. Weaknesses that may yield significant ROI when corrected typically include registration errors, improper precertification methods, charge entry delays, chargemaster errors, and coding errors.

**Analyze the data.** With the tough pieces of your cycle identified, examine the data and ask the right questions. The more detailed the questions are, the more likely you are to target core issues.

### Step 3. Tackle Each Piece of the Pie Individually and Creatively

Now activate your task force and tackle away. Following are a few ideas for retrospective reviews applied to patient access. This process works for any step in the revenue cycle.

**Audit every account within two days of discharge.** A wrong keystroke by a registrar trickles throughout your process and leads to lost dollars. Disaggregating your processes quickly, and comprehensively correcting and documenting issues, can improve the quality of your entire revenue cycle, which means less follow-up work.

## Revenue Cycle — Continue

**Determine areas to change.** Cause-and-effect relationships are the most critical step in disaggregation. For example, don't waste time fixing the cashiering function when you should focus on how to determine patient liability.

**"Score" your accounts.** Every account has a set of core elements that must work perfectly to pay optimally. You can score each account and its elements using the following process: Elements within the account—valid addresses, good insurance information, full point-of-service collection efforts—receive X points if the element works perfectly and 0 points if there is even a single flaw.

A perfect account should add up to 100, so the number of elements will dictate the point value of each element, and the elements will be weighted based on overall value in getting the claim paid. Tackle the flaws that prevent a perfect score, and look for similar errors in other accounts.

**Rely on experts and creative labor solutions.** Expertise is important, so if any members of your team are knowledgeable about process change, devote their time to the task. If not, consider hiring outside experts, and manage them as you do your own team: requiring accountability and commitment to specific goals.

**Implement a new technology or process.** Evaluate new, creative tools on the market, and integrate them into your team's efforts. Often, a vendor partner can help determine how to best use such tools at various times in the revenue process.

### Step 4. Reaggregate and Make It "Hum"

Now seamlessly put the pieces back together so all parts act as a whole again for the good of your bottom line. A few issues to watch for:

**Collateral issues.** Changing one process can affect related processes. Be sure all teams are on board, because a lack of buy-in will derail any process improvement.

**Related policies within the department.** While evaluating one process, take apart related processes, and make sure new processes work in lock-step with existing policies.

**Measuring the results.** Measure and document the process changes so you can forecast results daily, weekly, and monthly. Share the results graphically. If you need to make course corrections, base them on careful analysis so you don't fall victim to indecision.

### Resolving the Elusive 10 Percent

How long it will take to see results is different for every hospital and depends on the resources allocated. Too often, hospitals cut resources or chase small-dollar accounts in hopes that cost savings will follow. Instead, you should focus on the front-end root causes, break the process apart to fix it, and invest in creative solutions.

In the end, your new revenue cycle will make your organization more competitive among your peers and in today's unpredictable healthcare and economic environment.

Bio:

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This article is excerpted from *Revenue Cycle Strategist*, May 2010 ([www.hfma.org/rcs](http://www.hfma.org/rcs)). The complete article is accessible to subscribers of HFMA's *Revenue Cycle Strategist* at [www.hfma.org/rcs](http://www.hfma.org/rcs).

# HFMA's Peer Reviewed Designation

Helps You Purchase Smarter, Purchase Faster

The HFMA Peer Review process is a rigorous product and service evaluation program that significantly reduces risk and expands your purchasing options. Here are five reasons you should start your next purchasing process with HFMA Peer-Reviewed products and services: 1) Reviewers whose opinions matter HFMA Peer Review process is based on evaluations conducted by your fellow CFOs – healthcare professionals whose needs and concerns are similar to your own. No one is more qualified to cut through inflated marketing claims. The HFMA Peer Reviewed designation is your assurance that a product or service has proven its quality, value and ROI in healthcare environments like yours. 2) The due diligence you'd conduct if you had the time HFMA conducts a far more rigorous due diligence process than your time and resources allow. A thorough, 11-step screening process evaluates products and services against HFMA's high standards for effectiveness, quality, price, value and customer support. The process includes extensive surveys of current customers, as well as organizations that considered but ultimately decided not to purchase the product or service. The Peer Review team leaves no stone unturned during the evaluation process. 3) An impartial review process No matter how thorough your own due diligence process, it's difficult to get an impartial review of products or services you're considering. Vendor websites, literature and references are obviously biased to emphasize the positives, and discussions with your network of colleagues might not uncover product limitations, drawbacks or service problems. The HFMA Peer Review process challenges those claims. If a product or service doesn't deliver, it won't earn HFMA Peer Reviewed designation.

4) A better list of candidates In today's rapidly changing marketplace, it's challenging and time consuming to keep up with all the product and service options available. Moreover, you may be under-

standably reluctant to consider an unknown vendor, especially for a critical purchase. You may go back to the same vendors over and over simply because you're unaware of better alternatives or don't have time to check them out. Because HFMA's Peer Reviewed products and services have been so thoroughly vetted, you can consider new sources with confidence and widen your purchasing horizons safely. 5) Assurance of continued service and support HFMA Peer Reviewed status is not a once-and-you're-done designation. HFMA conducts an annual re-evaluation of Peer Reviewed products and services to ensure that they continue to meet the rigorous standards that secured initial approval. This is additional assurance of the vendor's long-term commitment to quality, effectiveness and customer support. The bottom line HFMA's Peer Review designation helps ensure that a product or service will do what it claims to do and will provide a solid ROI. It also documents that the vendor has demonstrated expertise in the healthcare industry and a strong reputation for integrity. For Gregg Beeg, CFO of Central Michigan Hospital in Mount Pleasant, Michigan, and HFMA Fellow, the HFMA Peer Reviewed credential carries tremendous weight in vendor comparisons. "It is exceptional the quality of the organizations that are granted and approved through the Peer Review process," he says. He calls the HFMA Peer Reviewed designation "a gold star benchmark that all of us in the healthcare industry can use."

Reduce risk and save time by starting your next purchasing process using HFMA's list of Peer Reviewed products and services. You'll find the complete list on the HFMA website at <http://www.hfma.org/Marketplace/Peer-Review-Products-and-Services/HFMA-Peer-Review/>.

by Mike Bartlebaugh Healthcare Finance Specialist  
First American Healthcare Finance, a Peer Reviewed service

## Excel Tips by Michael Pope

# Rounding

This is just a quick tip this month. As “numbers people”, we love to see the nitty gritty details. People who work with Medicare love to see things out to 6 decimal places on cost to charge ratios, etc. However, as we provide those in administration information, they don’t want to get bogged down in detail numbers but want the big picture.

The **=Round** function comes in handy to make the numbers more readable. Below is an example of changing the “Num\_Digits” argument and the impact it has on the result. Depending on your need, there’s also a **=roundup** and **=rounddown** function.

			<b>=Round(Num_Digits)</b>		
	Number	Num_Digits	=Round	=RoundUp	=RoundDown
Nearest 100th	123,456,789.1234	2	123,456,789.1200	123,456,789.1300	123,456,789.1200
Nearest 10th	123,456,789.1234	1	123,456,789.1000	123,456,789.2000	123,456,789.1000
Nearest whole number	123,456,789.1234	0	123,456,789.00	123,456,790.00	123,456,789.00
Nearest 10's	123,456,789.1234	-1	123,456,790	123,456,790	123,456,780
Nearest 100's	123,456,789.1234	-2	123,456,800	123,456,800	123,456,700
Nearest 1,000's	123,456,789.1234	-3	123,457,000	123,457,000	123,456,000
Nearest 10,000's	123,456,789.1234	-4	123,460,000	123,460,000	123,450,000
Nearest 100,000's	123,456,789.1234	-5	123,500,000	123,500,000	123,400,000
Nearest 1,000,000's	123,456,789.1234	-6	123,000,000	124,000,000	123,000,000
Nearest 10,000,000's	123,456,789.1234	-7	120,000,000	130,000,000	120,000,000
Nearest 100,000,000's	123,456,789.1234	-8	100,000,000	200,000,000	100,000,000

## 2010-11 Utah Chapter Officers & Board of Directors

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## 2011 Utah Chapter HFMA Sponsors

Platinum Level Sponsors - \$3,000 Annually



**2011 Utah Chapter HFMA Sponsors - Continued**

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## 2011 Utah Chapter HFMA Sponsors - Continued

Silver Level Sponsors - \$1,000 Annually (cont.)



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