



President's Message



Summer is finally here and hopefully everyone is finding time to enjoy all this great state has to offer. In between bar-b-ques and camping trips your Idaho Chapter board has been working on making the 2011-2012 a great year. Recently, Kate Homan, Treasurer and Jason Gibbons, Sponsorship Chair and I had the opportunity to attend the HFMA National Leadership Training. We came back with some great ideas to help make our chapter even better.

- First we will continue to focus on high quality educational events. Tom Murphy, President Elect/

Program Chair has put together a great agenda for McCall. We hope to see everyone there August 11th and 12th.

- Second the board approved a new member incentive. For the next three months (August – October) any current Idaho Chapter member who gets a new member to join our chapter will get the registration fees of one educational event waived as will the new member who joined. Our hope is that not only will this help our membership but it will also help provide some assistance to our members with registration fees.
- Third the board approved helping members with the cost of certification by reimbursing the first four chapter members who obtain the online preparation materials (cost of \$195) and reimburse the first two members who pass the exam (cost of \$395). To learn more about the certification process please read the article in this issue.

- Finally, a member satisfaction survey will be coming out in the next few months. This survey provides us with valuable information on what we are doing right and what we can do to improve. If you are selected to complete a survey we hope you will take the time to do so - your feedback is very important to us.

As you can see your HFMA board has been busy trying to make this a great year and I think we are off to a great start! I would like to end my first President's message with some thank yous! Thank you to all the volunteers for your hard work! Thank you to all our members and sponsors for making this a great chapter! And thanks to everyone for allowing me to serve as your President. I look forward to seeing everyone in McCall.

Jennie B. Pipoly

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HFMA Certification Process Update

By: Tom Safley, FHFMA

In June 2010 the HFMA Board of Examiners adopted recommendations to redirect the HFMA certification process. These initiatives were undertaken as a response to several dynamics: the increased interest in credentialing today by both employers and employees, and, business demands and need for technically strong and competent professionals in healthcare finance.

The six recommendations adopted for the HFMA certification program (implemented in January 2011) cover the following areas:

- Refine Internet testing and study material delivery.
- Streamline processes for all stakeholders.
- Realign the HFMA certification examination in accord with field study findings.
- Focus on mid-management finance professionals.
- Restructure the specialties as certificate programs.
- Streamline eligibility requirements.

One of the major changes in the focus of the certification examination is that the exam is now intended to assess if the candidate is a skilled and reflective practitioner. The exam is no longer an "end-of-course" test or just a test limited to understanding the content in the preparation materials. As a result, the exam is not intended for those who are new to the field or who do not have any management experience.

In order to prepare for the exam, here are some practical suggestions for you to consider:

- Obtain the on-line self study course from HFMA via hfma.org.
- Download a sample test & take it with no advance preparation to become familiar with the style of the exam.
- Download the CHFP Candidate handbook and read it.
- Establish a study schedule.
- Study during daylight hours for better retention.
- Study for a maximum of two hours per day.
- Close the door and read the text out aloud.
- Consider making screen prints of the on-line study course to make it easier to cross-reference the material and find your own interconnections.

- After you finish the Core Curriculum retake the sample test to see how much you have improved.

Take the exam in the morning and take the rest of the day off to reward yourself!

An important tool in a successful certification exam is the new on-line study guide available from HFMA. The cost of this guide is \$195. Here are some details regarding the study guide:

- It is available through HFMA's eLearning portal at hfma.org.
- Access is good for one year.
- Curriculum is revised annually by the HFMA Board of Examiners.
- Same look and feel across all courses.
- Interspersed with multiple-choice questions.
- 10-15 sample questions at the end of each module.
- 10 hours of CPE, credited automatically to your HFMA CPE account.
- Takes about 12 hours to complete.

You can pause at any time & revisit each course as often as you like.

You may be asking yourself at this point in the article "Exactly what does certification do for me?" Here are some of the benefits of being certified in HFMA:

- It validates your skills and knowledge.
- It enhances your credibility in the industry.
- It supports your professional development.

It demonstrates a high level of commitment to the field.

At the July 2011 Idaho HFMA Board meeting, the chapter directors approved to reimburse the first four chapter members who obtain the online preparation materials (cost of \$195) and reimburse the first two members who pass the exam (cost of \$395).

At the Idaho HFMA meeting in August in McCall, I will be presenting a detailed overview of the changes in the HFMA certification exam. I hope to see you there, and I look forward to helping every member that is interested to become certified in HFMA.

For more information on certification or being reimbursed for the on-line preparation materials or exam costs please contact Tom Safley at

Tom.Safley@sjrnc.org.

HFMA President & CFO Clarke to Retire in 2012

Chicago, IL—July 21, 2011 (1:00 pm CT)

Richard L. Clarke, DHA, FHFMA, president and chief executive officer of the Healthcare Financial Management Association (HFMA), announced today to staff and HFMA members that he will retire July 31, 2012. HFMA is a professional membership association with more than 37,000 members in 68 chapters who share an interest in the financial management of the delivery of healthcare services. Clarke has been president and chief executive officer since 1986. During his tenure, HFMA has experienced membership and operating revenue growth as well as broad influence in improving healthcare efficiency and effectiveness through initiatives such as the **PATIENT FRIENDLY BILLING®** project. Clarke has been named one of *Modern Healthcare* magazine's 100 Most Powerful in Health Care for nine consecutive years – one of only 12 healthcare leaders who have made the list every year since its inception.

"HFMA has become the indispensable resource for healthcare finance under Dick's leadership," said Gregory M. Adams, FHFMA, HFMA Board chair and senior vice president and partner Panacea Healthcare Solutions, LLC. "His vision for value-driven health care, his passion for education and continuous improvement, and his ability to bring together diverse perspectives has benefitted HFMA's members, their organizations, and their communities."

With the announcement, HFMA will soon begin its search for a successor, ensuring a smooth transition for HFMA's 37,000 members across the nation. A search committee has been formed of volunteer leaders with diverse HFMA and industry experience to best represent the association's members in this effort. This committee will work with a search firm to identify and assess potential candidates.

Clarke is a past Chair of the Commission on Accreditation of Healthcare Management Education and a former chair of AHA Financial Solutions, Inc. Additionally he has served on the Federal Reserve Bank of Chicago's Advisory Council. He currently serves on several committees and the Board of Directors of CHRISTUS Health in Dallas, Texas, as well as the Finance and Strategy Committee for Catholic Healthcare Partners in Cincinnati, Ohio. Dr. Clarke holds an instructor faculty position in the Department of Health Systems Management at Rush University in Chicago and the MBA in Health program for the University of Miami in Coral Gables, Florida.

Reflecting on his time leading HFMA, Clarke says, "Every day for the past 25 years, I have been impressed by the dedication of HFMA members not only to the association, but to their role in improving our nation's health. It has been an honor to serve with them and to support the mission of HFMA."

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Financial Management Association

WASTE NOT, WANT NOT—Tuning Up The Revenue Cycle For Healthcare Reform

By: Victoria Bergmans, MBA, CHFP

Are the people, processes and technology that make up your revenue cycle functions ready to take on healthcare reform? As we are all aware, the Patient Protection and Affordable Care Act includes a mandate that will require 30 to 40 million, currently uninsured individuals, to obtain health insurance coverage. With approximately 95% of the U.S. population covered by private or government-administered health insurance in 2015, the revenue cycle will be strained with the anticipated growth and expansion of healthcare demand. At the same time, healthcare delivery systems will be adapting to health insurance exchanges, payment reform initiatives, increased regulation and the transition to ICD-10-CM. It is now more critical than ever to examine and identify less than optimal revenue cycle workflows. Efficient infrastructure and processes, to ensure timely submission of a clean claim, which is paid in full on the first transmission, will be crucial for cash flow.

Lean Manufacturing (Lean) is the perfect tool to actively engage team members to seek out and eliminate waste in the revenue cycle workflow. Lean is often mischaracterized as being a cost reduction strategy when, in actuality, it is a continuous process improvement system, that quite often reduces cost. I was exposed early in my career to the ideas of Dr. W. Edwards Deming, an American statistician and quality guru, whose principles became the foundation of the Toyota Production System (TPS) or Lean. Having attended graduate school in western Michigan, the headquarters for worldwide furniture manufacturers, Steelcase and Haworth, I had the opportunity to gain first hand insight into process improvement methodologies. As a Practice Administrator working in the healthcare sector, I had no idea how much value stream mapping and measurement of outcomes, in the manufacturing sector, would influence my approach to providing financial leadership to healthcare entities.

The main objective of TPS /Lean is to provide the best possible service to the customer through the elimination of all forms of waste. Let's start out by defining waste as anything that adds cost or time without adding value. Defining value is a little more difficult, so for the sake of simplicity, we will use the TPS definition of value, which is defined as something the customer is willing to pay for. The first step in eliminating waste from the revenue cycle is to develop a process map of how the current process **really** flows, starting with patient access through account resolution. Once you have a true depiction of the current process, each activity in the current process is identified as a value adding task or non-value adding task. There will be some non-value adding tasks that are necessary to meet business or regulatory requirements but do not add value. For example, submitting claims electronically through a clearinghouse is a necessary part of the revenue cycle but does not add value to the customer. Sending paper claims directly to the payor, when electronic submission is an option, does not add value to the customer or to the practice and would be considered waste.

So what exactly constitutes waste? Waste is identified as a non-value added task, not necessary for business or regulatory reasons. Lean philosophy breaks waste down into 8 categories. Once team members understand the 8 categories of waste, they can begin to identify and eliminate waste from the revenue cycle workflow.

The 8 categories of waste are:

- **Overproduction** refers to producing work or providing a service before it is required or requested. Examples of overproduction include redundant work, such as entering repetitive information on forms, printing extra copies of documents, and multiple team members performing the same task due to lack of clear ownership of the function.

- **Waiting** includes anything that interrupts the workflow and causes a delay in the next processing step. Examples include patients waiting to see the provider, insufficient number of software licenses and waiting for charges to be entered in the EPM/EMR. Backlogs and bottlenecks in the process are usually associated with waiting.
- **Excess Motion** is any movement that does not add value or reverses the process flow. Examples include patient registrars walking to the copy machine to make copies of patient information, looking for misplaced documents and inconsistent changing between computer screens when inputting data in EPM/EMR.
- **Transport** waste in the revenue cycle involves less than optimal flow of data and people. Examples include re-entering data between incompatible systems (EPM and clearinghouse); work being passed back and forth for clarification and outdated procedures/lack of clarity.
- **Overprocessing** waste occurs when more steps than necessary, to add value to the customer, are included in the process. Examples include excessive paperwork, gathering irrelevant information and submitting duplicate claims to the payor.
- **Unnecessary Inventory** includes the usual inventory items, as well as inefficient use of time. Examples include outdated forms/manuals, unnecessary e-mail/paperwork, and work in progress (outstanding encounters and discharged but not final billed claims).
- **Defects/Errors /Re-works** are mistakes that were not corrected at the source and require additional attention. Examples include not obtaining the correct patient demographic information, not setting up payors in the clearinghouse and submitting claims to the incorrect payor.
- **Underutilized People** are defined as not using team member skills to their potential. Lean work teams are seen as a resource to be developed and well trained in their functions (1). Examples of underutilization include the supervisor correcting patient insurance information in EPM, management not including the team members responsible for a task when evaluating process improvements opportunities and supervisor not training team members to use the functionality of EPM.

Teamwork and a common focus are essential elements to streamlining your revenue cycle workflow. Lean helps you look at your revenue cycle workflow from a holistic point of view, as opposed to individual steps. By mapping out your current process, you are able to see the interaction between all activities and identify where insufficient processes result in delays, duplication of efforts and errors or "waste." Applying Lean to your revenue cycle workflow will eliminate waste, which will accelerate cash conversion and liquidation of accounts receivable.

References

1. Dibia, I. and Onuh, S. (2010). "Lean Revolution and the Human Resource Aspects." Proceedings of the World Congress on Engineering 2010 Vol III WCE 2010, June 30 - July 2, 2010, London, U.K.

For more information, please contact Victoria Bergmans at 512.517.5074 or victoriab@austin.rr.com.

And the Survey Says...

By: Darci Linstrum, Past President

In just a couple of short months HFMA National will be conducting the Member Satisfaction Survey; this survey is reported by each individual chapter so we can work on satisfying your needs as chapter members.

As Past President I can tell you that the Board and Officers of the Idaho Chapter take the results of this survey very seriously! This is your opportunity to express your opinions on what we are doing well and what needs work. This tool also gives National a glimpse into our chapter and they use these scores as part of the *Chapter Balanced Scorecard* that tracks performance of key chapter activities and assists leaders in goal setting.

As Chapter leaders we value your feedback through this Chapter Satisfaction Survey. You can expect to receive the survey in late October; please take the time to complete this survey and give your honest opinions so we can use the information to make the Idaho Chapter the best it can be!



Above:

Debra Kuchka-Craig, Darci Linstrum, and Greg Adams at the President's Award Dinner at ANI.

The Idaho Chapter was awarded three awards at the national conference. The Idaho Chapter was presented the following awards:

Charles F. Mehler, Gold Award, Award of Excellence for Education

C. Henry Hottum, Award for Education Performance Improvement

Helen M. Yerger, Award for Outstanding Performance in Collaboration in conjunction with other Region X Chapters for its Regional Webinars project.

Darci Linstrum, Past President, would like to congratulate the Idaho Board and members on these awards.

HFMA Membership—Idaho Chapter

New Member Spotlight

Please join us in welcoming our newest Chapter Members!

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

Darren Board - Key Bank

Blaine Petersen - Saint Alphonsus Regional Medical Center

Irwin Hurn - Kootenai Health

Julie Powell - Re\$ource \$olutions

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.

Thank You!

The Idaho chapter would like to take a moment to express our appreciation to each of our corporate sponsors, they truly are the life-blood of our chapter. Each of their continued support allows us to provide the ongoing quality education and activities that make our chapter great. As such, we are always in need of any additional sponsors, if anyone working in a hospital has vendors that they work with on an ongoing basis please consider asking them if they would consider becoming a corporate sponsor of the Idaho Chapter of HFMA.

Career Opportunities!

Regional Manager, Patient Access

(Regional Manager, Patient Access and MO Financial Services)

Boise, Idaho

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Trinity Health offers a comprehensive benefits package including medical, dental, vision, 403(b), paid time off, FSA, STD,

LTD, life insurance, pension, and tuition reimbursement.

Contact:

FOR MORE INFORMATION ON TRINITY HEALTH, AND TO APPLY ONLINE, PLEASE VISIT www.trinity-health.org

AND FOLLOW THE CAREERS LINK OR GO DIRECTLY TO: <http://www.trinity-health.org/Careers/CareerOpportunities/THCareerOpportunities/index.htm>

Site Director (Director, Patient Access and MO Financial Services)

Ontario, OR (Position will have responsibility for Ontario & Baker City, OR facilities)

Full-time

Trinity Health offers a comprehensive benefits package including medical, dental, vision, 403(b), paid time off, FSA, STD,

LTD, life insurance, pension, and tuition reimbursement.

Contact:

FOR MORE INFORMATION ON TRINITY HEALTH, AND TO APPLY ONLINE, PLEASE VISIT www.trinity-health.org

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HFMA Idaho Chapter—Educational Events Calendar



August 11-12, 2011 Summer Meeting

- *McCall, Idaho*

October 1-4, 2011 Fall Meeting

- *Sun Valley, Idaho*

January 19-20, 2012 Winter Meeting

- *Boise, Idaho*

Please visit our website to learn about other exciting career opportunities

http://www.idahohfma.org/site/epage/6235_318.htm

Chapter and Vendor Information

HFMA Idaho Chapter

2011-2012

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