Oregon Chapter of HFMA

PIPELINE

Volume 17, Issue 1 • Winter 2013

In this issue

President's Message

Are you ready for change?

Is your organization going to be offered and available to customers on the Oregon health insurance exchange? While the exchange will not be live until Jan. 1, 2014, the rules are being written as I type this message.

There were 14 organizations that filed non-binding letters with the state to participate on the exchange. Is your organization in discussions today with these organizations? What will each of these organizations be offering? Individual and small group products, just individual or just small group? At what rates will these organizations reimburse your organization? How will they market their producst and how will those products differ from what patients/members have today?

All these questions need to be answered by May 2013, because by then the rules should be finalized and the 14 organizations that signed those non-binding letters will be asked to sign binding letters.

Luckily for you and your organization, Oregon HFMA has two conferences coming up before the end of May. They will be an excellent source of real-time information for you and your organization.

In addition to preparing your organizations for 2014, Oregon HFMA is always looking for more excellent volunteers. There are volunteer opportunities available to help Oregon HFMA deliver quality education and information to our local members. If you are interested, please contact me, Aaron Crane or Ben Shah about becoming involved.

I look forward to seeing everyone in two weeks at the February conference.

Respectfully yours,
Dustin Taylor
Oregon President 2012–13

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Make social networking count: Connect with HFMA National

Social networking continues to increase in popularity and importance. You may have a Facebook profile, a LinkedIn page, or a Twitter account — and so does HFMA National.

Whether you want to connect with a specific HFMA forum group or need general information, use HFMA National's official social networking site at **www.hfma.org/chapter_resources/socialnetworkinglinks.htm** to make your social networking profile count, and get connected with us!

Follow us on Facebook and Twitter!

Click on the logos to learn more.

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Please send information and articles for upcoming issues to:

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Pipeline is the official newsletter of the Oregon Chapter of the Healthcare Financial Management Association. Our objectives are to provide members with information about chapter and national HFMA activities and to provide a forum for reporting state and national issues relating to the healthcare industry. Opinions expressed in articles are those of the authors and do not necessarily reflect the view of the Oregon HFMA Chapter or its members. The editor reserves the right to edit material and accept or reject contributions, whether solicited or not. All correspondence is assumed to be a release of information for publication unless otherwise indicated. Editor: Chris Brazil

Fall certification class grows into well-attended, multi-chapter webinar

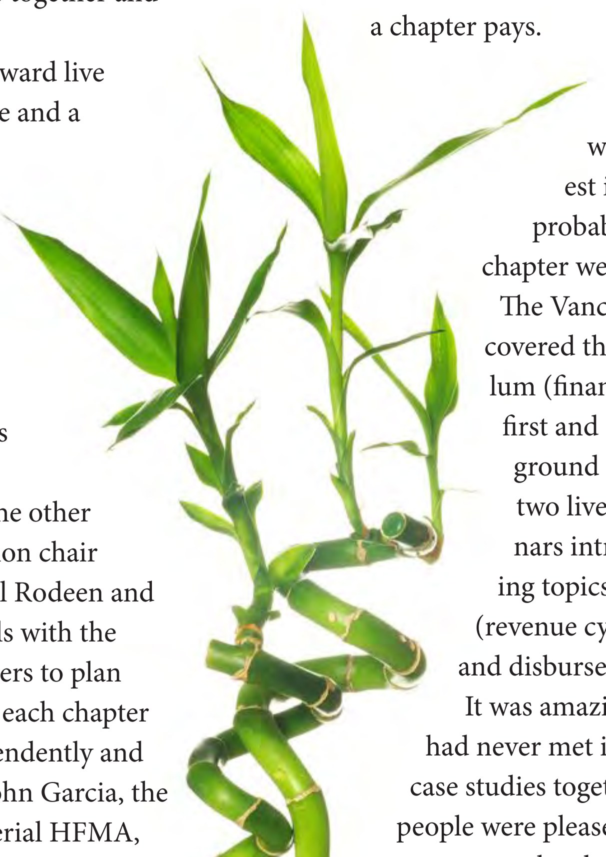
By Christoph Stauder

All of you received an email announcement in August inviting you to the certification class at the Oregon-Washington/Alaska HFMA meeting in September and the certification webinars in October. I thought you might enjoy hearing how this training came together and how the classes went.

What started out as two straightforward live sessions in Vancouver and Anchorage and a couple of add-on webinars turned into a much bigger undertaking when four of the other chapters in Region 11 — Nevada, Hawaii, Southern California and San Diego-Imperial — decided to join, and the center of gravity of the certification training shifted from in-class sessions to the webinars.

After receiving a green light from the other chapter presidents, Oregon certification chair Liana Hans, Oregon co-chair Michael Rodeen and I organized a series of conference calls with the certification chairs of the other chapters to plan the webinar training. We agreed that each chapter would announce the webinars independently and set up its own registration process. John Garcia, the certification chair of San Diego-Imperial HFMA, volunteered to host the webinars using GoToMeeting, a popular webinar platform. I took on the job of printing and mailing most of the Participant Guides to Oregon and Washington-Alaska registrants, with other chapters handling their own printing and distribution.

Oregon HFMA is the most generous of the Region 11 chapters in covering members' costs of certification. The webinars, the HFMA online study guide, and the exam are all free to Oregon HFMA members. The other chapters tie payment to passing the exam. All of the chapters adopted Oregon's study agreement in which members promise to participate in the training, study for the exam and take the exam by a certain date. What surprised us was how much interest there is in certification regardless of how much of the cost a chapter pays.



Attendance at the webinar by chapter:

- Alaska — 21
- Hawaii — 11
- Nevada — 19
- Oregon — 28
- San Diego — 8
- Southern California — 42
- Washington — 42

A total of 171 members signed up for the classes or webinars, in what surely must be a record interest in certification in the Region and probably one of the best-attended multi-chapter webinars in HFMA history.

The Vancouver and Anchorage classes covered the first half of the HFMA curriculum (financial reporting and budgeting).The first and second webinars covered the same ground for those who couldn't attend the two live classes; the third and fourth webinars introduced participants to the remaining topics of the certification practicum (revenue cycle, internal control, contracting and disbursements).

It was amazing to watch participants who had never met in person role play and work on case studies together. The evaluations showed that people were pleased with the format and content of the classes, with participants agreeing that "The practicum gives me a better grounding in health care finance," and "The practicum inspires me to become a CHFP."

Teaching the fundamentals of health care financial management to finance and revenue cycle professionals can be a challenge because each group has different skills and learning needs; topics that are difficult for one group may seem "old hat" to another. I try to liven up the training by interspersing lectures and case studies.

Fall certification class grows

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The next sets of webinars are for Florida in February and South Texas in March. Please send me an email if you would like to participate in any of these sessions.

Other organizations with certification programs

For those currently preparing for the CHFP exam or those simply interested in knowing more about certification, I offer this completely useless information, gleaned from the Internet (and thus of course true):

Colorado Funeral Service Board

"The Colorado Funeral Service Board (CFSB) — previously called the Mortuary Science Commission — was created in 1982 by the funeral service industry to promote professionalism under a voluntary system of certification, registration and the development and maintenance of standards. Individuals may apply for certification based on sufficient education, training and experience and must agree to maintain the standards and ethics of the CFSB. Participation in the CFSB's professional certification program is strictly voluntary. By maintaining strict standards, CFSB certification is recognized by other state licensing boards for reciprocal requirements."

National Recreation and Park Association

Certifications available through the National Recreation and Park Association include:

"The aquatic facility operator (AFO) is a state-of-the-art certification for pool operators and aquatic facility managers. More than 16,000 aquatic facility operators have gained certification in the program's 16 years of existence.

"The certified playground safety inspector (CPSI) provides the credentials to inspect playgrounds for safety ensuring that each playground meets the current national standards set by the American Society for Testing and Materials and U.S. Consumer Product Safety Commission."

Northwest Polygraph Examiners Association

"To qualify for certification as a certified polygraph examiner (CPE) by the Northwest Polygraph Examiners Association the applicant must meet the following qualifications:

- "The polygraph examiner must have graduated from a polygraph school recognized by at least one of the national polygraph organizations represented at the Kansas City National Certification Organizational Program in Kansas City in 1994.
- "The applicant must be of sound moral character. Further, the applicant must abide by federal, state and local laws regarding polygraph and its use."

National Resume Writers' Association

"Don't wait another year! Seize this opportunity to enhance your career and promote your credibility as a nationally certified resume writer (NCRW).

"Establish your credibility in the industry. Become a Nationally Certified Resume Writer and take charge of your career.

"Preparing for and passing the NCRW certification exam associates you with the National Resume Writers' Association's standards of resume excellence, which reflect sales-focused, relevant, succinct career search documents that are quality oriented and visually appealing.

"Perfection is our goal. Excellence will be tolerated.'

If you know of other unusual certification programs, please send me an email and I will publish them in a future issue of *Pipeline*.

Legacy Good Samaritan Medical Center Awarded 2012 MAP Award for High Performance

The Healthcare Financial Management Association announced the winners of the MAP Award for High Performance in Revenue Cycle this past June at ANI, HFMA's 2012 National Institute in Las Vegas. Winners were recognized at ANI and their achievements shared with three major rating agencies: Moody's Investor Services, Standard and Poor's Corp. and Fitch Ratings.

HFMA's MAP Award for High Performance in Revenue Cycle recognizes health care organizations that demonstrate excellence across all the MAP key indicators of revenue cycle performance. Winners show innovative and effective revenue cycle practices that deliver sustainable financial performance. More than 160 organizations downloaded the application for this year's award.

Joseph J. Fifer, HFMA's president and CEO, said, "Winners of the MAP Award for High Performance demonstrate leading revenue cycle practices that set the bar for the industry and, ultimately, enable better patient care."

Legacy Good Samaritan Medical Center was among the winners of the 2012 MAP Award for High Performance. Dustin Taylor, president of Oregon HFMA, said, "We're delighted to recognize Legacy Good Samaritan as a local hospital that has met the rigorous standards required to meet this accomplishment. Join us in celebrating this honor and taking a moment to learn, from this nearby hospital, best practices that have help it achieve success."

To learn more about the MAP Awards, including how to apply for the 2013 MAP Award for High Performance (deadline: Feb. 28, 2013), go to **www.hfma.org/mapawards** or contact Alexandra Karoubas at 708-492-3323 to request MAP Awards brochures.

TriWest Creates Transition Claims Processing Matrix

On April 1, the managed care support contract for the TRICARE West Region will transition to UnitedHealthcare Military & Veterans. TriWest Healthcare Alliance will remain the TRICARE West Region managed care support contractor through March 31.

TriWest has created a transition claims processing matrix to help providers determine how to submit claims based on dates of service, admit and discharge dates, and the date the claim or adjustment was received.

If you have identified any TRICARE West Region claims issues, please submit them as soon as possible. Registered users of TriWest.com can submit claims issues online using online claims correspondence or Webmail.

Visit the Transition Update Center at **www.TriWest.com/provider** to find important information regarding the TRICARE West Region transition on topics such as:

- Referrals/Authorizations
  http://tinyurl.com/pipeline-win13-1
- Claims/Payments
  http://tinyurl.com/pipeline-win13-2
- TRICARE West Region Contract
  http://tinyurl.com/pipeline-win13-3
- Transition Frequently Asked Questions
  http://tinyurl.com/pipeline-win13-4
- Transition Timelines
  http://tinyurl.com/pipeline-win13-5
- Consult Report Tracking
  http://tinyurl.com/pipeline-win13-6

The information on these pages may change as the transition to UnitedHealthcare progresses. Visit **www.triwest.com/provider** for updates.

Interest rates

Where are they going in 2013?

The run-up to the 2013 fiscal cliff created almost as much apprehension as the preparation for Y2K, when we all scrambled to ensure that our technology remained viable when the clock turned to a new millennium. Nearly all interested parties — politicians, economic theorists, corporate entities, investors and consumers — expected a painful fall from the fiscal cliff. Some observers even connected the Mayan calendar prediction of the end of time and the fiscal cliff.

But the world did not end on Dec. 21, 2012, nor did the United States fall off the fiscal cliff as 2013 began. Congress was able to pass a compromise bill to avert the most feared aspect of the cliff — sequestration, an automatic spending cut of certain appropriated federal programs — which was signed into law on Jan. 2.

The world did not end on Dec. 21, nor did the United States fall off the fiscal cliff as 2013 began.

The compromise, titled the American Taxpayer Relief Act, ended the Social Security tax breaks for all while it attached a 3.8 percent surcharge on net investment income for modified adjusted incomes above $200,000 ($250,000 if filing jointly). The act also introduced new taxes on wealthy taxpayers (those earning more than $400,000), adding a higher tax rate and phasing out deductions.

For debt issuers the act settled a looming question that threatened to increase borrowing costs. For health care providers, the act provided clarity on Medicare reimbursement, delaying any cuts in physician reimbursements for one year.

The Act also retained the current municipal bond programs of municipal and tax-exempt entities. Prior Congressional discussions included a modification of the treatment of tax-exempt interest and a possible reduction of federal subsidies for issuers of taxable Build America bonds. Ironically, the increase in tax rates for the wealthy may actually increase demand for municipal bonds, putting downward pressure on interest rates. This should indirectly benefit tax-exempt issuers, including not-for-profit health care organizations.

Interest rate outlook

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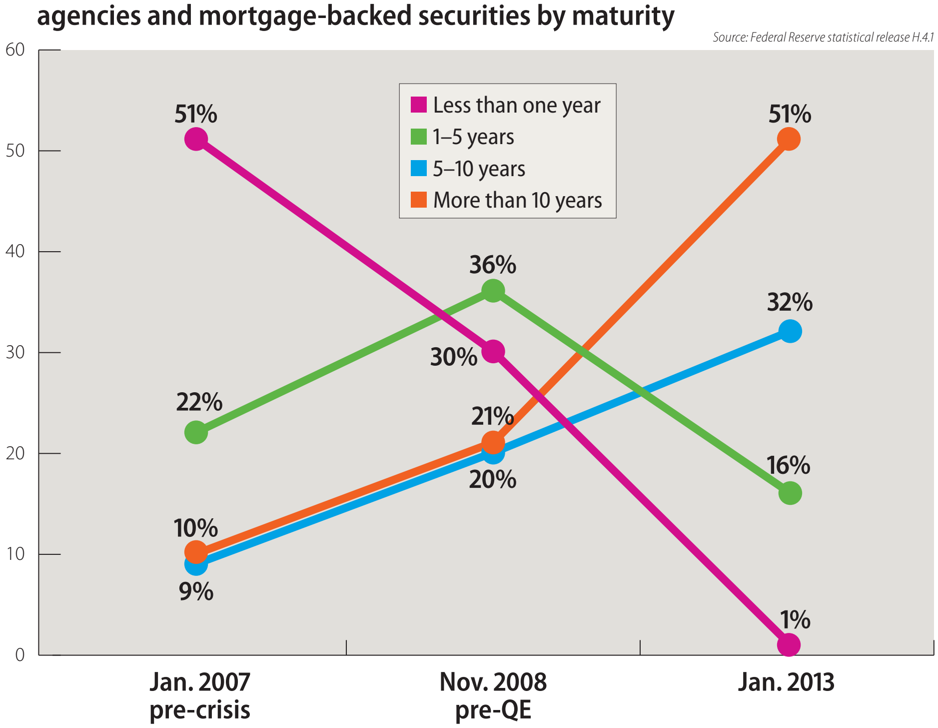
The act, however, was simply a deferral of a difficult discussion in Washington. There are many other issues facing investors that drive the overall level of interest rates—from the next debt ceiling deliberation in the United States to the continued debate over growth versus austerity abroad. Domestically, the Federal Reserve Board (the Fed) actively communicates with market participants about its intentions to use available tools at its disposal, including the targeting of short-term rates via federal funds and the purchase of long-term debt in an effort to push long-term rates down, thereby stimulating economic growth.

However, the U.S. economy remains mired in a period of little or no growth, showing few signs of breaking out. While global equity markets have shown unanticipated resilience, news from developed markets, especially the Eurozone, continues to be downbeat as the fallout from recently adopted austerity measures has yet to be exhibited. The lone bright spot internationally continues to be China, but less so than in years past. This area of the globe is also struggling through an economic downturn, but unlike the United States, China has room to reduce interest rates to stimulate growth.

Federal Reserve holdings of U.S. Treasury bonds, agencies and mortgage-backed securities by maturity



Extraordinary measures

The Fed maintains an aggressive policy of low short-term rates, (e.g., the target federal funds rate). At the same time, since 2008 it has implemented a number of unusual monetary policies that it describes as "extraordinary measures." Those include two rounds of bond purchases, characterized as quantitative easing (QE1 and QE2), with a round of mortgage-backed securities purchases sandwiched in between.

In an effort to push long-term interest rates down, the Fed has sold short-term securities in its portfolio using the proceeds to purchase long-term securities, as it extends the average maturity of its bond portfolio in a program called Operation Twist. (See the graph below.) The current open market measure includes monthly purchases of mortgage-backed securities and 10-year treasury notes ($40 billion and $45 billion, respectively).

The current goal of the Federal Open Market Committee is to lower longer term interest rates even further in hopes of avoiding deflation, reducing the unemployment rate, and ultimately, spurring a recovery in the U.S. economy. Longer term interest rates have declined slightly, with the 10-year UST falling to about 1.82 percent from 1.90 percent at the end of 2011, as shorter term rates also fell, with the three-month LIBOR falling to 0.30 percent.

Risk factors and interest rate outlook

Given the continuation of securities purchases by the Fed as well as their commitment to keep the target fed funds rate at 0–0.25 percent through mid-2015, the median forecast in the Jan. 10 Bloomberg survey of economists calls for LIBOR to remain relatively stable in 2013. Meanwhile, longer-term rates are forecast to rise modestly from the current 1.82 percent to approximately 2.20 percent. Interestingly, the same survey of a year ago provided similar short-term forecasts, while suggesting that the 10-year UST would rise to 2.36 percent by the end of 2012.

Interest rate outlook

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There continues to be a great deal of uncertainty throughout global markets, contributing to uncertainty about the future path of rates in the United States. Although there are many factors that will impact U.S. rates in 2013, the following are the most compelling:

- Fiscal headwinds — The deferral of concurrent budget cuts and increased taxes is still a concern and may result in economic distress, at least in the short run. As Congress wrestles with this and the debt ceiling in the coming months, and is unable to avoid another fiscal cliff, it is unclear how interest rates might respond. Some believe that they would move lower due to the possible recession; however, others believe they could rise due to investors' concern about the inability of the United States to deal with its fiscal challenges.
- U.S. economic growth — Despite a commitment to refrain from doing so until mid-2015, the Federal Reserve could respond to a significant improvement in the U.S. economy with an increase to the target federal funds rate. This is unlikely, however, as the outlook for 2013 includes slower than average gross domestic product growth and a modest decline from a still high unemployment rate.
- Inflation — In spite of increased volatility of energy prices, inflationary pressures remain subdued. Should inflation increase beyond an acceptable level, however, the Fed will likely change its accommodative stance and begin to raise short-term interest rates or begin to modify its message to market participants of a change in policy due to changing market risks, which will have a similar effect.
- Actions by the Fed — Given the stubbornly slow economic recovery in the United States, the Fed could modify current measures to spur economic growth, including additional or extended purchases of federal debt. The Fed will also monitor the U.S. housing market for signs of recovery as it pushes down interest rates through direct purchases of residential mortgage-backed securities.
- The Euro crisis — As much of southern Europe continues to struggle with large amounts of government debt and record unemployment, economic contraction has begun to spill over into neighboring regions. As a result, many investors are fearful of potential credit losses, causing them to sell European government bonds and buy U.S. Treasury securities due to their perceived safe haven status. Therefore, a continuation of the Euro crisis could support demand for U.S. Treasury securities, thereby helping yields to remain low throughout 2013.

Available funding options

What does this all mean for borrowers operating within the health care and housing sectors?

For health care, the economic slowdown of the past several years has placed great strain on federal and state governments, forcing cuts to many programs, including Medicare and Medicaid. Future demands will continue to place considerable pressure on these programs. "Bending the cost curve," the phrase popularized by recent health care reform debates, will be a fact of life going forward and only those providers who are able to efficiently provide quality care will realize the risk-based returns that are necessary to properly reward ownership.

Only those providers who are able to efficiently provide quality care will realize the risk-based returns that are necessary to properly reward ownership.

The historically low rate environment provides a unique opportunity for borrowers to improve cash flow now while enhancing the competitive positioning of their organizations for years to come. Interest costs represent a considerable cash outflow of most providers, yet one that is not easily controlled by management. Providers must look to capture the opportunity when favorable economic conditions are present.

In general, with both short-term (LIBOR) and longer-term (10-year UST) rates forecasted to remain historically low

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News about hospital audits from the HHS OIG FY13 work plan

By Kathy Ruggieri, senior director, Besler Consulting

The U.S. Department of Health and Human Services, Office of Inspector General (OIG), recently issued the fiscal year (FY) 2013 OIG work plan. The OIG work plan is issued each FY to address the current focus areas of the OIG, including projects still in process from prior FYs as well as new focus areas for the upcoming year.

Although the work plan addresses initiatives for all types of providers, this article focuses on some of the new hospital audits. Some of these audits may or may not be indicative of future Medicare payment reductions. It is recommended that hospitals stay up to date in these areas throughout the year to best anticipate future revenue reduction initiatives.

Diagnosis related group window

The diagnosis related group (DRG) payment window policy has been a component of the inpatient prospective payment system (PPS) regulations since 1983. There have been changes to this policy over the years, and in 2012, the DRG payment window was expanded to include wholly owned physician practices. The OIG focus for 2013 will be to analyze claims data to determine how much CMS could save if it bundled outpatient services delivered up to 14 days prior to an inpatient hospital admission into the DRG payment. The current DRG payment window policy bundles all outpatient services delivered three days prior to an inpatient admission. The OIG anticipates that significant savings could be realized if the DRG window was expanded from three to 14 days. Hospitals should pay close attention to these audits as an expansion to this program will have significant financial implications to hospital outpatient service revenue.

Compliance with Medicare's transfer policy

The Medicare post-acute transfer rule was implemented in FY 1998 and has been expanded in FYs 2005, 2006, 2007, 2008 and 2012. Pursuant to federal regulations, a hospital discharging a beneficiary is paid the full DRG amount. In contrast, a hospital that transfers a beneficiary to another facility is paid a graduated per diem rate for shorter lengths of stay. The OIG has performed significant audits of claims that were reimbursed the full DRG rate and has provided guidance to CMS on claims processing edits that would concurrently identify claims that were actually transferred to another facility and would result in the lesser per diem rate. Based on these recommendations, the Medicare administrative contractors (MACs) have implemented claim edits to identify these situations to prevent overpayment situations. Historical OIG audits identified the effectiveness of these edits. OIG audit results have revealed an effective rate of 85 percent with the claims processing edits. The MACs were charged with making additional changes to these edits to further improve the effectiveness. In 2013, additional audits will occur to evaluate the effectiveness of these claim edits to determine if the edits have improved.

Payments for discharges to swing beds in other hospitals

The OIG will review Medicare payments made to hospitals for discharges that were coded as discharges to a swing bed in another hospital. Swing beds are inpatient beds that can be used interchangeably for acute care or skilled nursing care. Currently, federal regulations allow for a full DRG payment for discharges coded as "swing bed" (patient discharge status code 61). However, Medicare pays hospitals a reduced payment for shorter lengths of stay when beneficiaries are transferred to another PPS hospital. That is based on the assumption that acute care hospitals should not receive full DRG payments for beneficiaries discharged "early" and then admitted to another post-acute provider after discharge. Since Medicare does not pay a reduced payment for discharges to a swing bed, the OIG will evaluate these situations and if appropriate, recommend that CMS evaluate their policy related to payment for hospital discharges to swing beds in other hospitals. In the event this change is implemented, hospitals who discharge patients to

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HHS OIG FY13 work plan

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swing beds and utilize patient discharge status code of 61 will experience further claim reductions because additional claims will be impacted by the Medicare post-acute transfer rule.

Non-hospital-owned physician practices

The OIG will assess the impact of non-hospital owned physician practices billing Medicare as provider-based physician practices. A determination will also be made with regard to whether provider based status meets CMS billing requirements. Since provider based status can result in additional Medicare payments, it also increases a Medicare beneficiaries' coinsurance liabilities. Hospitals that bill with a provider based status should evaluate whether the Medicare criteria specific to provider based physician status is met.

It is clear that the OIG is looking for opportunities to further reduce Medicare reimbursement. It is important for hospitals to keep current on these potential revenue reductions. It is recommended that hospitals continue to take full advantage of comment periods to communicate concerns with regard to payment reduction initiatives.

Besler Consulting can help your organization recover otherwise lost revenue, maximize reimbursement, increase compliance, improve efficiencies and reduce costs. For more information, contact Kathy Ruggieri at 732-392-8227 or kruggieri@besler.com.

Job Listing — To support the professional development of our members, HFMA Oregon Chapter encourages you to post job opportunities on our website at **www.oregonhfma.org/jobs**. This is a free service for employers and recruiters.

Interest rate outlook

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into 2013, several strategies are available that could provide good results. Short-term LIBOR-based variable rate loans will likely continue to provide some of the lowest borrowing costs available, albeit at some risk to rising interest rates. LIBOR-based loans from commercial banks or finance companies are becoming more widely available as the "credit freeze" continues to thaw. Further, LIBOR-based variable rate programs offered by Fannie Mae and Freddie Mac offer access to short-term variable rates. In particular, Fannie Mae's new ARM 7-6 program provides an exceptional combination of low current interest rates, flexible pre-payment provisions, and an imbedded interest rate "cap" to protect against a considerable rise in rates. The program could be used as a bridge or intermediate-term (up to seven years) financing option for refinance, equity "take-out" or moderate property improvements.

Of course, those wanting to capture the historically low rates on a longer term basis are turning to the HUD/FHA finance programs, which have provided record loan volume over the past two years. With up to 35-year terms, it is the ultimate vehicle for those seeking truly permanent financing, and with the program's loan assumption features, may actually create incremental property value in higher rate environments that are likely to exist further into the future. With demand for the program so high, application time frames may take longer; however, with expectations that rates will remain low for some time, borrowers should be able to achieve a historically low rate despite the wait.

William M. Courson is president of Lancaster Pollard Investment Advisory Group in Columbus. You can reach him at wcourson@lancasterpollard.com.

UPCOMING EVENTS

Spring Meeting and Annual Banquet 2013
May 15–17
Salishan Spa & Golf Resort
Gleneden Beach, Ore.

Summer Meeting 2013
July 17–19
Mount Bachelor Village Resort
Bend, Ore.

2013 Winter Meeting Agenda

Wednesday, Feb. 20 to Friday, Feb. 22

Embasssy Suites Portland–Washington Square
9000 S.W. Washington Square Road, Tigard, OR 97223
503-644-4000

Register online by clicking this **link from *Pipeline* to the web**.

Wednesday, February 20

11 a.m.–1 p.m.

Luncheon Board Meeting

Open to All HFMA Chapter Members

Dustin Taylor, Oregon HFMA President, dustin_taylor@uhc.com

Please RSVP to Dustin

Council Meetings (everyone welcome)

2–3 p.m.

Finance Problem-Solving

Cori Dolan, CDolan2@peacehealth.org

2–3 p.m.

Patient Accounts Problem-Solving

Tonja Siefarth, tonja.siefarth@salemhealth.org

3–4 p.m.

Certification Committee

Liana Hans, lianahans@gmail.com

3–4 p.m.

Communications Council

Lisa Hynes, Lisa.x.hynes@healthnet.com

3–4 p.m.

Finance Program Council

Glenda Michael golfqueenrocc@comcast.net

3–4 p.m.

Member Activities Committee

Angela Brown angela@socredit.com

3–4 p.m.

Membership Council

Tammie Coon tammie@healthfirstfinancial.com

3–4 p.m.

Patient Accounts Programs Council

Kelly Smith smkelly@ohsu.edu

3–4 p.m.

Sponsorship Committee

Nick Ihnen nihnen@lhs.org

4–5 p.m.

Chapter Strategic Planning

All invited

5–6 p.m.

Social Hour

Sponsored by PNC Healthcare

2013 Winter Meeting Agenda, *continued*

Thursday, February 21

7:30–8:30 a.m.

Registration and Breakfast

8:30–10 a.m.

Joint Session: Moving from Problems to Possibilities

By Lisa Goren, Legacy Organizational Development

The pressures of today's health care climate put overwhelming stress on everyone working within the industry. These challenges can seem insurmountable without a clear path steeped in possibility, as opposed to problems. Participants will learn practical strategies for managing change and overcoming individual and team challenges. Explore how focusing on strengths and successes can move individuals and teams to a place that redefines high performance.

10–10:30 a.m.

Break

10:30 a.m.–noon

Finance Session: Process Improvement and Strategy

By David Dilts, Ph.D., MBA, CMA, Knight Cancer Institute, OHSU

We all know that process improvement is critical to reducing waste in our organizations, but how does that fit in your overarching strategy? Dr. David Dilts, Director of Strategic Alliance for the Knight Cancer Institute, and Professor of Healthcare Management for the Division of Management at OHSU, will present a riveting and practical approach to aligning strategy and process. Don't miss this lively discussion!

10:30 a.m.–noon

Patient Accounting: Best Practices: Point of Service Collections

By David Gantt, Recondo

Receive expert advice and learn what best practices will help improve your front end cash collection. Recondo will share emerging trends, success factors and enablers. This session with arm you with tools to recognize opportunity, increase readiness and create a culture that promotes point of service cash collection.

10:30 a.m.–noon

Reimbursement Track: Reducing Readmission in Oregon

By Eric Schulz, Director of Business Development, Apprise Health Insights

Session will cover:

- The two different ways that hospital readmissions are currently calculated.
- How hospital readmissions in Oregon's hospitals compare to hospitals in other states.
- How the Medicare Readmissions Reduction Program works.
- How Oregon's hospitals fare within the Medicare Readmissions Reduction Program compared to hospitals in other states.
- How the Medicare Readmissions Reduction Program will change in 2014 and 2015.
- What hospitals in Oregon are doing to reduce preventable readmissions and reduce the impact of pay for performance programs.

Noon–1 p.m.

Lunch

Sponsored by Professional Credit Service

1–2:30 p.m.

Finance and Reimbursement: Bundle Payments: Meaningful Middle-Ground Solutions

By Barb Letts and Paul Holden, Moss Adams

Session will answer these questions:

- What are bundled payments?
- Why the push for bundled payments?
- How can bundled payments change behavior?
- What criteria should be used for selecting what to bundle?
- How do bundled payments impact profitability?
- What's currently happening with bundled payments and what can we expect in the future?
- What are the limitations, challenges and critical success factors of aligning hospitals and physicians through bundled payments?

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2013 Winter Meeting Agenda, *continued*

Thursday, February 21, *continued*

1 p.m.–2:30 p.m.

Patient Accounting: OHSU Lean and the Cash Reconciliation Project

By Troy Schmit and Chandra Carney, OHSU

OHSU incorporates Lean principles in their everyday approach to process improvement. This session will introduce you to OHSU's Quality Department structure and mission. Learn details about a project that simplified cash reconciliation and reduced duplicated work efforts.

2:30–3 p.m.

Break

3–5 p.m.

Finance Session: Insurance Exchange Update

by Rocky King, Cover Oregon, and Lou Savage, OID

3–5 p.m.

Patient Accounting: Patient Liability Estimate

By Mela Gant, OHSU, and Kim Carter, Legacy Health

OHSU and Legacy Health share their experiences implementing a patient liability estimate. Learn how they plan to use these tools to increase point of service cash collections and enhance the patient experience.

3–5 p.m.

Reimbursement Track: Improving Reimbursement through Clinical Documentation

By Cindy Dennis, Salem Hospital

5–6 p.m.

Social Hour

Sponsored by HealthFirst Financial

Friday, February 22

7:30–8:30 a.m.

Registration and Breakfast

8:30–10 a.m.

Joint Session: CCO Update

Panelists:

Jon Hersen, COO, Health Share

Patrick Curran, Care Oregon

Daniel Handel, M.D., Vice Chair and Clinical Director of Emergency Medicine, OHSU and Medical Director OHSU Emergency Communications Center

Join us for a session on CCOs to learn what progress has been made over the last six months. We have Jon Hersen, CCO for Health Share, talking about local efforts, next steps and opportunities in the coming months. Other panelists will provide an update from the state's perspective. We are opening the floor for questions, so please come prepared!

10–10:30 a.m.

Break

10:30 a.m.–noon

Finance and Reimbursement: Financial Impact Assessment of ICD-10-Joint/Reimbursement

By Valerie Rinkle, Vice President of Revenue Integrity Informatics, Health Revenue Assurance Associates

In this session we will cover:

- Understanding what ICD-10 means to health reform as well as hospital and physician revenue-cycle processes and payer processes.
- Whether a financial impact assessment of ICD-10 is possible and when it is important to complete such an assessment.
- Considerations regarding dual coding, end-to-end testing and the crucial question of whether your AR system will be ready.
- Examples of inpatient and outpatient impacts including opportunities provided by ICD-10.

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2013 Winter Meeting Agenda, *continued*

Friday, February 22, *continued*

10:30 a.m.–noon

Patient Accounting: 340B Pricing

By Chad Gay, Director of Contract Compliance at Cardinal Health

Chad will explain the fundamentals of the 340B Drug Pricing program. He will discuss how to determine eligibility, how to implement, and how to ensure compliance when billing under this complex program.

This session will cover:

- How to implement
- What qualifies, what doesn't
- Whether hospital keeps additional revenue or passes it on to patient

New Members • New Members • New Members • New Members • New Members

Mary Beth Bowles
Underwriter
CAN Healthpro

Beth Barker
CFO
Cascadia Behavioral

Viswesh Bhat
Financial Planning Consultant
Salem Health

Kathy Bowman
Neurospine Institute
Finance Manager

Christine Bowser
Coding/CDI Manager
Asante Health Systems

Kimberly Eckert
Kaiser Permanente
Revenue Integrity Manager

Jae (Jackie) Hines
Senior Trainer–Revenue Cycle
Oregon Health & Science University

Kyle Johnson
Administrative Fellow
St. Charles Health System

Michelle Key
Financial Analyst
Grande Ronde Hospital

Sunny Lucich
Reimbursement Analyst
Legacy Health

Jeremy Stewart
Associate
Huron Consulting Group

Scott Wetzler
Management Consultant