



# The GemStatement



## President's



Since my inaugural message in July, I have had the pleasure and privilege

of talking with members and healthcare leaders throughout this state. As you would expect, many member institutions are facing a difficult operating environment. In an effort to manage through these difficult times, many facilities are tightening their belt and cutting/reducing their education/professional development budgets. I want our membership to know that Idaho HFMA understands the situation and is working hard to continue to provide low cost education to you.

Moreover, we are working hard to know what we can do better to assist. This month, we will conduct a chapter wide survey to identify the services that are most important to you, the education topics that hold the most value, and areas of services we can enhance. It is clear that there is no shortage of important issues and challenges, but I am confident the Idaho chapter of HFMA will continue to be a forum to discuss and tackle the many challenges ahead. We thank you for sharing your ideas and helping us continue to provide the services and resources you need to respond to today's ever-changing healthcare finance landscape.

### Upcoming Meeting/Event Dates:

Winter Meeting, December 2<sup>nd</sup>-4<sup>th</sup>, Boise, Idaho

Revenue Cycle Webinars, January 19, 2010

Revenue Cycle Webinars, February 16, 2010

Revenue Cycle Webinars, March 16, 2010

HFMA Road Show, March 8-9<sup>th</sup>, Eastern Idaho, Location TBD



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### Special points of interest:

- HIT Stimulus Funds
- Part I of Richard Clarke's "The Burning Platform"
- Cover Letter Writing Tips
- Chapter News and Events
- Halloween Word Search

# Winners and Losers of HIT Stimulus Funds

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**By Carrie Vaughan for HealthLeaders Media**

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The federal government's \$36 billion incentive package to install electronic health records has created a lot of excitement in the industry. It has also generated a call to action.

Healthcare CIOs and industry experts all seem to agree that if providers want to collect the maximum reimbursement available to them, they had better start (if they haven't already) forming an IT strategy, choosing vendors, and ensuring they have the IT expertise required to meet the 2011 deadline. No one wants to leave one penny of this money on the table.

Unfortunately, no one seems to be offering much in the way of strategy on how hospitals and physicians can actually accomplish this goal in a depressed economy, either. For months, healthcare organizations have been laying off employees, putting IT projects and purchases on hold, and postponing or canceling renovations, physical plant upgrades, and expansion projects.

Two-thirds (66%) of CIOs say they expect to be asked to make further cuts in IT spending before the end of 2009, according to a recent survey of 100 hospital CIOs that was conducted by PricewaterhouseCoopers LLP Health Research Institute. And 82% of hospital CIOs have already cut IT spending budgets in 2009 by an average of 10%, with one in 10 making more drastic cuts of greater than 30%, the report says.

Add to that the general consensus among IT experts that the \$36 billion slated for interoperable EHRs is just a fraction of the costs that will be required to implement a nationwide system. The stimulus law also doesn't provide incentive payments upfront to help organizations implement the technology. Instead healthcare organizations and physicians need to meet the requirements of "meaningful use" before they can collect one dime from the government.

A recent report in the New England Journal of Medicine examining the use of electronic medical records in U.S. hospitals found that only 1.5% of U.S. hospitals have a comprehensive EMR system (present in all clinical units), and an additional 7.6% had a basic system (present in at least one clinical unit). In addition, computerized provider-order entry systems had been implemented in only 17% of hospitals.

The most commonly cited barriers to adoption among hospitals without EMR systems were:

- Inadequate capital for purchase (74%)
- Concerns about maintenance costs (44%)
- Resistance on the part of physicians (36%)
- Unclear return on investment (32%)

Lack of available staff with adequate experience in information technology (30%)

The stimulus package hasn't eradicated these concerns. So the question remains: How will organizations make this work? What health IT projects will be put on the back burner? How will organizations find the manpower to achieve these goals in the current timeline? I have a feeling we will see a wider gap between organizations that have resources and those that don't. Many of the larger healthcare systems or academic medical centers that already have fairly extensive EMR systems will likely meet this goal and receive some of the cash.

Whereas, the smaller community hospitals or independently owned organizations that are struggling right now just to keep the doors open will fall farther behind. In fact, some of these organizations probably won't even attempt to meet the 2011 deadline. Their main concern is having these systems up before they are penalized by reduced Medicare reimbursements if they don't have it.

"Business right now is under stress," says Daniel Garrett, managing director of PricewaterhouseCoopers' health industries technology practice. The survey has shown that CIOs have already cut out the low hanging fruit like consolidating data centers, he says. The cuts CIOs have to make now are much more difficult, for example, simplifying core business processes or restructuring how care is consumed and delivered.

"Your institution better understand the cuts must make minimal impact on the EHR," says Garrett. "You as CIO and your peers, CEO, CFO, have to make cuts in other areas like administrative simplification—areas that won't affect quality."

## The Burning Platform: Producing Change in Difficult Economic Times

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Richard L. Clarke, D.H.A., FHFMA, President & CEO,  
Healthcare Financial Management Association



An oil-drilling platform in the North Sea explodes into flame. A worker on the edge of the platform leaps off, plunging more than one hundred feet into the frigid water below, landing amidst floating debris and burning oil. He is pulled from the water within minutes by a passing boat. When asked why he leaped from the burning platform, he replies, “I would rather risk probable death than face certain death.”

This story gave rise to the concept of the burning platform—a change issue that impels an organization to rethink radically and restructure the way it does business. Burning platforms are visible across the landscape of corporate America today, as we face what many say is the worst economic down-turn since the Great Depression. Healthcare professionals, who work in an industry that has long been considered “counter-cyclical” or “recession-proof,” are quickly coming to the realization that this time around things are different. They are on a burning platform, and must make decisions that will determine whether and how successfully they are able to move their organizations forward. This special section, the first in a two-part series, outlines the need for change today, describing how the financial and economic pressures facing healthcare providers, combined with

the imminent prospect of major healthcare reform, have created a burning platform for healthcare. It then considers what is required of governance and hospital leaders to produce change. It concludes by identifying likely opportunities for improvement that will help hospitals successfully pursue a value strategy in these difficult economic times.

### **The Need for Change**

What is different this time? Why can't health-care organizations assume they will ride out economic tough times as they have in the past? The answers are many, including changes in the private insurance market, the pressures of rising expenses, an end to historically low costs of accessing capital markets, and competition that has eroded volumes at hospitals and health systems. These issues were visible before the beginning of the recession in December 2007, but have become increasingly apparent over the past year.

An even more basic problem is that the U.S. has the most expensive healthcare system in the world, but lags most of its peers in the industrialized world in the quality of the outcomes it achieves.<sup>1</sup> President Barack Obama's new administration and the 111th Congress are intent on new efforts to reform the healthcare system, focusing on both how healthcare is delivered and how healthcare providers are paid.

### **Financial and Economic Challenges**

The pressure of rising healthcare costs has produced several of the effects that now threaten many hospitals and health systems. Cost drivers include input prices (unit cost increases in wages, supplies, etc.) as well as volume and intensity increases—often driven by technology and alternative venues of service. These increases have outstripped consumer price increases and forced healthcare providers to raise prices above those indexes. Additionally, public payers have systematically reduced the rate of increase in their payments, creating a growing gap between payment and underlying cost.

## The Burning Platform: Producing Change in Difficult Economic Times (Continued)

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The net effect of these changes is rapidly increasing premiums for private employer-based insurance. As the expense of insurance premiums has climbed to match the escalating costs of health care, employers have reached a limit of what they are willing to pay and have shifted an increasing portion of healthcare costs to their employees by increasing the size of copayments and deductibles or eliminating healthcare coverage altogether.

From 1999 to 2008, the average health insurance premium for family coverage increased from \$5,791 to \$12,680. The average employer contribution to this premium increased 119 percent (from \$4,247 to \$9,325), while the average employee contribution grew almost as much (117 percent, from \$1,543 to \$3,354). But, the overall percentage of workers in a plan with a deductible of at least \$1,000 for single coverage has grown from 10 to 18 percent in the past two years, while in small firms (those employing fewer than 200 people), this percentage grew from 16 to 35 percent.<sup>2</sup>

The shift in cost of healthcare expenses from employers to employees has had a predictable result for hospitals and health systems as the economy has weakened: increasing costs of collecting accounts receivable and increasing amounts of bad debt. In a survey of more than 300 healthcare finance executives across the nation,<sup>3</sup> HFMA found that 63 percent foresee negative impacts from bad debt over the coming year.

Higher deductibles have also made many consumers more sensitive to the price of procedures and more willing to postpone elective procedures. Well before the National Bureau of Economic Research's December 2008 decision that the U.S. had been in a recession for the past year, the effects of the recession were apparent in eroding volumes for inpatient elective procedures. HFMA's *Healthcare Financial Pulse* survey found that more than half of hospitals had seen declines in inpatient volumes during the latter half of 2008, with declines most pronounced at mid-sized hospitals (301-500 beds), more than

more than three-quarters of which saw declines.

Hospitals and health systems face two major challenges in the coming years. On the one hand are financial and economic pressures on providers, which the current recession has aggravated. On the other hand is imminent national healthcare reform, which is likely to impose at least some short-term costs on providers while intensifying a push for cost-effective, high-quality outcomes.

Within hospitals, rising expenses have also eroded margins. Costs of equipment and supplies have been big contributors, but even more significant have been the costs of labor and benefits in what has been a tight health-care labor market. The American Hospital Association estimates that 66 cents of every dollar spent by hospitals goes to employee wages and benefits.<sup>4</sup> Continuing shortages of key staff—including registered nurses and pharmacists—are likely to keep labor costs high, although the effects of the recession may mitigate employee turnover and vacancy rates. Many not-for-profit hospitals still use defined-benefit pension plans, however, and declines in the asset values of these plans—a consequence of the collapse of equity markets in 2008—are likely to result in plan funding shortages that will require hospitals to make larger contributions to the plans.<sup>5</sup>

As this review of challenges facing hospitals and health systems suggests, much was smoldering on the healthcare platform before the events of 2008 set the platform ablaze.

The increasing cost of debt adds additional costs and reduces access to capital. Hospitals were among the many beneficiaries of a now bygone era in which “credit was unrealistically easy to obtain and unrealistically cheap.”<sup>6</sup> The end of that era began in February 2008 with the collapse of the auction-rate securities market. Many hospitals have since moved their auction-rate debt into fixed-rate or variable-rate debt, or they have relied upon their own liquidity. In almost all cases, these alternatives have resulted in higher cost and reduced flexibility. Differences in credit ratings, which were mitigated in recent years by easy access to cheap capital, will

# The Burning Platform: Producing Change in Difficult Economic Times (Continued)

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now be crucial in determining which organizations can access capital and at what cost.

Hospitals are also operating in a far more competitive landscape. A recent study of the growth in physician-owned ambulatory surgery centers (ASCs) in Pennsylvania illustrates what is happening across the country. The state has seen a fourfold increase in the number of ASCs from 1998 through 2007, and ASCs are receiving the lion's share of growth in outpatient diagnostic and surgical procedures: in FY2007, the state estimates that the entire 3.5 percent net growth in these procedures occurred at ASCs. The ASCs are also claiming a richer payer mix than general acute care hospitals, with just over 3.3 percent of their patients on medical assistance programs, as compared to 11.4 percent at the hospitals.<sup>7</sup>

New to the competitive landscape are "disruptive innovations" such as retail clinics, medical tourism, and technology-enabled home-based care that could have both near-and long-term impacts on hospital volumes.<sup>8</sup> Increased competition is also coming from physicians, who are bringing traditionally hospital-based ancillary procedures (e.g., laboratory and radiology) into their offices to offset declining salaries.

As this quick review of challenges facing hospitals and health systems suggests, much was smoldering on the healthcare platform before the events of 2008 set the platform ablaze. Since then, investment declines have hit both non-operating revenues and philanthropic contributions, while the swelling number of unemployed is pushing state Medicaid budgets to the limit and beyond.



## How To Write a Perfect Cover Letter

By Deborah Walker, CCMC

Your cover letter has only one job. It is meant to entice the reader to open and read your resume. Sounds simple, but job seekers often stress as much over their cover letter as they do the resume. If this sounds like you, relax, there is a simple approach to cover letters that will streamline your application process and give you confidence every time you send out your resume. Just keep these three cover letter tips in mind and you'll never stress over writing them again.

### 1. Keep it short.

More often than not you'll send your cover letter via email or some other electronic system. Your reader won't be looking at a piece of paper, but at their computer screen. Ever notice how short your reading attention span is when you're reading text on your computer? That's why online articles are typically shorter than print articles. The same holds true for email messages. If you've got 60 messages in your inbox you don't have the patience for lengthy text. Now imagine you're a recruiter or resume screener and you must get through a couple hundred resumes in a day. If you want your cover letter read keep it short, concise and to the point.

### 2. Focus on qualifications

Most job seekers freeze up when writing cover letter because they don't know what information recruiters want to see. The first person in an organization to read your resume is a recruiter or HR professional who acts as a screener. They are interested only in identifying candidates who match their set of qualifications. The better the match the higher the interest. Don't worry about explaining why you are interested in the position, the screener probably doesn't care. He/she only want to know if you qualify as a viable candidate. Use the job posting as a guide to know exactly what qualifications to mention in your cover letter.

### 3. Don't try to get fancy.

Job seekers get frustrated writing cover letters because they try to make it into a creative writing exercise. That's not necessary. It's much more important that you keep your ideas clear and easily understood. When writing about your qualifications do use the same verbiage to describe your skills as the job posting. You'll make the resume screener's work much easier and they will recognize you as a perfect candidate match much quicker.



**Wednesday, December 2<sup>nd</sup>**

6:00 p.m. Board Meeting -location to be determined

**Thursday, December 3<sup>rd</sup>**

7:30 Continental Breakfast

8:00 Welcome and Announcements

8:15 **HEALTHCARE 2015: WHAT THE FUTURE HOLDS - Edgar Muonib, MBA, MPH**

Edgar “Ed” Muonib, MBA, MPH has focused his career on strategy and information technology towards improving healthcare and public health. He currently serves as the Healthcare Executive in the IBM Institute for Business Value. In this role, Mr. Muonib develops original, analytically-driven thought leadership and techniques to enable clients to realize business value.

Our healthcare system is at an inflection point where we have the opportunity to achieve new milestones in defining, measuring and delivering value, activating responsible citizens and developing new models for promoting health and delivering care, even within growing resource constraints and other challenges. This is important now, more than ever before, given the increasingly unsustainable path of the healthcare system.

9:30 Break

9:45 **PREPARING FOR THE GENERATIONAL IMPACT... WHAT WE NEED TO DO NOW – Kevin Haeberle, Executive VP, Practice Leader, Integrated Health Strategies**

With over 20 years of experience as consultant, attorney, and a healthcare administrator, Kevin brings a unique expertise to the consulting partnerships he has developed with healthcare organizations nationwide. Prior to joining Integrated Healthcare Strategies, Kevin was a senior vice president of an award-winning healthcare system. Kevin holds a juris doctorate degree from the University of Missouri-Kansas City, and was a professor and coach of the university’s nationally ranked speech and debate program.

Everyone is now aware of the slow, but steadily moving generational changes that will impact healthcare. The discussion now needs to focus on what fundamental system and structural changes need to be initiated now and within the next two or three years in order for your healthcare organization

to be prepared to successfully motivate and recruit not only future employees, but also physicians, management, and Board members.

Within five to seven years, a majority of employees and physicians will tip to the new generations, and the key to an organization’s success will be having the changes ready to be implemented when that “tipping” point occurs.

This highly interactive session will explore in detail the steps needed each year during a five-year plan to successfully manage this transaction.

12:00 Lunch-On Us! Please join us for lunch and take the opportunity to network with other chapter members.

1:15 **REVENUE CYCLE BEST PRACTICES – John R. Thomas, CEO and President, Med Synergies, Inc.**

With fifteen plus years of experience in healthcare finance, John has held executive positions in financial and medical operations focusing on hospital-physician alignment, revenue cycle management, emerging healthcare markets, and corporate finance for healthcare.

With the ever-changing reductions in reimbursement affecting the revenue cycle, costs escalating, and incentives not aligned; hospital’s and practice’s revenue are bound to be significantly impacted. This interactive discussion with the use of case studies outlines the strategy for using process and technology improvements to optimize revenue. After this session, you will be able to: Identify the best practices in revenue cycle management; describe the key metrics for your revenue cycle management plan; and develop an implementation report for stakeholders in the organization

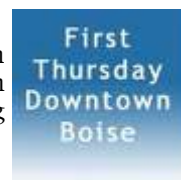
3:30 Break

3:45 **PAYOR UPDATE – Medicare, Medicaid, Blue Cross & Blue Shield Representatives**

During this session you’ll hear what is new with these payers and have an opportunity to ask questions.

5:00 Adjourn

**Evening Entertainment** – Enjoy Downtown Boise’s **First Night** festivities; we’ll meet in the hotel lobby at 5:45. Wear your walking shoes!



# Winter Meeting—The Grove Hotel—December 2-4, 2009 (Continued)

## Friday, December 4th

7:30 Continental Breakfast  
8:15 Welcome and Announcements

### 8:30 **Collaboration of Financial & Clinical Staff to Optimize Reimbursement- Linda Corley, MBA, CPC**

Linda has more than twenty years experience working directly for or with hospitals in the areas of Patient Financial Services and Accounting. Since joining Perot Systems, she has directed more than one hundred Charge Description Master (CDM) reviews and has performed numerous coding and compliance audits. Prior to Perot Systems, Ms. Corley served as Chief Accountant/Controller for a university-owned four-hospital group-which included acute, rehabilitative, outpatient and long-term care settings. Ms. Corley has performed financial review analysis audits and developed reporting guidelines for cost and revenue variances to enhance operations effectiveness within hospital departments. She was instrumental in establishing quarterly hospital financial analysis and training sessions for medical department heads (Hospital Reimbursement for Clinical Managers). Ms. Corley is a frequent HFMA speaker who is often invited back for a second and even third presentation due to her strategy-packed sessions, lively interactive discussions, and in-depth knowledge of current governmental regulations.

Pay for performance and value-based purchasing are not “programs” or isolated CMS projects-do not turn the next three years over to revenue cycle management staff alone! Learn about the “winners” and “losers” of reformed healthcare: losers will be the providers who cannot produce reasonable evidence as to their quality; and thus will lose market share and trust in the health care marketplace. Winners will be the providers who begin now to aggressively seek improved methods, processes and reporting (both financial and clinical) strategies to solidify quality care initiatives and results.

10:30 Break-Time to check out of the hotel

### 11:00 **CMS Region X Update-Alma Hardy**

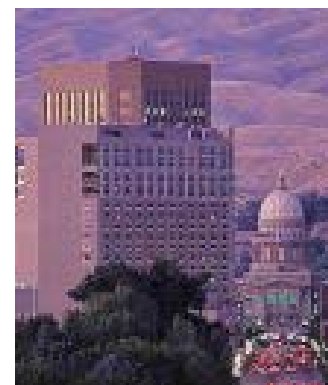
Alma Hardy is a senior health insurance specialist in the Office of the Regional Administrator (ORA) within the Centers for Medicare & Medicaid (CMS) Region X Office in Seattle, Washington. She serves as one of ten CMS Regional Rural Health Coordinators throughout the country. In that capacity she assists in resolving policy and operational issues affecting rural providers and acts as a point of contact, liaison, or referral for the providers, States, and others within the Region X States of Alaska, Idaho, Oregon, and Washington. As a member of the ORA External Affairs team, she also serves as the External Affairs Liaison for the State of Oregon. Prior to joining the staff of the ORA, she

acquired experience within CMS Region X as a specialist in Medicare policy and operations (fee-for-service), Medicaid state operations, Medicare survey and certification operations, and Medicare/Medicaid program integrity. Before entering federal service with the Social Security Administration, she received a BA in English from Maryville College in Maryville, Tennessee, and worked in private industry.

The speaker will provide an update on CMS and Medicare program initiatives and changes affecting providers and program beneficiaries, to include: quality initiatives, caregiver initiatives, highlights of recent legislation, (including incentive for HIT adoption and use), Medicare contracting changes, the recovery audit contracting program, the coming modification to the coding system, and several frequently asked questions.

12:30 Adjourn-Have a safe trip home!

*See you at The Grove*



# Chapter News and Events



## New Member Spotlight

Please join us in welcoming our newest Chapter Members!

**Welcome! We look forward to seeing you at our next meeting!**

**Tristi Cohelan**, Senior Accountant, Dingus, Zarecor & Associates

**Brenda Smith**, Assistant Controller, Madison Memorial Hospital

**Mark Balzen**, Business Office Manager, Madison Memorial Hospital

**Tina Still**, PFS Manager, Steele Memorial Medical Center

**Dave Pattee**, Audit Director, Deloitte & Touche, LLP

**Traci Sangster**, Senior Accountant, St. Joseph Regional Medical Center

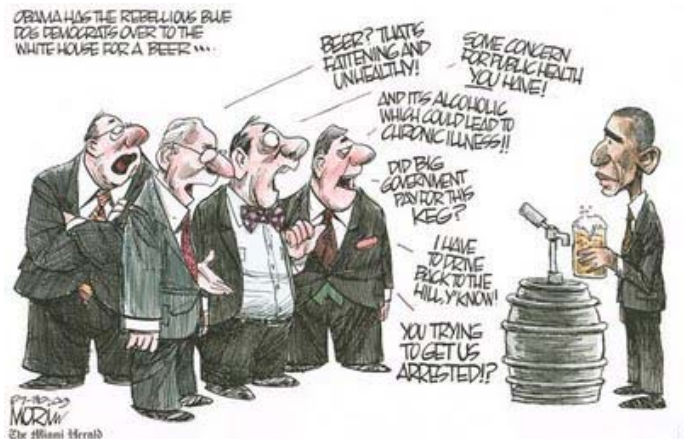
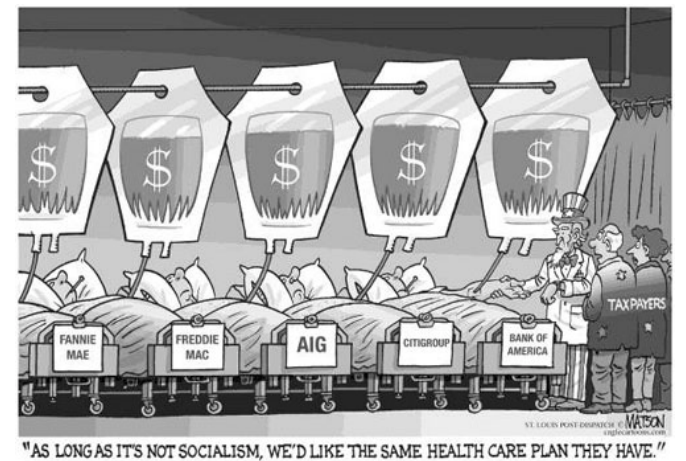
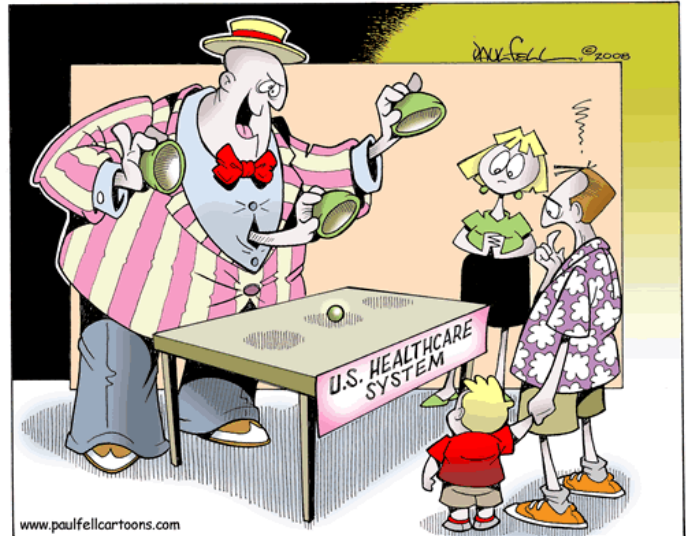
**Lou Ann Watson**, Controller, St. Joseph Regional Medical Center

**Deanne Schmitt**, Senior Accountant, St. Joseph Regional Medical Center

**Kelli A. Ray**, Office Manager, Northview Medical Clinic



## Healthcare Reform Humor



# HFMA Certification Program

Enhance your career potential by becoming a Certified Healthcare Financial Professional (CHFP). HFMA's certification program provides you an opportunity to earn this designation when you meet the following requirements:

- Be an HFMA member for a total of two years and be an current active member
- Have two years of professional experience in the healthcare finance industry
- Successfully complete the HFMA Core certification exam *and* one of the specialty exams – Accounting and Finance, Patient Financial Services, Financial Management of Physician Practices, or Managed Care

Obtain a reference from an elected HFMA chapter officer and your CEO or supervisor

All active members are eligible to take the certification exams. The proctored on-line exams are available anytime. The Idaho HFMA Chapter will make available a proctor during the chapter winter meeting in Boise (December 3-4).

If you can't make to Boise in December, the Idaho Chapter has several proctors throughout the state.

A list of eligible proctors for the Idaho chapter is on the HFMA web page at: <http://www.hfma.org/site/certification/proctors.cfm>.

Schedule a time with your proctor and then submit to HFMA National an exam application available on-line at: ([http://www.hfma.org/login/index.cfm?script\\_name=/site/certification/exam\\_application.cfm](http://www.hfma.org/login/index.cfm?script_name=/site/certification/exam_application.cfm)) .

The two requisite exams must be successfully completed within 24 months of passing the first exam. To prepare for the exam, you can use the corresponding self-study course available on the HFMA website or from your Idaho Chapter's resource library. You can also participate in an Instructor led coaching course offered by HFMA National at ANI.

Once you meet the requirements for becoming a CHFP, submit a CHFP application to HFMA National within 24 months of successfully completing the first exam, with a one-time fee. You will then receive a certificate through your chapter that you can proudly display and will be entitled to use the CHFP designation after your name.

As a CHFP, you are on your way to becoming a Fellow of HFMA (FHFMA). Fellowship is available upon meeting the following requirements: 5 years of total HFMA membership, a Bachelor's degree or 120 semester hours of college credit required references, and demonstrated volunteer activity in the healthcare finance field.

You will retain your CHFP or FHFMA designation as long as you remain an active member of HFMA and show proof of earning 90 professional education hours every three years. This maintenance requirement helps you remain current in your field and will also be an asset to your career. You can meet this requirement through participating in structured learning activities offered through HFMA National, your local HFMA chapter, your employer, or other professional organizations. Additional information about the maintenance requirement is available on the HFMA website.

The Idaho chapter supports your efforts in becoming HFMA certified. For more information about the HFMA certification program or resources available locally, please contact Norilina Harvel, CHFP at (208) 265-1101 or [norilina.harvel@bonnergeneral.org](mailto:norilina.harvel@bonnergeneral.org).



# A Message From the Region 10 Regional Executive: Hal Prink, FHFMA



It is my pleasure to serve as the Region 10 Executive for our region which consists of the following chapters: Arizona, Colorado, Idaho, Montana, New Mexico, Utah and Wyoming. The Role of the Regional Executive is as follows:

- Serve as the primary volunteer and policy link between chapters and the Association
- Assist chapter leaders in serving members
- Promote and lead change efforts to drive HFMA strategies
- Foster dialogue and communication at all levels of HFMA
- Represent the needs and interests of chapter leaders to the HFMA Board and staff
- Work to create a seamless system of service for HFMA members
- Encourage chapter to collaborate and help other chapters
- Attend chapter meeting to network with chapter leaders and volunteers and show support for their activities
- Talk with Chapter Presidents/ Presidents-Elect at least once per quarter to assess performance
- Highlight best practices and share concerns

We recently had our Fall Presidents Meeting and will provide highlights of it and my visits to our chapters in your next newsletter.

I look forward to working with all chapters in fulfilling his role for our Region. In the meantime, if there is any way I can assist you in your communications with HFMA National, please let me know

Hal Prink, FHFMA  
 Region 10 Executive  
[halprink@comcast.net](mailto:halprink@comcast.net)

## HALLOWEEN WORD SEARCH (DIFFICULT)

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H M F T C D O S Z T E D S
L A E L A O C T O A P R N
Y U L E O R F M M Y I A I
L S D L E W B F B I C Y A
L N O A O S E L I W E E R
U D M U T W C R E N R V B
K A A O T A E A E A I A N
S T N E E P L E N W I R E
A E R I P M A V N D I G V
H A U N T E D F S H L E A
T P Y R C O S T U M E E R
O C T O B E R W I T C H E
T H U N D E R A D N N T C
    
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COFFIN	HAUNTED	HALLOWEEN	OCTOBER	ZOMBIE
CANDLE	UNDEAD	WEREWOLF	COSTUME	RECIPE
VAMPIRE	THUNDER	GRAVEYARD	SCREAM	BRAINS
CRYPT	WITCH	TOMBSTONE	SKULL	RAVEN

Courtesy [www.HalloweenGames101.com](http://www.HalloweenGames101.com)



### HFMA Membership

#### HFMA National's On-line Membership Directory

Have you visited HFMA National's On-line Membership Directory lately? Here's the link: <http://www.hfma.org/login/index.cfm>. When you select "HFMA Directory", not only can you search for members of our chapter, you can also search for all of your HFMA colleagues by name, company, and location - regardless of chapter! Using an on-line directory instead of a printed directory ensures that you always have the most up-to-date contact information.

While accessing HFMA National's On-line Membership Directory, you may view your current contact information and make edits to your profile. You can also view any products you have ordered, events you have registered for, your CPE credits, your Founders points, and more!

It is vital that HFMA has your correct information, so please take a moment to review your record now. By doing so, you will ensure that HFMA continues to provide you with valuable information and insights that further your success.

### Clearing up the Confusion on Copying Military ID Cards

On August 10, 2009, U.S. Army North published a Force Protection Advisory (0050-09-FPA) entitled Photocopying of Military Identification Cards. It stated "Recent incidents regarding the photocopying of military identification cards and common access cards (CAC) by commercial establishments to verify military affiliation or provide government rates for service have been reported. Commanders and Supervisors are reminded that the photocopying of US Government Identification is a violation of Title 18, US Code Part I, Chapter 33, Section 701, January 3, 2007, and punishable by both fine and imprisonment. Many military members, family member and DoD employees are unaware of this law. Please pass to the lowest level and include in training for force protection, information security and OPSEC."

The advisory was since rescinded by the Army on August 13, 2009, but it has caused confusion among Military personnel and providers alike in the West Region about copying military ID cards.

Per Department of Defense (DoD) instruction and reinforced in the TRICARE Provider Handbook is both allowable and advisable for providers to copy a beneficiary's ID card to facilitate eligibility verification and for the purpose of rendering needed services. The DoD recommends that providers copy both sides of the ID card and retain copies for future reference.

A valid uniformed Services ID card serves as proof of eligibility for TRICARE coverage. Title 18, Section 701 of the U.S. Code and the Department of Defense Instruction 1000.13, paragraph 6.17 authorizes the photocopying of the front and back of the ID card to establish the eligibility of the patient to receive care.

If you need any further information, please refer to the TRICARE Policy Manual at [www.tricare.mil/](http://www.tricare.mil/).



### TriWest Online Care Program Now Available

TriWest Healthcare Alliance is offering the TriWest Online Care program, a videoconference Tele-Behavioral Health Care program for eligible TRICARE beneficiaries in the West Region. This Department of Defense (DoD) initiative supplements TRICARE's existing face-to-face behavioral healthcare benefits and improves access to behavioral health providers.

#### ***Make the Connection***

Military families may find themselves living through unusually stressful and difficult situations. Individuals may need an experienced professional to talk to, behavioral health counseling, medical treatment, or some additional support resources to help them through a challenging time.

TriWest's Online Care Program expands access to behavioral health services for eligible TRICARE beneficiaries in the West Region. TriWest's continuum of online behavioral health services includes:

- Tele-Behavioral Health Care
- TriWest Behavioral Health Portal
- TriWest Behavioral Health Contact Center (BHCC)
- TRICARE Assistance Program (TRIAP)

Providers may participate in providing Tele-Behavioral Health Care to eligible TRICARE beneficiaries either as an Originating Site or Distant Provider. An *Originating Site* is the site where an eligible TRICARE beneficiary is located when Tele-Behavioral Health Care is being furnished via a videoconferencing system. Please note that an Originating Site does not have to be a behavioral health facility. A *Distant Provider* is the TRICARE network behavioral health provider rendering Tele-Behavioral Health Care via a videoconferencing system. To sign up as an Originating Site or a Distant Provider for this exciting new program, please contact your local network representative. If you do not have their contact information, refer to [www.triwest.com/provider](http://www.triwest.com/provider), Resource Library, Phone Numbers. Additional information about TriWest Online Care can be found on the secure provider portal at [www.triwest.com](http://www.triwest.com) in the Behavioral Health Online Care section as well as on the Behavioral Health Portal at [www.triwest.com/bh](http://www.triwest.com/bh).

TriWest Healthcare Alliance provides access to quality health care for 2.7 million members of America's military family in the 21-state TRICARE West Region. FL-256-

## Career Opportunities!

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### [American Falls, ID](#)

.Harms Hospital has an opening for a full time Business Office Manager. The ideal candidate will have medical billing experience such as Medicare, Medicaid, and BC/BS, will be responsible for the day-to-day operations of the hospital Business Office, including admissions, billing, coding, and collections. Requirements: 3-5 years hospital experience including supervision of staff and computer skills. Preferred: Associates degree with emphasis in business, experience with Health Land and Care Medic software. Wage DOE. Email resume to [normah@harmsmemorial.org](mailto:normah@harmsmemorial.org) Applications available at 510 Roosevelt St., Am. Falls, ID

Closing date: When position is filled. EOE



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2009 – 2010

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