Message From Your President
Submitted by: Nikki Graves

To all members and friends of the Southern Illinois Chapter of HFMA:

As we enter fall, the chapter teams are working on some great programs for our members and towards our strategic goals towards early careerists, physicians, and payors. Last month we had a very successful education and HFMA introduction to students studying healthcare administration and finance in Carbondale. It was the most attended student outreach so far and we were able to bring in quite a few early careerists to our chapter.

We will be having another Student Outreach on October 17 at HSHS St. Elizabeth’s in Belleville. We are always looking for chapter members who can provide a testimonial on the benefits obtained by being a member. If you are interested in participating in these, please reach out to Shirley Mason.

The chapter is also introducing a Physician Practice Lunch & Learn with its initial kickoff on October 25 and a second session on November 7 at SSM Good Samaritan Medical Plaza in Mt. Vernon. These programs will discuss MACRA and Clinic Workflows and Profitability Impacts.

Hope you also caught the Save the Date sent out. Our two-day education meeting is scheduled for November 16 and 17 in Shiloh. We have some great speakers and education set up and have focused the education on what our members have requested. We also have a great networking event (Casino Night) that will give new student members the opportunity to meet our chapter members.

Please don’t forget that we are collecting pet items and accepting donations in November for Companions Forever Rescue. They are always in need of supplies, so bringing a few cans of food, or donating $5 really goes a long way for this rescue that operates strictly on the generosity of others.

I’ve been enjoying time with my grandson and traveling on my scooter. When we have the time, we are motorcycling to the wineries to enjoy the Octoberfest activities. With the cooler days approaching us, I hope each of you takes the time to enjoy the fall. To me, Southern Illinois is never more beautiful than as the leaves are falling.

Nikki Graves
2017-2018 President
Southern Illinois Chapter
ngraves@touchette.org
2017-2018
CHAPTER OFFICERS

President
Nikki Graves
Revenue Cycle Director
Touchette Regional Hospital
PO Box 185
East Saint Louis, IL 62202-0185
Phone: (618) 482-7054
ngraves@touchette.org

Treasurer
Gregory L. Wright, FHFMA
Corporate Director of Finance
Southern Illinois Hospital
1239 E Main P.O. Box 3988
Carbondale, IL 62901-3114
Phone: (618) 457-5200 x67200
greg.wright@sih.net

President-Elect
Shirley D. Mason
Wakefield & Associates
551 Copper Meadows Lane
O'Fallon, MO 63368
Phone: (314) 435-3377
Shirley.mason@wakeassoc.com

Program Chair
Shannon Tesio, CHFP
(217) 710-8179
setesio@gmail.com

Secretary
Melissa L. Lucas, FHFMA
Director of Accounting/Payroll Services
Harrisburg Medical Center
PO Box 428
Harrisburg, IL 62946-0428
Phone: (618) 253-0278
mlucas@harrisburgmc.com

Past Chapter President
Jennifer K. Durham
Director PFS
Harrisburg Medical Center
100 Dr Warren Tuttle Dr
Harrisburg, IL 62946-2718
Phone: (618) 253-0221
jdurham@harrisburgmc.com

Where Passion Meets Purpose

www.sihfma.org *** Southern Illinois Share *** 2
Our Mission
Statement

Our Chapter’s commitment is to provide high quality, economical and accessible education necessary for professional growth; to give participants the opportunity to network with peers and excel in their careers within HFMA. Our Chapter provides member development through education, certification, and leadership training. The Chapter promotes the highest standards of professional and ethical conduct.

SAVE THE DATES FOR FUTURE EDUCATION OFFERINGS

♦ November 16/17, 2017
♦ Regency Conference Center, Shiloh, IL

☆ February 22, 2018
☆ Regency Conference Center, Shiloh, IL

◊ March 29, 2018
◊ SIH Corporate office, Carbondale, IL

During the August Education Session Nikki Graves, 2017-2018 President, presents Jennifer Durham with a plaque of appreciation for a very successful term as the 2016-2017 President.

The 2016-2017 awards presented to the Southern Illinois Chapter.

Silver Award for Education, Hottum Award for Educational Performance Improvement, Gold Award for Certification, Bronze Award for Membership, 3 Yerger Awards, 2 Multi-Chapter Yerger Awards

Congratulations
Providers have historically lacked control over the ability to tie meaningful quality metrics to reimbursement, and some would put this at the top of the list of issues that hamper their success. After all, it is the providers on the frontlines of care delivery who can truly manage medical costs and quality for patients, as they have a unique set of controls only they can execute.

Couple that desire for more control with the industry’s continual shift toward value-based care, and more and more providers are seeing the true value in assuming risk. Some are even wondering if they should launch their own health plans.

A provider-sponsored health plan (PSHP) represents the ultimate value-based care or risk arrangement. Simply defined, a PSHP is an organization of individual practitioners, ancillary service providers and/or hospitals that come together to design and run their own health plan. These provider PSHPs are completely responsible for all aspects of costs, quality, network configuration, benefit design and other activities associated with providing health insurance to their members. Those succeeding—well-known national players like Intermountain and Kaiser Permanente, regional leaders like Driscoll Children’s Health Plan in Texas and Alliant Health Plans in Georgia, and the more than 250 other PSHPs currently operating in the U.S.—have showcased the potential for upside rewards. PSHPs can also offer some distinct advantages over other types of health plans, such as more effective population health management. Some studies suggest that PSHPs are more efficient, paving the way for lower premiums and other incentives that benefit their members.

But let’s be frank: PSHPs are not for the faint of heart, and many of us remember PSHPs that failed in the 1990s. Becoming a traditional PSHP is a massive undertaking and requires getting to scale in a way that not all providers’ market dynamics will support. While some groups will decide to move forward with the creation of a full-blown PSHP, others will find they’re left with gaps to fill and aren’t quite ready. Yet, they still want to take on more risk. So then what?

**Evaluating Your Risk-taking Capabilities: Nine Critical Considerations**

Fortunately, advances in technology, business intelligence and information-sharing platforms are opening new opportunities for new PSHP players. There are more tools available today to help all types of health care organizations aggregate the necessary capabilities to design, build and successfully run a PSHP. The question, then, becomes which ones you have in house, and which ones you need to contract for or otherwise acquire.

Having had the opportunity to work for and alongside some successful PSHPs, we offer nine critical business considerations your organization needs to honestly discuss and deeply analyze to determine if becoming PSHP is a viable option for you.

A comprehensive feasibility analysis must answer tough questions. Specifically, we recommend that you:

- Identify the potential network size and types of providers you will need
- Evaluate your change management capabilities
- Analyze the organization’s market position and local competition
- Assess local payer reaction
- Gauge consumers’ buy-in
- Investigate your specific regulatory environment
- Consider costs and financial realities
- Evaluate different sales options
- Assess your insurance IQ

(Continued on page 17)
PLAN FOR CHANGE

Shape your future by collaborating with people who understand the financial, operational, and reimbursement needs of hospitals and health systems.
This year the Southern Illinois Chapter will be assisting the Companions Forever Rescue in St. Louis, MO. Beth Albus, Director, and her team of volunteers rescue pets and assist with placing them in forever homes. They are always in need of supplies. You are encouraged to support their rescue efforts by donating the following items:

- Purina ProPlan Chicken formula puppy and adult food
- Purina kitten and cat food
- chew bones and milk bones
- dog and cat treats and toys
- towels, sheets, blankets
- pet beds
- carriers and kennels
- leashes and collars
- liquid laundry soap, dryer sheets, paper towels and cleaning supplies
- gift cards for Target, Walmart, Lowes, Home Depot, Menards and PetsMart
- monetary donations (tax-exempt receipts will be available)

www.companionsforeverrescue.com
The chapter held an early careerist event on September 13, 5:00 – 7:00 pm on the campus of Southern Illinois University-Carbondale. Thirty-eight health care management students attended with three of those enlisted as distance learners via Zoom. Marcea Walter, MHSA, Assistant Professor of the Health Care Management Program, was instrumental in the student interest and success as she worked with the membership committee consisting of Shirley Mason, Chair, and Julie Aman, Co-Chair. Seven HFMA SI chapter members were present to tell their career story and speak individually to students. Forty-six people attended the session either in-person or via Zoom, making this the largest attended student event the chapter has held for early careerists.

The HFMA 101 power point presentation was shown. The presentation allows for students to hear about a variety of career opportunities within health care as well as learning about HFMA. Members with backgrounds in patient financial services, revenue cycle, finance, payers and vendors to health care were present. At the “tell your story” portion, the following HFMA chapter members spoke:

Shirley Mason, Regional Sales Manager, Wakefield & Associates; Membership Chair and President-Elect
Shannon Hartke, Corporate Director of PFS, Southern Illinois Healthcare
Jennifer Durham, Director of PFS, Harrisburg Medical Center; Past President
Nikki Graves, Director of Reimbursement, Touchette Hospital; President
Terry Swan, Provider Rep, BCBS of Illinois
Greg Wright, Corporate Director of Finance, Southern Illinois Healthcare; Treasurer
Julie Aman, Senior Healthcare Consultant, Anders CPAs + Advisors, Past Practice Administrator; Membership Co-Chair

The students asked questions of speakers during their “tell the story” segments and interacted with the speakers during the meal. Pizza, salad, and drinks were provided. Members wore “Ask my Story, Tell me Your Story,” HFMA buttons and HFMA attire as they mingled with students.

Several students completed the membership at the event with 13 students added to our chapter from SIUC. Two $50 Amazon eGift cards were randomly drawn from the new members and awarded.

Two faculty members have responded positively to their impression of HFMA and what we are doing engaging their students. The Health Care Management Program at SIUC is interested in a continued relationship between HFMA and students.
Save The Date

The Southern Illinois Chapter
Healthcare Financial Management Association Meeting

Networking Opportunity:
6:30-10:30 November 16, 2017
Casino Night!
tdimaria@credit-control.com

Save the Date: November 16 & 17, 2017

Location: The Regency Conference Center—Shiloh, IL

Cost:
1-Day Member $135
1-Day Non-Member $160
1/2 Day Member* $100

2-Day Member $250
2-Day Non-Member $295
1/2 Day Non-Member* $125

(*Half Day does not include lunch)

Topics include:
* Revenue Recognition
* Cost Reports
* Payor Panel
* Bundling Payments
* Data Analytics
* Illinois MCO Overview and Panel Discussion
* IPPS/OPPS update

Speakers include:
Chris Koopman—HFMA National
Paula Dillon—IHA
Samantha Olds—IHA
Matthew Angela—IHA COMPdata
Kim Byas—AHA Keynote Speaker

Save the Date:

February 22, 2018 HFMA Education Session, Shiloh
March 29, 2018 Education Session, SIH, Carbondale
Position Description:
The Billing Supervisor manages the billing, coding and collection of all patient accounts according to State, Federal, and third party payer guidelines. Maintains and stays up-to-date with office software applications to ensure accurate billing. Serves as the agency HIPAA Officer for Health Insurance Portability and Accountability Act. Coordinates Hospice of Southern Illinois contracted services.

Organization Overview:
Free standing, not-for-profit community-based hospice care serving 27 counties throughout Southern Illinois for over 35 years. Our mission is to enhance the quality of life for individuals and their loved ones touched by a terminal illness.

Job Type: Full Time/ Salary Exempt

Minimum Qualifications:

- Bachelor’s or Associate’s degree required in Business or Health related field.
- Two (2) years experience in a healthcare management/ supervisory position.
- Medicare, Medicaid and Private Insurance experience required.
- Hospice/Hospital billing experience.
- Knowledge and experience with software applications, including but not limited to, Microsoft Office.
- Familiarity with medical terminology.
- Supportive of hospice concept of care.
- Ability to function with minimal supervision.
- Excellent communication, organizational and human relation skills.
- A thorough knowledge and understanding of healthcare billing, reimbursement and certification requirements.
- Demonstrates competence in hospice regulatory compliance.
- Self-motivation, assertiveness, and independent decision making skills.

To apply, go to Hospice of Southern Illinois careers:
https://hospice.org/about-us/careers/
(EOE)

305 South Illinois Street, Belleville, IL 62220-2159 • 1-800-233-1708 • 618-235-1703 • fax: 618-235-3130 • www.hospice.org

Belleville Location 618-235-1703 • Marion Location 618-997-3030

www.sihfma.org *** Southern Illinois Share *** 9
NETWORKING AT THE CARDS VS PHILLIES GAME
Antelope Valley Healthcare District (AVHD) and Tri-City Healthcare District (TCHD) are similar in many ways.

- Both organizations are a political subdivision of the State of California with elected boards.
- One facility is in northern Los Angeles County and the other is in northern San Diego County.
- Both own and operate medium-sized hospitals with similar revenue bases.
- Both hospitals anticipate future capital needs related to seismic requirements in California.

However, the credit profile and financial needs for the two organizations are very different. Therefore, when the two organizations looked to refinance their existing debt, the solutions were unique.

AVHD’s primary asset is a safety-net hospital located in Lancaster, California, with a facility originally built in 1955. The hospital was renovated and expanded several times over the years, and it now has 420 beds. While the hospital has historically performed well financially, other challenges had adversely affected the hospital’s credit rating. In addition, the organization was obligor for several different bond issues, which created an administrative burden. Furthermore, the terms of the bond issuances created uneven debt payments including a $55 million bullet maturity due in 2017.

TCHD’s primary asset is a 397-bed acute care hospital in Oceanside, California, which originally opened in 1961. TCHD also has an auxiliary campus in Carlsbad, California. TCHD’s capital structure was less complicated than AVHD, but TCHD’s existing debt was put in place when the district was in a relatively weaker financial position. In the last two years, the hospital’s financial position and managerial structure stabilized, and TCHD was in a position to refinance its debt. The primary goal was to find a long-term financial solution with a financial partner that could accommodate future capital needs.

Neither AVHD nor TCHD were considered investment grade organizations by the credit rating agencies, but both districts had credit and market characteristics similar to low investment grade hospitals. Furthermore, a very favorable bond market made public bond issuance a viable option. Considering the financial profiles and goals, the boards and management at both hospitals saw the benefit of a multi-track financing approach. Both hospitals’ investment bankers worked to develop a process to pursue tax-exempt bond financing, as well as the Federal Housing Administration (FHA) Sec. 242 program. The benefits of the multi-track approach include:

- The risk of changing capital markets is mitigated. The timing to make a decision regarding a structure and lock in a rate is deferred so that the borrower can take advantage of the best option.
- If FHA approval or the ability to sell bonds becomes questionable, the project team maintains other viable options.
- Having multiple options allows a board to choose a structure that best meets long-term goals, even if price is similar.
- The project team can take advantage of overlap of analytical and legal work. Even though FHA and tax-exempt bonds are very different structures, the credit review and much of the legal due diligence is similar.

When using the multi-track approach, the logical starting point is the longer lead time option, which is usually the government agency program (FHA 242 in this case). Both AVHD and TCHD submitted preliminary review requests to the HUD’s Office of Hospital Facilities and received positive feedback. The next step in the FHA 242 process called for a pre-application meeting at The U.S. Department of Housing and Urban Development (HUD) headquarters. While feedback was generally positive, there were certain unique challenges for each district with respect to FHA 242 program requirements. However, the project teams
Looking for a Financing Solution  (Continued from page 11)

methodically proceeded with the next stage of the FHA process: preparation of the FHA 242 firm application. At this point, the project teams began preliminary work necessary for a tax-exempt bond issue. Fortunately, the firm application is a credit request package that includes much of the same due diligence necessary for a tax-exempt bond issue.

The Roads Diverge

As mentioned above, a primary emphasis for AVHD was cleaning up its capital structure, especially the need to reamortize a Series 2002 Bond issue, which had a $55 million bullet maturity due in 2017. For AVHD, timing and certainty of execution were key considerations. In early 2016, the FHA 242 process stalled because of management changes at the hospital, but the district remained in good financial condition. Fortunately, 2016 was a very favorable time for the tax-exempt bond market, as a strong economy, a lack of supply for tax-exempt securities, and an aggressive fixed income pricing environment presented an attractive pricing opportunity. In early 2016, the hospital’s investment banker developed a pricing scale for a proposed approximately $130 million bond issue and simultaneously held discussions with investors that might be interested in securities issued under an FHA insured mortgage scenario.

The estimated interest rate for the FHA 242 scenario was 4.85%, while the initial bond pricing scale showed an all-in true interest cost (TIC) of 5.0%. The FHA 242 loan program is limited to 25-year amortization, while the Series 2016 tax-exempt bonds would be limited to final maturity in 2046 (30 years), because of Internal Revenue Service (IRS) rules. Given the similarities in debt service, the remaining question related to covenants. One of the most attractive features of the FHA 242 program is the limited financial covenants, while public bond issuances tend to have covenants dictated by the strength of the market. In 2016, the fixed income environment presented an opportunity to structure bonds without onerous financial covenants. Of course, a fixed income bond offering would have liquidity and debt service coverage requirements, but the market allowed for favorable negotiations of financial measures and limitations.

Given the exceptionally strong fixed income market and uncertainty of the FHA 242, the project team focused on a tax-exempt bond structure, with a goal to refund all prior issuances. Once the decision was made, execution was quick. The process to develop bond documents and go to market took less than three

(Continued on page 13)
Looking for a Financing Solution (Continued from page 12)

months. Pricing for the bonds was favorable, with a final all-in TIC below 4.90%, which was equivalent to the interest rate under an FHA scenario at the time. In addition, the financial covenants were loosened and unified. Previously, the District’s numerous bond issues had separate covenant reporting requirements, and meeting the liquidity covenant was often a challenge because of the vagaries of government health care reimbursement programs. The new structure provides more flexibility.

For TCHD, timing was less of a driving factor, as the existing debt structure was manageable. However, the board and management recognized an opportunity to improve its financial profile and prepare for capital projects in coming years. One attractive feature of the FHA 242 program is a straightforward process for issuing supplemental loans. That is, gaining approval for the initial FHA 242 loan can be a challenge, but established participants in the program often utilize the FHA supplemental loan program (known as 241) to fund projects in stages. By contrast, the ability to issue future tax-exempt debt in the public bond market is less certain. Market forces dictate pricing and covenants, and there is no guarantee that the appetite for non-investment grade fixed income securities will exist when capital is needed. Both AVHD and TCHD will need capital to meet state-mandated seismic requirements by 2030. However, the needs at TCHD are somewhat more extensive. Therefore, the clarity for future debt issuance offered by the FHA 242 program was an important feature. In addition, TCHD’s management and board had experienced first-hand the challenges of issuing debt in an unfavorable environment. Years ago, TCHD was forced to refinance its debt at a time when the market was weak and the hospital was experiencing financial challenges. The resulting structure required TCHD to hold $51 million of cash as collateral.

Based on its expected needs and previous experience, TCHD’s management and board worked with its investment banker to patiently proceed with the FHA 242 application. The process was delayed by a peculiar legal issue with a local developer, but FHA

(Continued on page 16)
By training coders who already are on staff, hospitals leverage institutional knowledge and build career paths.

Changes in payment policies, laws, and regulatory oversight are forcing healthcare organizations to respond to increased regulatory scrutiny and audits. Medicare audits have increased by 936 percent in the past five years (Roche, E.M., PhD, JD, "Medicare Audits: DRG Downcoding in Hospitals: Algorithms Substituting for Medical Judgment Part I," RACmonitor, Sept. 14, 2016.) Ad hoc inpatient audits are no longer enough of a defensive strategy. Robust internal auditing programs are becoming a must for inpatient organizations.

Building a team of internal inpatient auditors empowers revenue cycle leaders to proactively validate coding, determine compliance with regulations, and analyze clinical documentation.

This is a sample article from HFMA's Revenue Cycle Strategist. Learn more and subscribe.

How can revenue cycle leaders staff this highly technical team? The best candidate pool for internal inpatient auditors is already within hospitals and health systems. By training the coders who already are on staff, hospitals leverage institutional knowledge and build a secure career path for internal talent. However, not all coders make great auditors. Here are the skills and qualities to look for as you consider which coders should advance into the internal inpatient auditing role.

What Makes a Good Inpatient Auditor?

Inpatient auditing is the next step in an inpatient coders' career. Determining whether coders have the right skills requires understanding the demands of the job.

Internal Inpatient Auditor Roles

Coder. Coding is the foundation for inpatient auditing. As such, candidates must excel in coding, particularly in ICD-10. They should meet or exceed their organizations' quality and productivity standards. In addition, the majority of healthcare hiring managers recommend that candidates have a minimum of three years of experience in acute inpatient coding before transitioning to auditor positions. For otherwise qualified candidates who need to boost their coding acumen, revenue cycle leaders can provide additional ICD-10 and PCS education.

Investigator. Auditors serve as investigators. They review supporting documentation and clinical results to confirm accurate code and DRG assignments. Simultaneously, they validate assignment of present on admission indicators for all diagnoses and look for missing information.

Problem solver. Auditors are problem solvers. When conducting audits, they identify and classify various problems and recommend appropriate solutions. Auditors make recommendations regarding education and training to

(Continued on page 18)
INTRODUCING

HFMA CERTIFIED TECHNICAL SPECIALIST PROGRAMS

TECHNICAL EXPERTISE FOR MANAGERS AND DIRECTORS

Never has technical expertise been more important than in today’s complex healthcare operating environment. With the rapid pace of change, it’s critical to keep skills sharp and stakeholders aligned. So HFMA’s made it easier…with three on-line, self-paced comprehensive certification programs to earn the CTS designation and CPE credit. No prerequisites required.

Get certified. Earn your CTS designation today.

To learn more about these new HFMA certification programs, contact HFMA’s Career Services Dept. at careerservices@hfma.org.

GROW YOUR CREDIBILITY. ADVANCE YOUR CAREER. CHOOSE FROM:

**Accounting & Finance**
Gain critical technical competencies for effective decision support in all areas of healthcare management, compliance, and development.
Designed for accounting professionals in healthcare finance.
(CPE credits: 15)

**Managed Care**
Learn the “nuts and bolts” of managed care with a thorough primer on challenges posed by healthcare reform. Designed for managed care professionals as well as hospital or health system-based managers and clinicians.
(CPE credits: 12)

**Physician Practice Management**
Explore best practices for hospital-physician practice alignment to excel in a value-based payment and population health management structure. Designed for financial professionals in both independent or integrated healthcare delivery system group practice settings.
(CPE credits: 12)

Visit hfma.org/cts for more details.
representatives worked with the hospital to get comfortable with the solution. In the end, the FHA 242/223(f) loan closed with an excellent rate, and the district now has the long-term capital partner that it was seeking.

The AVHD and TCHD examples demonstrate the value in keeping financing options open as long as possible. Two organizations that are quite similar on the surface can have very different needs and the capital funding solution needs to fit. Furthermore, market conditions can change quickly; the solution that seems best today might not be the best in three to six months. Because non-investment grade tax-exempt organizations are particularly vulnerable to market conditions, boards and management should regularly consult a financial advisor when contemplating a capital funding or refinance opportunity.

Jason Dopoulos is a managing director with Lancaster Pollard in Columbus and Ritchie Dickey is a vice president with Lancaster Pollard in Atlanta. Reach them at JDopoulos@LancasterPollard.com and RDickey@LancasterPollard.com
Accurately and objectively analyzing these considerations is crucial to gauging the potential success of your risk-taking endeavor and determine whether and how to ultimately move forward.

For those groups who identify capability gaps and aren’t sure how to fill them, partnering with a third party could be a viable option.

A partnership with a traditional commercial payer, for example, can offer the license, capital, scaled infrastructure and expertise that eases your own administrative burden, and can provide advanced regulatory knowledge and insight. Such an arrangement requires careful consideration of the potential partner, as some provider independence will necessarily be lost. It’s also important to consider how any new arrangements could impact your strategic relationships with other payers in your local market.

Industry Shifts Pave Way for Emergence of Neutral Payers

Other options have emerged as the health paradigm has shifted. While we’re conditioned to think of payers as either state or federal government or the historical private commercial types, a new third category of payer has emerged in recent years. Purpose-built for a value-based care paradigm and for data-driven population health initiatives, these “neutral payers” have collectively raised $1 billion in capital to solve the unmet needs of providers and patients. Neutral payers offer a different approach for providers who might not be ready to launch their own PSHP and aren’t keen on partnering with a traditional payer. Some key advantages and benefits to partnering with a neutral payer include:

- Innovative consumer technology
- Collaborative mindset and a desire to disrupt legacy incumbents which may lead to more favorable deal terms for providers
- Customizable approaches, such as cobranding or white labeling insurance plans with provider systems that have prominent brands
- Openness to exclusivity because there is no historical relationships to maintain
- Robust change management capabilities combined with on-the-ground physician and staff training and reinforcement
- A third party’s ability to ensure incentives align with your physicians’, staff’s, and overall business’s needs and goals

There are also potential challenges. Most neutral payers lack the brand recognition of their larger counterparts. Some have less of a track record and balance sheet, creating uncertainty about their longevity.

The good news is that after you conduct your feasibility study and weigh the advantages and benefits against challenges, you will be steeped in critical value-based care information and ready to take on greater amounts of risk, either on your own or with a partner. And for those groups that decide to pursue a full-blown PSHP or partner with a traditional or neutral payer, you’ll have much of the information you need to fine-tune your risk-taking appetite.

John Tam is Executive Vice President of Strategy and Ken Wood is Senior Vice President of Health Plan Development for Evolent Health. Reach them at JTam@EvolentHealth.com and KWood@EvolentHealth.com.
resolve problems and shortcomings they uncover during audits. Auditors also may discover incomplete documentation while conducting audits and can make recommendations for clinical documentation improvement.

**Appraisers.** Auditors act as appraisers, using their knowledge of healthcare law, coding guidelines, compliance regulations, and documentation requirements.

**Analyzer.** Inpatient auditors move to fulfill the role of data analyzer. Once inpatient auditors have completed audits on statistically significant numbers of records, they view the results of audits at a high level, look for patterns, and identify coding and documentation improvement opportunities. This requires analytical skills, working knowledge of the financial impact of any changes recommended because of the audit, and the use of calculations and tools to create tables and formulas.

**Communicator.** Auditors communicate audit results and recommendations. Determining the skills needed for this communicator role will depend on a hospital’s auditor responsibilities. Some organizations only have their auditors report findings to their supervisors and coders, while others have auditors prepare reports that will be edited and presented to directors and C-level team members.

What Questions Should You Ask?

Identifying ideal candidates for auditing positions is not as straightforward as you may think. Aside from the obvious need to have credentials in health information management and coding, successful auditors possess other skills. Revenue cycle leaders should cover the following points during auditor interviews.

**Coding accuracy.** What are the candidate’s coding accuracy rates? Qualified candidates should have both high accuracy and productivity. Using a tool to test coding skills and guidelines is recommended to ensure all candidates receive equal assessment.

**Knowledge base.** Does the candidate have a good grasp of the official coding guidelines? Ask about knowledge and experience, including the American Hospital Association’s Coding Clinic publications.

**Communication skills.** Can the candidate convey a written and verbal message clearly and concisely? Would you feel confident asking the candidate to present audit findings? One way to assess this is to have the candidate read a paragraph or document and then summarize relevant information in three to five bullet points.

**Maturity.** Can the coder remain fair and objective when auditing the work of former colleagues? Ask the candidate to provide at least one experience in which he or she exercised conflict management skills.

**Technical skills.** Does the candidate have the technical skills to get the job done? Ask the candidate to audit at least 10 randomly selected records, summarize the findings, and verbally present the results to the interview team, including the director of health information management and the coding manager. Keep in mind that not all good coders make good auditors. Analytical thinking and investigative abilities are critical to auditing success.

Tips for Transitioning Coders

Transforming coders into auditors will require additional training and education. Whether hospitals develop their educational programs in-house or purchase online programs, curriculum should cover specific hard and soft skills needed to succeed.

First, begin training with refresher courses that ensure foundational skills such as coding and compliance. At the core of transition plans should be audit education, including hands-on training that instructs coders on what to look for during audits and where to find it; how to capture audit findings; how to objectively analyze findings; and how to synthesize findings into meaningful, actionable recommendations.

Training also should prepare auditors for the roles they will fill beyond the hard skills of coding and auditing. These vital soft skills include communication, problem-solving, decision-making, critical thinking, analytical thinking, and high-level thinking skills. In addition, make sure auditors have the integrity to perform objective audits of previous coworkers’ work.

(Continued on page 20)
August 24, 2017 Education Seminar at the Regency Conference Center in Shiloh, IL

Guest speakers shared a vast wealth of knowledge with attendees.

There is always plenty of food and drink at lunch and during breaks.

Participants look forward to an attendance prize drawing at the end of the day.
Although coders may excel at using the software they currently use on the job, they may need additional software training such as the Microsoft Office suite. Audit results are generally captured with an audit worksheet that is likely an Excel spreadsheet.

Furthermore, PowerPoint training may be useful for communicating the results of audits to various levels of management throughout the organization.

Lastly, auditors will need to learn conflict management skills, especially if they are expected to present findings to previous co-workers. The ability to listen and act objectively will be critical.

These new skills and roles provide an exciting next step for an experienced, inpatient coder. When the right coder is prepared with the correct knowledge and skill set, both the individual and the organization will experience success.

Laurie A. McBrierty, MLT, ASCP, is vice president of product management at Career Step.

Dee Lang, RHIT, CCDS, is a health information management and technology consultant with Dee-L & Associates.

Published in HFMA’s Revenue Cycle Strategist, March 2017
## PLAN AHEAD IN 2018

<table>
<thead>
<tr>
<th>Leadership Training Conference</th>
<th>Annual National Institute</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 16-18, 2018 New Orleans, LA</td>
<td>June 24-27, 2018 Las Vegas, NV</td>
</tr>
</tbody>
</table>

---

Kerber, Eck & Braeckel LLP

1116 West Main Street
Carbondale, IL 62901

Mark W. Dallas
Partner

Amber Halstead
Partner

Anna Guetersloh
Partner

618.529.1040
www.kebcpa.com

CPPAs and Management Consultants

www.sihfma.org *** Southern Illinois Share *** 21
Hello Valued Member!

Have you renewed your HFMA membership? I think you’ll agree that as a healthcare professional HFMA provides many valuable benefits and services.

If you’ve overlooked this will you please take a moment today to renew? Here’s your link to renew:

https://my.hfma.org

Click on Membership and then renew.

Please feel free to give me a call at 314-435-3377 if you have any questions at all.

Sincerely,

Shirley Mason,
Your Southern Illinois Membership Chair

Shirley.mason@wakeassoc.com
Fall President’s Meeting
Submitted by: Nikki Graves

In Dallas from September 17 thru September 19, 2017, all HFMA Chapter Presidents, President-Elects, Regional Executives, and many National members convened for the Fall President’s Meeting. We were provided a summary and brief demo of the Event Management System that is expected to begin roll-out soon. In addition, updates from National and an update for Chapters 2.0 were given to our group. The software program HFMA has contracted for will provide tools to collect and report to national that is now being done manually by our volunteers. The hope is to relieve some of the time burden for our officers in registration, reporting education hours, compiling survey data, and many other responsibilities.

Region 7 Meetings were conducted during these days and we were able to share ideas on innovation and upcoming meeting content. Later, our chapters shared the successes and challenges facing our chapters. We were able to spend some valuable time just networking and getting to know each other, building on our relationships so we have a team to come to for any challenges we might face during our year.

We are working on a Joint Fall 2018 Meeting which will be in South Bend Indiana. We will be employing an event planner for the meeting to help us. The meeting will be set around the home Notre Dame/Stanford Football game in September. More information will follow as we confirm our arrangements.

Finally, our Region 7 Operating Agreement was updated for the year.
Healthcare organizations should be doubling down on patient retention, or keeping patients loyal to their health system, now more than ever. During the last few years, many providers have likely experienced higher inpatient volumes from newly insured Americans taking advantage of healthcare services for the first time; but as inpatient volumes stabilize—and perhaps even trend downward—healthcare organizations must consider ways to encourage patients to return to their system when they need care. Offering and promoting long-term financing to help patients pay their cost of care is a proven way to capture consumers, creating satisfaction and loyalty, according to the 3rd annual Healthcare Consumerism study from ClearBalance®.

ClearBalance has partnered with hospitals and health systems nationwide since 1992, providing consumer-centric affordable care while improving net recovery of patient pay and overall financial performance. The Healthcare Consumerism study measures patients’ loyalty and satisfaction with the program, along with their perception of the healthcare organizations that provide long-term financing and their attitude about healthcare costs in general. These are the results:

More than 4,000 patients from ClearBalance healthcare provider partners completed the survey. Healthcare cost was an undeniable concern—a recurring pattern with this study. Ninety-two percent of respondents say healthcare is a big-ticket expense that requires long-term financing of 12 months or more. Eighty-one percent say cost is a factor when selecting a physician, and 84 percent say the same when choosing a healthcare provider—both slight increases from last year’s percentages of 79 and 81, respectively.

Thirty-two percent of this year’s survey respondents say they would delay care if a loan program wasn’t made available to them, and 73 percent are more likely to ask about their cost of care up front. The availability of a loan program is critical in their decision-making process.

Almost all (97 percent) survey respondents say that a healthcare provider offering the ClearBalance program provides a community benefit. Ninety percent will likely return to a healthcare provider that offers the loan program, and 88 percent say they will likely recommend the healthcare provider to friends and family.

“Satisfaction and loyalty ratings consistently in the 90th percentile is a strong indicator the ClearBalance offering is a strategic asset for healthcare organizations,” said Cynthia Porter, president of the healthcare market research firm Porter Research, which conducted the Healthcare Consumerism study again this year. “The above average response rate we see for this survey year-over-year demonstrates a committed following. This is an engaged consumer population willing to convey their continued positive perceptions of the ClearBalance program.”

Slightly more than half of survey respondents report their annual insurance deductible to be between $1,001 and $3,000. Seventy-two percent depend on their employer-provided insurance to help cover medical costs. No matter the cost, a loan program helps to fill the gap for out-of-pocket expenses, especially when they’re unexpected.

“Consumers expect quite a bit from hospitals for their clinical and financial needs,” said Marilyn Koczan, Senior Vice President of

(Continued on page 26)
Don’t miss the Consumerism Symposium in Chicago on Nov 2 & 3.

Earn 6.5 CPE credits and learn why putting the patient first in the financial process will set you apart. Learn best practices from hospitals who are leading the charge.

There will be four exciting keynote speakers including Joe Fifer, President & CEO of HFMA, plus roundtable discussions to talk to other executives.

Only $149 to register which includes one night hotel stay. For more info and to register click here.

Upcoming Live Webinars

Oct 19: Engaging Patients on Their Channel of Choice – A Practical Approach to Consent and Performance

Oct 24: Data-Driven Technology: Putting the Patient First

Nov 7: Conquer the Top Five Workforce Management Challenges

Nov 9: Leveraging Operational Insights and Analytics for Bundled Payment Success

Nov 16: Integrated Strategic Financial Planning at University of Kentucky Healthcare

Nov 30: 2018 Final Rule Changes to Outpatient Payment systems and Ambulatory Surgery Centers

Webinar times and summaries can be viewed by clicking here.

HFMA offers many On-Demand Webinars free to members. A list of topics can be viewed by clicking here.
Healthcare Consumerism Study (Continued from page 24)

Revenue Cycle Operations at Hackensack Meridian Health. “You can really spoil a great clinical experience when you present the patient with a large bill. At least the younger generations today understand they have a financial obligation and want to pay their bills. Being able to offer the ClearBalance program creates a very positive experience for the patient.”

“I really appreciate the service that ClearBalance provides,” said a survey respondent. “Even with stable employment and a health savings account, the cost of maternity care blew us out of the water.”

Study findings are reinforced by repeat program use. Payment plan balances have increased from an average of $1,500 in 2014 to $1,660 in 2016, and the average requested repayment time frame is now about 24 months versus 18 months three years ago. While some of these increases relate to higher patient pay balances, much of this can be attributed to patients becoming captured (repeat) customers, of healthcare organizations. Patients are adding and consolidating new balances not only for themselves, but also for their spouse and dependents as a matter of convenience.

The overwhelmingly positive feedback in this year’s survey responses proves that there is a high degree of loyalty and satisfaction with the ClearBalance program and the services it provides. This goodwill also extends to healthcare providers that offer the ClearBalance program.

ClearBalance’s attention and focus to managing only healthcare-related accounts is evident in continued high performance and satisfaction scores, as noted in this year’s survey findings. Of the survey respondents who have called the ClearBalance Patient Experience Center to ask questions about their account, 95 percent were very satisfied with the customer service they received.

The ClearBalance online patient portal enables patients to check their account balance, make a payment or update their information at their convenience. Eighty-eight percent of respondents, a three percent increase from last year’s results, utilize this service to keep their healthcare financing in order.

“I am a financial counselor at a local hospital. I meet with patients daily to set up payment arrangements. I am thankful for ClearBalance so I didn’t have to use my credit card,” said a survey respondent.

The ClearBalance program enables patients to easily pay their medical costs and engenders loyalty, positioning the individual health systems ClearBalance partners with as the care location of choice in their community. The need for patient financing is there, and ClearBalance has been partnering with health systems nationwide to fill that need for 25 years.

Bruce Haupt is responsible for the corporate direction, strategy and overall business performance of ClearBalance® as the President and CEO. Reach him at bhaupt@clearbalance.org.
Who should attend? Physicians and Non-Physician Providers, Office Managers, Practice Administrators, Nurse Managers, Clinic Team Leaders, CFOs

**October 25, 2017**
11:30 am – 1:00 pm
SSM Health Medical Plaza
2 Good Samaritan Way,
Mt. Vernon, IL
St. Clare Classroom

MACRA: What Every Clinician Should Know
⇒ Learning from 2017
⇒ Value-based physician compensation
⇒ Questions for leadership
⇒ 2018 Readiness

[Click to register](#)

**November 7, 2017**
12:00 – 1:00 pm
SSM Health Medical Plaza
2 Good Samaritan Way,
Mt. Vernon, IL
St. Clare Classroom

Clinic Workflow and Profitability Impacts
⇒ Where to start
⇒ Techniques and tracking
⇒ Bottom-line considerations
⇒ Implementation and Success

[Click to register](#)

Guest Speaker: Julie K. Aman, CMPE, CRCE-I

As a Senior Health Care Consultant in the Anders Health Care Services Group, Julie brings over 20 years of industry experience. She focuses on improving processes for physician practices. Julie has experience in project management in hospital departments, quality metrics, integration of physicians to hospital-owned practices, provider contracting, credentialing and benchmarking, daily operations and process improvement.

**Speaker and Lunch provided as a courtesy of HFMA Southern Illinois Chapter**
Through the generosity of these HFMA Southern Illinois Chapter sponsors we are able to provide our members with educational seminars and networking activities. We wish to recognize and thank them for their support in 2017-2018.

**PLATINUM**
Clifton Larson Allen

**GOLD**
Anders CPAs + Advisors
BKD CPAs & Advisors
Experian Health
Kerber, Eck & Braeckel
RSM US LLP

**SILVER**
Eide Bailey
The Law Offices of Jay B. Umansky

**BRONZE**
Avadyne Health
Credit Control, LLC
Eagle Recovery Associates, Inc.
HCFS, Inc.
Magnet Solutions
Midwest Health Care, Inc.
Pro Com Services
Wakefield & Associates

THANK YOU
2017-2018 SPONSORS

Southern Illinois Chapter Share
Published quarterly in January, April, July, and October

Editor
Barbara Johnson
618-899-1498
Barbara.A.Johnson@ssmhcc.com

Assistant Editor
Kristie Snyder
618-239-6000
kms051@lionmail.lindenwood.edu

Sponsorship
Jon Waitukaitis
314-655-5508
jwaitukaitis@anderscpa.com

Submitted articles should be written in a clear, concise style and submitted in a Microsoft Word document. Please include a suggested title for each article. Tables, charts and graphs are encouraged and requested in a PDF or JPEG file. Authors should include their full name, academic or professional titles, academic degrees, and professional credentials.

HFMA members who have articles published will receive two points toward earning the HFMA Founders Merit Award.

**2017-2018 Submission Deadlines:**
December 1, 2017
March 1, 2018
June 1, 2018

The statements and opinions expressed in this publication are those of the author and do not necessarily reflect the views of Healthcare Financial Management Association, Southern Illinois Chapter, or the editor. Paid advertising is an informational service for the Southern Illinois Chapter members and does not constitute an endorsement by the editor or HFMA leadership at the chapter or national level. The editor reserves the right to edit material and script, as well as reject contributions.

HFMA Southern Illinois Chapter website can be viewed by clicking here.