

# PIPELINE

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## President's Message

### Committees offer a great place to start in HFMA

I am often asked, "What's the best way to get more involved in HFMA?" My answer is always the same: "Join a committee!"

When I first became an HFMA member, I joined the Communications committee. I



wanted to get involved, and definitely wanted to avoid public speaking (okay, so that part of the plan didn't quite work out in the long run). Still, it was a terrific decision. It got me started in my

HFMA career. I made some great friends, established peer contacts, and learned a lot about how the chapter worked. In every position I have held in the chapter, I have continued to learn and grow. So join a committee, and get started on *your* HFMA career!

Most committees meet at 3:30 P.M. on Wednesday afternoons during our quarterly education meetings. Currently, all of our committee chair and co-chair positions are filled, but we are always looking for committee members to join in and help out. Not sure which committee to join? Read on to learn more about the possibilities.

**Programs** — Ever wonder how we choose our session topics and speakers at quarterly chapter meetings? The Finance, Patient Accounts and Reimbursement Program com-

mittees work together throughout the year to bring you the latest and greatest! They use feedback from the session evaluation forms, the annual membership survey, information provided by National, and from local chapter leaders. They compile lists of the most requested topics, and then find persons who are knowledgeable to come and speak on those topics. If you would like to have greater input into future session topics, and would enjoy the opportunity to meet and work with interesting speakers in our chapter and from all over the U.S. and sometimes beyond, then this is the committee for you.

**Membership** — The Membership committee is the welcoming committee and the front door to the chapter. They update and send out information packets to new members, help staff the registration table during chapter meetings, and work towards making sure we meet our membership and retention goals set by National. If you love meeting new people and providing assistance to members, then this is the committee for you.

**Sponsorship** — We could not do everything we do without the generous support of our chapter sponsors and the hard work of the Sponsorship committee. The Sponsorship committee contacts each existing sponsor, as well as reaches out to potential new sponsors,

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## President's Message, *continued from page 1*

and secures our sponsor funding for the year. Then they set about recognizing those sponsors at chapter meetings, in the membership handbook, and on the chapter website. If you love tracking funds and have creative ideas for recognition, then this is the committee for you.

**Certification** — HFMA National offers a certification program to its members. Our chapter certification team is charged with not only promoting the benefits of certification, but also helping our members through the certification process. They are here to answer any certification questions you might have, and to help us meet our certification goals set by National. If you have a passion for certification, then this is the committee for you.

**Communication** — Our communications team is made up of several parts: the communications council, the newsletter editor, and the webmaster. The communications council puts together the membership directory, and prepares news releases regarding chapter events. They help write articles for *Pipeline*, and work in close connection with the *Pipeline* editor and the webmaster. The *Pipeline* editor prepares four newsletters a year, and our webmaster keeps our website up-to-date. If you have good written communication skills, or a fear of public speaking, then this committee is for you.

**Member Activities/Facilities** — Our fabulous banquet, our kickin' social hours, our scrumptious food, and our wonderful locations all happen because of our fabulous Member Activities committee. If you love planning a good party, selecting (and taste-testing) hors d'oeuvres and entrees and working with hotel staff, then this is the committee for you.

Our problem-solving groups meet at 2:30 p.m. on Wednesdays during quarterly chapter meetings. You can attend the problem-solving session and still participate on one of the committees listed above. The problem-solving chairs facilitate round-table discussions on various current topics and issues established by the group. The sessions are open to all.

Joining a committee will give you the opportunity to meet new people, make friends, establish peer contacts, and learn more about the chapter. To join, all you have to do is contact someone on the leadership roster (posted on our website), or just show up at 2:30 or 3:30 P.M. on Wednesday during our quarterly meetings. Whichever committee you choose, I trust you will find it rewarding.

Respectfully,

Megan Underwood, FHFMA

2011–12 Oregon chapter president

## UPCOMING EVENTS

### **Fall Conference 2011 (11 hours CPE)**

October 19–21

Best Western Plus Hood River Inn

1108 East Marina Way

Hood River, OR 97031

### **National HFMA Virtual Conference 2011**

Dec. 13–14

### **HFMA Region 11 Health Care Symposium**

Jan. 29–Feb. 1, 2012

*Please note the date changes for this event*

Las Vegas, Nev.

### **Winter Conference 2012 (11 hours CPE)**

February 15–17

Salem, Ore.

### **Spring Conference 2012 (11 hours CPE)**

May 16–18

Salishan Spa and Golf Resort

7760 Highway 101 North

Gleneden Beach, OR 97388

### **Summer Conference 2012 (11 hours CPE)**

July 18–20

Location TBD

### **Fall Conference 2012 (11 hours CPE)**

September 26–28

The Heathman Lodge

7801 N.E. Greenwood Drive

Vancouver, WA 98662

## The HFMA legacy of Scott Johnson

# Recognizing potential and creating leaders for 25 years

It is with mixed emotions that we share the recent news about Scott Johnson, FHFMA, Legacy Health's vice president for finance and interim chief financial officer. Scott has accepted the CFO position at St. Luke's Hospital in Chesterfield, Mo., just west of St. Louis. This is an exciting opportunity for Scott, with an outstanding, progressive hospital located very near to where he grew up. But we will miss him and all he has done for HFMA and the Oregon finance community.

Let's highlight some of his contributions to HFMA since he became a member in 1986:

- Certification
  - Fellow, 1996
  - Managed care certification, 2002
  - HFMA proctor
- Leadership (1997–2006):
  - Finance program chair, 1997
  - Oregon chapter president, 2003–04
  - Region XI core committee member, 2010–present
- Honors — Recipient of the HFMA Founder's Model of Honor in 2007
- National service — National Advisory Council, 2007–09

### Messages from those he has touched

In addition to the leadership positions that Scott has held, he also influenced and inspired many other people. Here are a few personal testimonials:

#### *From Megan Underwood, FHFMA, chapter president*

You can thank (or blame) Scott Johnson for me being your chapter President this year! When I first joined HFMA, I joined the Communications committee. After a few years, I became the newsletter editor. That is when I got to know Scott, as he was serving as president-elect. He invited me to attend the Leadership Training Conference in the spring.



**Even though we will miss him greatly here in Oregon, we can take comfort in knowing that Scott will be seeking out the potential of those around him in Missouri, and encouraging them to use that potential to get involved and make changes.**

It was a great opportunity, and I learned so much. I was worried about having to “bother” Scott with requests for articles and his President's Message for each issue, but he always delivered, and right on time. And his Messages were good, too — in fact, maybe I can dig those up and re-use some of them! At the end of Scott's term as president, I was chosen to receive the President's Award. I was thrilled, stunned and honored. Scott has many great qualities, but one that stands out to me is his ability to see the potential in others, and to encourage them to use that potential to get involved and

make changes. He saw potential in me, and my path in HFMA was forever changed. Even though we will miss him greatly here in Oregon, we can take comfort in knowing that he will be seeking out the potential of those around him in St. Louis, and encouraging them to use that potential to get involved and make changes. Scott, thank you for all you have done, and I wish you the best.

*From Christoph Stauder, FHFMA, CPA*

I don't know if Scott knows this, but he is the reason I work in health care. I started at Arthur Andersen in January 1985, a freshly minted product of Portland State University's post-baccalaureate accounting program and recent transplant to Oregon from Chicago. Scott was a brand-new audit senior and needed an extra person to help him with the St. Joseph's Health Service and Property Management audit, a division of Sisters of Providence in Oregon. Scott called the office to see who was available, and within an hour I was on my way to the Western Electric building on 47TH street where Scott had set up shop in the accounting conference room near Terry Smith's and Dave Hilton's offices.



## Scott Johnson

*continued from page 3*

Scott evaluated my performance, saying, “Christoph did a good job of starting right into the work and accepting responsibility for its completion. He got along well with client personnel and organized his work well around client demands. I appreciated Christoph’s willingness to take on all tasks assigned to him. Christoph accepted suggestions and constructive criticism well, and was enjoyable to work with.”

I took that evaluation as a good omen and decided to stay in health care, where I have been ever since.

As the in-charge on the audit, Scott was responsible for deciding where we would eat lunch. His favorite place was “The King,” the Burger King restaurant on N.E. Broadway. Picture four auditors in shades and dark suits stepping out of my vintage 1969 Cadillac Sedan de Ville in the Burger King parking lot. You might have thought the Mafia was dropping by to shake down the place.

Several months later, when Scott was working on the Good Samaritan Hospital audit, he stopped me in the hallway and said, “I saw Christa’s name on the June 30 hospital census!” Scott was performing a revenue cutoff test as part of the audit and found our oldest daughter’s name on the census. Christa was born on June 30, the last day of the fiscal year. In today’s privacy-protected world a wonderful comment like Scott’s would be unthinkable. When Renata, our second daughter, was born at Good Sam four years later, Scott visited us in the hospital and brought us flowers.

Scott was a key member of the HFMA leadership team when I was a chapter officer. A group of us regularly met for breakfast to work on programs together. Today’s monthly leadership conference calls are a direct outgrowth of these meetings. Scott would occasionally arrive in his 1968 Chevy Camaro, which he has lovingly restored and still drives.

Scott, when you pass the Gateway Arch in St. Louis, I hope you will remember your friends at the other end of the Lewis and Clark Trail. Please know that we’re in St. Louis with you and you are with us in Portland. Best wishes for happiness, prosperity and a good life!”

### *From Mary Kjemperud, VP Revenue Cycle Operations, Legacy Health*

I have had the privilege of knowing Scott through HFMA as well as working with him at Legacy. Scott has always been someone I’ve admired in all that he does — HFMA, work and family. He truly understands the importance of doing the right thing and keeping it all in balance.

As Oregon HFMA president in 2007, I had the honor of presenting Scott with his Founder’s Medal of Honor. My presentation to him was a surprise for him. What I said then holds true now: “This individual has dedicated many

years to the success of the Oregon chapter. Years as chair and co chair of various committees, board memberships, and a dedicated chapter officer. Since his time as chapter president his commitment has remained in full force. Stepping in without hesitation when we had a past-president move out-of-state. He willingly and completely filled the past-presi-

dent role for a second time, no easy task when you consider it involves the membership directory *and* the nominating committee processes. He continues with a role on the National Advisory Council and his active participation in chapter activities. I am pleased and honored to present the Founder’s Medal of Honor to our very own Scott Johnson. We appreciate all you’ve done and continue to do for our chapter.”

Scott, we will miss your spark in HFMA, and I will miss you dearly as a friend. Keep in touch!

### *From Diana Gernhart, FHFMA, CFO, OHSU Hospital*

I can remember a conversation that I had with Scott in early 2004 on how to become involved in HFMA. He was very encouraging and supportive, and suggested me to sign up as Finance Program chair. He mentioned that Barbara White was the chair ahead of me and it was the best opportunity to get active. Well, I’m not sure I would have filled the roles I have within the chapter if I hadn’t taken his advice. Wish you the most success at St. Luke’s, it truly is our loss as a chapter and the finance community.”



## Scott Johnson

*continued from page 4*

**From Mary Emerton, Asset Systems, Inc.**

As I've thought about Scott's new opportunity, I've been recalling when we first got acquainted, performing duties that became co-chair positions for chapter programs. Later, when we chaired finance and patient accounts respectively, we met for breakfast once a month. He shared great insights into what he saw as the future and direction of health care in general and finance specifically. He also took great interest in learning about patient accounts, which he had not been exposed to until then. His commitment to the quality of all programs and his unselfish partnership in program development was a testament to the chapter leader that he would become. Scott displays unfailing loyalty in both his personal and professional lives, and follows his words with actions. There really aren't any qualities more important in that in a friend and colleague. Congratulations.

**From Cheryl Storey, CPA, Moss Adams LLP**

On behalf of the Oregon HFMA officers, board members, committee chairs and the entire Oregon HFMA chapter membership, I would like to thank Scott for his years of dedicated service to HFMA. We wish him the very best as he assumes his new role with St. Luke's Hospital. ☺

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. ©2011 Editor 2010-11: Chris Brazil

### New Members • New Members

#### **Robert T. Wood-Hammack**

Client Relations Director  
Valley Credit Service, Inc.

#### **Heather Csanky**

Manager, Medical Professional Contracts  
ODS Health Plans

#### **William R. Copenhaver**

Vice President  
KeyBank

#### **Janet Graham**

Manager, Surgical Services Information Systems  
Legacy Health

#### **Sarah A. Evens**

Consultant  
Huron Consulting Group

#### **Lori Leckbee**

Controller  
Healthmatters of Central Oregon

#### **Elaine Denning**

Regence BlueCross BlueShield

#### **Lata Gopalan**

Financial Analyst  
Oregon Health & Science University

#### **Thomas Worsley**

Consultant  
Ernst & Young LLP

#### **David R. Garess**

Health Care Consultant  
Apex Healthcare Advisory Group

#### **Robin Skillman**

Financial Assistant  
St. Anthony Hospital

#### **Bruce Sylva**

Sales Associate  
Inworks

#### **Amanda Hershberger**

Financial Analyst  
Oregon Health & Sciences University

## HFMA regional executives link chapters and regions to National

By Greg Moga, Region 11 executive

It is my privilege to serve as HFMA's regional executive for Region 11, which is made up of seven chapters on the West Coast: San Diego, Hawaii, Nevada, Northern California, Southern California, Oregon and Washington/Alaska. I have just returned from the fall presidents' meeting, where the chapter presidents and presidents-elect asked me to write an article describing the role of an HFMA regional executive, and a little about me personally.

A regional executive (RE) serves as the primary link between chapters and national HFMA. The RE oversees and maintains regional programs, policy, operations and finances that involve policy-making and compliance authority as it relates to the Davis Chapter Management System and the Chapter Balanced Scorecard. REs monitor chapter performance, and convene and organize regional leadership meetings such as the fall presidents' meeting. There are a total of 13 REs in the regional executive council. We meet in person three times a year: in June at HFMA's Annual National Institute, in November in Chicago, and in April at the Leadership Training Conference. We also take part in five or six conference calls each year.

I was privileged to be elected to serve as regional executive after two terms as president of the Washington/Alaska chapter. My predecessor as RE was David Epstein, of the San Diego chapter; my successor will be Keith Ridley of the Hawaii chapter, and his successor (regional executive-elect) will be Diana Gernhart of the Oregon chapter. The RE role rotates among the seven chapters in our region. To be eligible to serve as RE you must have served at least two years as a chapter officer and one year as a chapter president.

I began my membership with HFMA in 1985, as a young attorney working for a law firm in Evanston, Ill. I took what I thought was a temporary, three-month job while I waited for the funding to come through with a position that I had been offered with the solicitor general in Washington, D.C. Instead of working in government, I now have a career in health care reimbursement that has included positions

with three companies (Outreach Services, Pacific EDI and CBO Solution, and the Moga Law Offices), with over 300 employees working in 11 different states. It is not the career that I expected, but my work has been intellectually stimulating and challenging. I never know what each day at the office is going to bring.

It was not until my family moved to Seattle in 1996 and attended a Washington/Alaska chapter conference in Vancouver, B.C. — where I remember feeling so warmly

welcomed by Jim Chaney and all the chapter members — that I realized that I wanted to be a part of the leadership of HFMA. I can't remember a prouder day in my career than when the Washington/Alaska chapter elected me their president.

HFMA has helped me to live a bigger life. Getting out of the office to network and create working

relationships and friendships has led me to know terrific people working in health care finance around the country. I now have friends and business colleagues in every major city in the U.S. I urge all of you to follow my path — give your time and effort to your colleagues and peers through HFMA and it will be returned to you tenfold.

As I get older, I often repeat (to my children and to anyone else who will listen) the central themes of my life. Live the biggest life you can. Love the people that love you. Everyone has a story. You don't know what you don't know. And we are all, as John Guare wrote, connected within six degrees of separation to everyone else on this planet.

I value my connection to each of you and to your chapters. I hope to attend a conference at each of the seven Region 11 chapters this fall.

Please let me know how I can be of assistance to you and to your career both in HFMA and outside of HFMA. That is my role, in my year as your RE. I consider serving as regional executive to be the culmination of my HFMA career, and hope that all of you will have an HFMA career as rewarding and fulfilling as I have had. It has truly been a wonderful life for me, with HFMA. ☺

*I urge all of you to follow my path — give your time and effort to your colleagues and peers through HFMA and it will be returned to you tenfold.*

## ICD-10 readiness and adoption: Major changes on the way

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

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

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

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

### Impact on technology, processes and systems

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

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

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

Data conversion is another key consideration for ICD-10 adoption. The Centers for Medicare and Medicaid Services and the Centers for Disease Control have created General Equivalence Mappings (GEM) to ensure that consistency in national data is maintained. GEMs will be updated annually, as will ICD-10-CM and ICD-10-PCS during the transition period prior to ICD-10 implementation. While

coding individual claims, it's important to remember that GEMs are simply helpful tools for converting larger system databases to ICD-10-CM and ICD-10-PCS.

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

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

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

### Additional considerations

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

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



## ICD-10

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

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

### Suggested timeline

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

**June 2011** — Assess current systems and processes and develop an implementation plan and impact assessment.

**June 2013** — Upgrade, replace and implement operational and reporting systems.

**January 2013 through September 2013** — Conduct pilot testing, go-live preparation, and systems cut-over.

**January 2013 through September 2013** — Ensure staff has received appropriate ICD-10 education and, most importantly, hands-on practice with ICD-10 code application.

**October 2013 through December 2014** — Perform post-implementation follow-up. ☺

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

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# 2011 Fall Meeting Agenda

Wednesday, Oct. 19 to Friday, Oct. 21

Best Western Hood River Inn, Hood River, Oregon

Register online by clicking this [link from Pipeline to the web](#).

## Wednesday, Oct. 19

**Noon–2 p.m.**

### Luncheon Board Meeting

Open to all HFMA chapter members

Megan Underwood, president

Please RSVP to Megan at [meganu@samhealth.org](mailto:meganu@samhealth.org)

### Council Meetings (everyone welcome)

**2:30–3:30 p.m.**

#### Finance Problem-Solving (attendance encouraged)

Karen Shah, chair, [klshah@lhs.org](mailto:klshah@lhs.org)

**2:30–3:30 p.m.**

#### Patient Accounts Problem-Solving (attendance encouraged)

Kristi Hartrich, chair, [khartrich@stcharleshealthcare.org](mailto:khartrich@stcharleshealthcare.org)

**3:30–4:30 p.m.**

#### Certification Committee

Mark Sayler, chair, [msayler@curryhealth.org](mailto:msayler@curryhealth.org)

**3:30–4:30 p.m.**

#### Communications Council

Hongbao Ren, chair, [hren@lhs.org](mailto:hren@lhs.org)

**3:30–4:30 p.m.**

#### Finance Program Council

Paul Holden, chair, [paul.holden@mossadams.com](mailto:paul.holden@mossadams.com)

**3:30–4:30 p.m.**

#### Member Activities Committee

Alice Ray-Graham, chair, [alice@valley-creditservice.com](mailto:alice@valley-creditservice.com)

**3:30–4:30 p.m.**

#### Membership Council

Tiffany Bolliger, chair, [tiffany.bolliger@mossadams.com](mailto:tiffany.bolliger@mossadams.com)

**3:30–4:30 p.m.**

#### Patient Accounts Programs Council

Matt Navigato, chair, [navigato@ohsu.edu](mailto:navigato@ohsu.edu)

**3:30–4:30 p.m.**

#### Sponsorship Committee

Suzy Eddleston, chair, [seddleston@cascadehealthcare.org](mailto:seddleston@cascadehealthcare.org)

**4:30–5 p.m.**

#### Committee and Council Wrap-up

**5–6 p.m.**

#### Social Hour, sponsored by PNC Bank

*continues*

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## 2011 Fall Meeting agenda, continued

### Thursday, Oct. 20

#### 7:30–8:30 a.m.

Registration and Breakfast

#### 8:30–10 a.m.

#### **Joint Session: The ACO: Have We Found the Magic Acronym?**

*By J.D. Kleinke, medical economist and author*

Buried not so deep in the health reform legislation are radical changes in provider payment methodologies. “Accountable care organizations” are only a few of the latest attempts to correct the health system’s economic, behavioral and organizational disorders a century in the making. How can provider organizations cope with a system that, as the government and payers attempt to re-engineer it around reimbursement, seems to yield only more chaos? This session will outline how your organization can navigate a health care system confronting the greatest changes in its bizarre, hundred year history.

#### 10–10:30 a.m.

#### **Break**

#### 10:30 a.m.–noon

#### **Finance — Health Care Analytics and Their Role in Value-Based Purchasing**

*By Steve Strang, St. Charles Health System*

A follow-up to the value based purchasing (VBP) session at the summer conference, Steve Strang, director of performance analytics for St. Charles Health System will demonstrate the analytics and measurement tools developed by St. Charles to assess their readiness for the era of VBP. The session will review the key measurement areas of VBP including patient satisfaction surveys and what hospitals can do to begin assessing their own metrics.

#### 10:30–noon

#### **Patient Accounting: EDI Update: What you need to know about 5010**

*By James Whicker, Kaiser Permanente Information Technology*

The deadline for implementing version 5010 is right around the corner. This session discusses what you should be doing to prepare your operations for key changes and impacts to financial services, patient accounts and patient access. You

will also learn about other current administrative simplification issues that will impact your operations.

#### Noon–1 p.m.

#### **Lunch, sponsored by RelayHealth**

#### Noon–1 p.m.

#### **Lunch Session: HFMA 101**

Are you a new member who would like to better understand the chapter and all the educational and network offerings available? Curious to know how to become more involved and meet fellow chapter members? Whether you are a new, current, or returning member, HFMA 101 is the perfect opportunity to hear about what the chapter does and how you can take advantage of the many offerings. Grab your lunch and come learn about the structure of HFMA, meet other chapter members, and hear from current chapter leaders about the value and benefits of HFMA membership.

#### 1–2:30 p.m.

#### **Finance — Leaning Out Operational Inefficiencies Without Creating Analysis Paralysis: “Leaned out Lean!”**

*By Jeff McDonald, Ikon Enterprise Solutions*

Jeff McDonald, national director of health care innovation for Ricoh, will provide a blueprint of how Lean and Six Sigma are utilized in health care. Jeff will build on the foundation of his presentation “Creating Operational Efficiencies and the Data-Driven Organization” to show how these methodologies, when properly applied, are utilized to drive organizational efficiencies.

#### 1–2:30 p.m.

#### **Patient Accounting — Learn About Lean: Increasing POS Collections in the ER**

*By Cory Hammond, St. Charles Health System*

The Lean principle is about maximizing organizational value while minimizing waste. Or, put more simply, creating more value using fewer resources. Learn about the basic principles of the Lean process and how St. Charles has implemented it in their ER to increase POS collections. This presentation will prepare you for our February 2012 Lean sessions.

*continues*

## 2011 Fall Meeting agenda, continued

### Thursday, Oct. 20, continued

2:30–3 p.m.

#### Break

3–5 p.m.

#### Finance — Epic: Best Practices, Meaningful Use and EHR Implementation Preparedness

*By representatives from OHSU and Legacy Health*

Clinical and administrative representatives from OHSU and Legacy Health will discuss the successes and challenges encountered in implementing their EHR systems using the Epic platform. OHSU went live with Epic in 2008 and you'll hear about their experiences during the first three years and their preparation to attest for Stage 1 (meaningful use). Legacy Health recently implemented Epic and you'll learn about their experience in going live and meeting the unexpected challenges of implementation.

3–5 p.m.

#### Patient Accounting — Defining Customer Service Key Performance Metrics (Part one of a three-part series)

*By Terrie Handy, Legacy Health, and Matt Navigato, OHSU Group brainstorming session to follow.*

Hey patient account participants! Bring your A-game so we can begin our Oregon HFMA journey to define customer service key metrics. These metrics will be used as benchmarks to measure our success in providing excellent customer service. Part one of this three-part series will be a round-table discussion to identify the metrics. Come prepared to discuss the metrics used to measure success in your customer service department.

5–6 p.m.

#### Social Hour, sponsored by Professional Credit Services

6–7 p.m.

#### Barbecue

Come to our chapter-sponsored barbecue, and stay for our first-ever Wii bowling tournament! Entry fee is \$1, which will be donated to the American Red Cross, or a can of food, which will be donated to the Hood River food bank.

7–8 p.m.

#### Wii Bowling Tournament

### Friday, Oct. 21

7:30–8:30 a.m. — Registration and Breakfast

8:30–10 a.m.

#### Finance — Lean Health Care Success Stories Round-table: Practical Application and Outcomes

Round-table discussion of how Lean processes and the practical application of technology have been successfully deployed in health care. This session will include candid discussion with attendees.

8:30–10 a.m.

#### Patient Accounting — Grabbing the Reins of Your Self-Pay Population

*By Tyler Eppely, regional sales manager, CSI Financial Services*

Hospitals and medical groups are seeing a significant increase in patient out-of-pocket responsibility. Patients who are uninsured, underinsured or have higher out-of-pocket expenses are forcing organizations to re-evaluate the way they manage these accounts. Discuss self-pay population trends, best practices for increasing net recoveries from self-pay and balance-after-insurance patients, and how health care systems are accelerating recoveries.

10–10:30 a.m. — Break

10:30–noon

#### Finance — Compliance Plans in the Era of Health care Reform: Are you ready?

*By Kelly Knivela, Stoel Rives, LLP*

Compliance plans are a key focus for CMS. Provider integrity, employee conduct and compliance with laws and reporting requirements will be paramount in the future. An overview of CMS mandates and how to prepare.

10:30–noon

#### Patient Accounting — Business Intelligence Tools: The Wow Factor

*By Cole Hooper, AVP of product marketing, MedeAnalytics, and Sean Molley, principal architect, Anodyne Health*

Business intelligence tools offer the ability to view and analyze our revenue cycle data in a new way. The presenters will preview their BI solutions and wow us with tools we can use to improve the revenue cycle.