hfma healthcare financial management association

first illinois speaks

A Newsletter from HFMA's First Illinois Chapter

April 2004

Leveraging Your Capital – the U.S. and the U.K.

By Mark Atkinson

hfma: it's personal

INSIDE:

Highlights and Recap First Illinois Chapter Events

Accounting and Reimbursement Program - January 15, 2004

Medical Groups and Physicians Program, February 19, 2004

HFMA's recent research 'Financing the Future'[1] raises some interesting facts about capital expenditure by hospitals in the US. Perhaps the two most striking findings are the lack of growth in spending – just 1% between 1997 and 2001, and the increase in raising capital through less traditional means such as leasing and disposal of assets.

A similar shift in thinking has occurred in the UK where in 2003, 11% of the Government's £41.8 billion ($75.2 billion) capital investment was sourced through a process known as the Private Finance Initiative (PFI)[2]. The development of the PFI also came at a time of considerable growth in Government investment, up by 81% from £23 billion ($41.1 billion) in 1997. The success in delivering this significant investment, while decreasing the Government's borrowing, is what is driving the export of similar processes from the UK to mainland Europe and countries as far as Australia and as close as Canada.

In the UK healthcare capital investment in 2003 was £4 billion ($7.2 billion), up by 122% from £1.8 billion ($3.2 billion) in 1997 and projected to rise to £6 billion ($10.8 billion) by 2006[3].

Annualized figures for PFI investment are not currently available but to date hospitals have completed £3.2 billion ($5.8 billion) of investment through PFI. This investment has already delivered 34 full service hospitals and 119 other health projects[4]. However, approval has been granted for a total of £11 billion ($19.8 billion) of PFI investment in major health projects since May 1997.[5]

So what is PFI? Broadly speaking PFI in healthcare is a partnership between the hospital, and a private consortium of companies to fund, build/supply and operate

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Inside This Issue

President's Message

It Is NOT Getting Any Easier

A message from your President

It's everywhere you look. In every newspaper, in every politician's campaign speech, at the heart of every employer's benefits negotiation, and on everyone's mind…what to do about the rising cost of healthcare? Some recent examples are the garbage workers strike in Chicago and the extended grocery worker strike in California; both over shifting increased healthcare costs to the employee. Unfortunately, there are no easy answers. In First Illinois Speaks we have focused on this issue in articles discussing consumer driven healthcare. Managed care is failing to fulfill its promise and the new trend is to let the consumer decide where and how to purchase healthcare. I believe controlling healthcare costs will be just as hard for the consumer as it has been for everyone else.

The other "hot" issue is how to serve the uninsured and the under insured in an environment of escalating costs. A recent Illinois state bill to address this issue ended up being held in committee, but it outlined a structure that hospitals will inevitably end up being forced to follow for granting discounts to the uninsured and providing charity care. Interestingly, one of the key drivers of this legislation is the labor movement. Where the lines are drawn for who will qualify will have a dramatic effect on our business. The state bill as drafted qualified families earning up to 400% of the federal poverty guidelines for charity care. Using these guidelines, a family of four earning up to $75,000 would qualify! That is a large slice of middle class America.

As I look at these issues, I ask myself, as a PFS director, what I can do to manage escalating healthcare costs. After all, while my department generates and collects the bill, we seemingly don't create much cost associated with it. Or is that really true? What am I doing to get out of the backend "fix it" mentality; to proactively shift labor to the front end of the revenue cycle eliminating problems right from the start? And how am I using my customer service unit to reduce costs? Other industries are heavily reliant on integrated customer relationship management (CRM) packages that tie sales and process improvement together. Does my

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First Illinois Chapter News, Upcoming Events & Committee Updates

Chapter Elections

The ballots are in! Congratulations to the 2004 - 2005 First Illinois Officers and Directors:

Officers:
Martin D'Cruz - President
James Heinking - President Elect
Vincent Pryor - Secretary
James Watson - Treasurer

Directors
(Terms Expire May 31, 2005)
Mary Ann Klis
Michael Nichols
Steven Perlin
Paula Wilke

Directors
(Terms Expire May 31, 2006)
Richard Stewart
James Ventrone
Alexis Washa

Continuum of Care Committee

On April 15, the Continuum of Care committee presents its annual educational program, "Follow the Yellow Brick Road? Helping patients return safely from the Land of Oz. Learn to navigate through health plan reimbursement compliance requirements under ERISA and Illinois Insurance Part 919."

Are you aware of the full acute and long term care reimbursement impact of employer health plans? Join us on April 15, 2004 at the Illinois Hospital Association in Naperville. This program is an opportunity to understand the compliance requirements for acute and long-term health care reimbursement by ERISA, HHS; Illinois Insurance appeal rights under Part 919; as well as tools for providers to help their patients navigate through the health care continuum.

For more information please contact Committee Chair Rebecca Busch at bbusch@mbanews.com

CFO Committee Educational program and Golf Outing

The CFO Committee will present its 10th Annual Education Session and Golf Outing on Friday, May 7th at Seven Bridges Golf Club in Woodbridge, IL. The education session is titled, "Symposium on the Impact of the Consumerism Movement on Hospital Financial and Delivery Systems - *Now and in the Future!*"

As the first of the 75 million baby boomers approach 60 years old, the healthcare industry is beginning to respond to the consumer-driven needs of this enormous group, with its increasing list of requests. As it matures, this age cohort is demanding additional capabilities, access and payment options, thus creating a variety of new issues that are now being addressed by hospitals in the Chicagoland area.

The symposium will:

- Outline key forces driving consumerism in health care
- Highlight how hospitals will be impacted
- Propose a strategy for how to win in a consumer- driven market
- Add perspective on the current explosion of CON issues in the Northern Illinois region
- Discuss strategic assumptions for employer medical cost in next 3-5 years
- Compare, in detail, Healthcare Reimbursement and Saving Account models

For more information on the symposium, please contact Committee Chair Steven Berger at www.hcillc.com.

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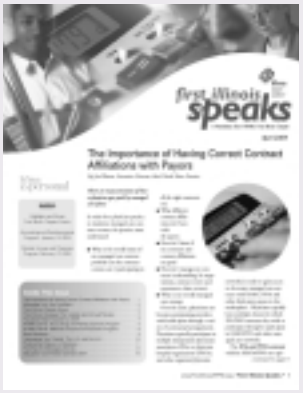
First Illinois Strategic Plan Update and Annual Review

hfma: it's personal

By Paula Wilke, President

The 2002 – 2004 Officers, Directors and Committee Chairs met last Spring to review and update our Chapter's strategic plan and to develop key statements of direction and action plans for the 2003 – 2004 Chapter year. As we approach the end of the Chapter year, the following recap reflects upon our accomplishments as well as identifies opportunities for continued improvement.

Design and implement a comprehensive communication plan. The chapter newsletter, *First Illinois Speaks*, edited this year by Jim Watson, Liz Simpkin, and Mike Nichols, produced five superb issues with contributions from many of our members. The articles always focused on issues impacting healthcare professionals – Consumer Driven Healthcare, ROI on IT Investments, Hospital Expansion, and Leadership Values, to name just a few. In addition, the newsletter provided information on what was happening in the Chapter including a calendar of educational events, names of new members, and pictures of many of our members at Chapter events. An issue of *First Illinois*



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First Illinois Chapter News, Upcoming Events & Committee Updates *continued from page 1*

Chapter Annual Golf Outing

This year's golf outing will be *Friday, May 28th at St. Andrews Golf & Country Club* in West Chicago. Klein Creek Golf Club in Winfield will continue to be our Premium Course. First Illinois Chapter will use both courses at St. Andrews from 6:30 AM until 12:30 PM. We will play "Best Ball" scramble format on both courses at St. Andrews. At Klein Creek, we will play only regulation format, with tee times from 8:00 AM till 10:00 AM.

Our famous afternoon barbeque will be at St. Andrews, from 3:00 till 7:00 pm - great for networking! There will also be a late morning barbeque for those who cannot join us in the afternoon. The early barbeque starts at 11:00 am and goes till 1:00 pm.

You will receive your golf invitation information in the mail after April 1st. To reserve tee times, contact Ron Hennings - your invitation will include all the information you will need to know to make your reservations. Tee times will only be guaranteed when payment is received.

Cost for golf will be:

- St. Andrew's scramble format- $115.00 per person, also includes golf cart and gift
- Klein Creek's regulation format - $150.00 per person, also includes golf cart and gift
- Barbeque ONLY at St. Andrews - $30.00 per person

This year's golf gifts will be a Ben Hogan Golf Glove, a HFMA Logo Golf Towel, and a surprise gift.

If you have any questions, please contact the Golf Committee chairpersons Greg Wimbrow at gregorycwimbrow@provenahealth.com or Kevin Ellis at kevellis_glm@yahoo.com.

HFMA Events

Founders Merit Awards Winners

Rex Pipher
Follmer Bronze Award

Rick Hamilton
Follmer Bronze Award

Andy Stefo
Follmer Bronze Award

Al Staidl
Reeves Silver Award

Andrew Knauf
Reeves Silver Award

The Founders Merit Award program recognizes the contributions made by individual HFMA members. Pictured are 11 members of the First Illinois HFMA who received the Follmer Bronze Award, Reeves Silver Award, or Muncie Gold Award at recent Chapter meetings. The First Illinois Chapter officers and directors extend their congratulations and appreciation for the support and participation of these award recipients.

Congratulations to all!

Left to Right: Harry Jones, Muncie Gold Award
Terry Chan, Follmer Bronze Award
Elaine Scheye, Muncie Gold Award
Linda Burt, Follmer Bronze Award
Liz Simpkin, Follmer Bronze Award
Brian Sinclair, Muncie Gold Award

Bob Shelton Inducted into Healthcare Hall of Fame

Robert Shelton, FHFMA, CAE, former HFMA president, was inducted into the Modern Healthcare Hall of Fame on February 29, 2004. The honor recognizes Mr. Shelton's tremendous contributions to HFMA and the healthcare industry. Shelton, who died at age 85 last September, guided the HFMA from a small group of hospital accountants into the professional organization of more than 20,000 that we know today. He remained active in healthcare after his 1981 retirement and served on the HFMA's Advisory Council of Past Presidents and Chairmen. The First Illinois chapter was fortunate to enjoy Bob's presence and involvement in many of our activities over the years.

HFMA Events

The Ultimate Reality Show:

Accounting and Reimbursement Challenges for 2004

Accounting and Reimbursement program – January 15, 2004

By Patt Marlinghaus

The Accounting and Reimbursement Committee recently held their annual education program at The Carlisle in Lombard. In keeping with tradition, attendance exceeded expectations and extremely positive feedback was received from those who attended the program. It was an ideal opportunity for HFMA members to learn about challenges facing providers in the upcoming year.

Gary Zeman and Steve Fagerman of Strategic Reimbursement, Inc. provided updates on Medicare Reimbursement issues including disproportionate share, bad debt and other cost report related issues. Kenneth Kaufman of Kaufman, Hall and Associates discussed capital access and financing issues, an area which has become much more strained as the credit of providers deteriorates while demand continues to increase at a rapid pace. Attendees gained information on tax issues for health related organizations from Zack Fortsch, of McGladrey & Pullen LLP.

Legislative and regulatory perspectives were also shared, both on the Federal and State levels.

Lawrence Golberg, Deloitte & Touche, discussed topics of the Outpatient Prescription Drug benefit, hospital joint ventures and Rehabilitation status. The State discussion, led by Rick Hamilton of the Illinois Hospital Association, covered 2005 budget issues and the Provider Tax, Charity Care and Covering and Billing the for the Uninsured.

Finally, attendees received an update on significant changes related to audit and accounting standards and legal updates. Roxanne Frey of Pricewaterhouse Coopers discussed reporting for derivatives, reporting for other than temporary losses and subsidiary reporting. Legal topics, compliance developments and the application of the Sarbanes-Oxley Act to not-for-profit providers were reviewed by Brian Annulis, Partner, Michael Best & Freidrich, Paula Cozzi Goedert of Jenner & Block and Cheryl Lippert and Deborah Wiley-Crossen, of KPMG LLP.

By hosting this event, HFMA First Illinois Chapter was able to provide the ideal environment for attendees to learn and exchange information about the healthcare industry. It was a great opportunity to hear valuable information from industry experts, learn some new things and network with peers.

Kevin Riley
Committee Chair

Zack Fortsch

Larry Goldberg

Roxanne Frey

Brian Annulis

Gary Zeman

Cheryl Lippert and Paula Cozzi Goedert

Ken Kaufman

Competitors or Collaborators?

Medical Groups and Physicians program – February 19, 2004

By Elaine Scheye, Committee Chair

The February 19 educational program put on by the Medical Groups & Physicians Committee benefited from two timely issues: publication of the first 2 parts of the "Financing the Future" series; and the headline-making event here in Chicago of the FTC charging Evanston Northwestern Healthcare with anticompetitive behavior, less than ten days before our program.

Scott James and Ann Filiaut

Jeffrey Brennan, J.D., Assistant Director of the Federal Trade Commission's Bureau of Competition spoke on trends in regulatory enforcement. And, what a stir he caused! The question and answer session was spirited, to put it mildly, but instructive as well, as important questions were raised as to what constitutes market power.

Access to capital was discussed at length. Ann Filiaut of Pricewaterhouse Coopers, LLC and Scott James of Cain Brothers presented findings and projections from the first of the six-part series "Financing the Future" co-sponsored by HFMA and GE Healthcare Financial Services.

Jim Maloney of Cain Brothers and Sydney Scarborough of Lillibridge Health Trust discussed opportunities for hospitals to leverage the value of medical office buildings and other real estate. Using Catholic Health West as a case study, we learned why they chose to sell 21 of their Medical Office Buildings and how it enhanced their balance sheet and the strategic benefits the system accrued as a result of that transaction.

A panel discussion about the growth in specialty care hospitals featured the perspectives of a hospital Sr.V.P/CFO, William Devoney, Edward Health System; a rating agency executive, Adam Kaplan of Fitch Ratings; an investment banker, Jim Maloney, Cain Brothers; and an invasive cardiologist and physician leader, Mark Goodwin, MD of Midwest Heart Institute. The discussion was ably moderated by Jim Unland of the Health Capital Group, a long standing First Illinois Chapter member.

Other highlights of the program included a legal issues update on the newly formed Conduit Issues Authority and how it will affect access to capital going forward here in Illinois (Steve Kite, JD and Mike Perrigrine, JD of Gardner Carton & Douglas); a Medicare update and a call to action legislatively (Liz Simpkin, The Lowell Group); a medical malpractice update both federally and locally (Holly Meidl of Marsh USA); and a discussion of Physician practice divestitures (Douglas Swill, JD, Gardner Carton & Douglas).

We'd like to extend thanks to Gardner Carton & Douglas for their hospitality and use of their beautifully appointed meeting facility. This program was a success because of the very fine members of the committee to whom I can not offer enough thanks. Soon, each of you will receive a committee volunteer form and I would suggest you consider volunteering for the committee as we always welcome new persons willing to share their expertise and experience with medical group and physician issues.

Jeffrey Brennan, JD

Jim Maloney and Sydney Scarborough

Panel: Mark Goodwin,MD, Jim Maloney, Bill Devoney, Adam Kaplan

Jim Unland

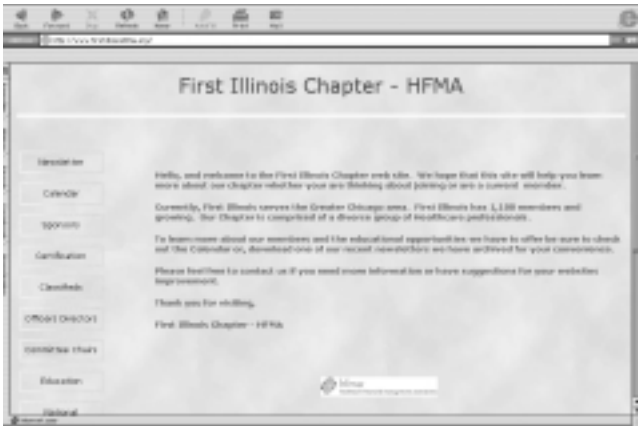
Mike Perrigrine, JD and Steve Kite, JD

First Illinois Strategic Plan Update and Annual Review (continued from page 3)

Speaks will be submitted this year for consideration for the prestigious Helen M. Yerger Award. Although many Chapters distribute their newsletter via electronic means, we feel that a newsletter that you can carry with you and read at your leisure still provides a value and we are committed to continuing that tradition. We do post an electronic version of the newsletter on the web for those who like an electronic version.

We are using technology for distribution of other Chapter business. Our website was enhanced this year to provide online registration to education events, and we now send out electronic reminders for those programs via email. Our plans for using email to facilitate the voting/balloting process and for Chapter announcements and recruitment have not yet been implemented. We also wanted to make the Chapter website more robust and keep it current with Chapter happenings. This proved difficult for us, but we are progressing with efforts to focus on our website in the upcoming months.

Emphasize the value of membership to grow our chapter size and participation. The National chairman's theme this year was "*HFMA: It's Personal*". Chapter leaders focused on this theme throughout the year and included personal testimonials at educational events, in newsletter articles, and in the Chapter directory. The Membership Committee, chaired by Al Staidl, welcomed each new member with a personal phone call to thank the person for joining and to emphasize the



hfma: it's personal

value of participating in HFMA. Each year, the Chapter also hosts a New Member Breakfast, attended by Chapter Officers, Directors and other volunteer leaders in the chapter as a way of acknowledging new members and to help them get acquainted with the chapter. The efforts of the Membership Committee have positioned the Chapter to receive an Award for Excellence for Membership Growth and Retention for the third year in a row. As of January 31st the chapter has grown to 1,137 members.

Develop and implement a mentoring program. Jim Heinking, the incoming President-Elect, led the chapter's efforts to implement a mentoring program this year. He worked closely with the Membership Committee to create a welcoming and nurturing environment for new members and focused on encouraging new members to participate in chapter activities. New members were identified with a New Member ribbon worn at educational events. This enabled HFMA "veterans" to reach out to the new member and make them feel welcomed and to introduce them to other members. This is the start of a good networking experience for each new member. Jim plans to measure the effectiveness of the mentoring program by determining how many new members attend educational programs or volunteer on a committee during their first few years as a member. Stay tuned for the results of this new initiative.

Enhance educational opportunities. First Illinois' mission statement emphasizes the importance of providing professional development through education and training. This past year we have provided our members with eight educational opportunities. Each committee responsible for developing the curriculum worked hard to bring a value-added experience to those who attended. We varied our program offerings to include Information Technology, Decision Support, and HIPAA in addition to our core programs of the Revenue Cycle, Reimbursement, Medical Groups and Physicians, Managed Care and Continuum of Care. At least two of our programs will be submitted for consideration for the Helen M. Yerger award for Education. We also varied the location of our educational events, and the response has been very positive. Evaluation forms are distributed at each program, and it is essential that members fill these out and return them. We incorporated a numeric system to quantify and interpret the evaluations and we rely on this information to identify opportunities to improve.

The Chapter is positioned to earn the Henry Hottum Award for Education Performance Improvement this year. As of January 31st, registration hours increased by 7.06% from last year. All of the Committee Chairs that hosted a program this year should be applauded for their dedication and contribution to the Chapter's education performance improvement. Special recognition should go to the Education Committee Co-Chairs, Sylvia Sorgel and Brian Sinclair, and to Al Staidl and Mike Cohen for adding HIPAA and Information Technology to our curriculum.

The Importance of Having Correct Contract Affiliations with Payors

By Jim Watson, Executive Director, Rush North Shore Practice Organization

There are many iterations of how a physician gets paid by managed care plans:

In order for a physician practice to maximize managed care contract revenue, the practice must understand:

- What is the overall status of my managed care contract portfolio (are the contracts current, am I participating in all the right contracts, etc)
- What different contract affiliations do I have with the payors
- How do I know if my contracts and contract affiliations are good
- How do I manage my contracts (credentialing, fee negotiations, contract review and assessment, claim reviews)
- What is my overall managed care strategy

Over the years, physicians can become participating providers with health plans through a variety of contractual arrangements. Physicians typically participate in multiple independent physicians associations (IPAs) or physician hospital organizations (PHOs), and other organized physician networks in order to gain access to the many managed care contracts with HMOs, PPOs and other third party payors in the marketplace. Physicians typically have multiple choices for which IPA/PHO contracts they wish to participate through to participate in HMO/PPO and other managed care networks.

The *IPAs and PHOs contracts* with the HMOs/PPOs are capitated and fee-for-service contracts so that participating physicians with the IPA/PHO will be considered "in-network" providers through whom HMO/PPO members can get their maximum benefit coverage. For the *capitated contracts*, the IPA/PHO is prepaid a per member per month (PMPM) amount of money (typically between $50-$70 PMPM) for the IPA/PHO to provide physicians services to that member for the month. The IPA/PHO in turn pays its participating physicians for their services at an agreed to fee schedule, often at a rate lower than fee-for-service amounts paid to physicians from the fee-for-service HMO plans in the market. In *fee-for-service contracts*, the IPA/PHO typically negotiates contracts for its participating physicians with the HMOs/PPOs, but the physicians are paid directly by the HMO, PPO or Payor at the agreed upon fee schedule negotiated.

Physicians may also have *direct contracts* with managed care companies. Physicians may hold contracts directly or through an IPA/PHO with a managed care company that has since been acquired by another managed care company, and those *old contracts* are still in place and effective between your practice and that payor. Physicians may also participate in *other managed care networks*, such as single specialty networks that contract for certain specialty services, or worker's comp networks, or any of the many unique physician contracting network models that exist in the Chicago market today.

Big changes on the horizon

But today's network affiliation may be tomorrow's dinosaur if a current trend continues: Legal challenges to IPA/PHO contracting for fee-for-service contracts. The Federal Trade Commission and several large payors have legally challenged the ability of organized physicians networks (IPAs/PHOs) to contract collectively for fee-for-service contracts (not capitated contracts). Under the 1996 Statements of Anti-Trust, void of *clinical integration* or *financial integration*, joint negotiation of fee-related items by organized physicians' networks is, per se, illegal. Since physicians are financially integrated via capitated contracts, these contracts are not threatened by the recent FTC enforcements. However, for the higher volume, better paying fee-for-service contracts, physicians are neither clinically integrated nor financially integrated, and thus the future ability of an IPA/PHO to negotiate these contracts on your behalf is in jeopardy.

What does this mean to me?

There are two (2) implications for physicians' practices in this discussion:

1. If I have multiple contractual affiliations with the payors, how do I know what contract terms I am being paid under?
2. What will happen if I can no longer contract through an IPA/PHO; how will I manage all those payor contracts?

Managing multiple affiliations:

Physician practices should perform a Managed Care Contract Inventory to determine what your contract portfolio looks like and if you have any clean-up issues:

1. Determine which HMOs/PPOs and third party payor contracts you currently hold:
   a. Direct agreement with my practice
   b. Contract Affiliation through an IPA or PHO
2. Determine which IPAs/PHOs you have agreements with for:
   a. Capitated contracts
   b. Fee-For-Service contracts
3. Get copies of all contracts held with each IPA/PHO to determine which contract is more favorable.
4. Call each payor and notify them that (they will probably want this in writing):
   a. you want to participate in the IPA/PHO that has the most favorable contracts (identify which contract you want to be affiliated with)

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New Members

The Chapter welcomes the following new and transferred members:

Nancy Aubin
Director – Revenue Cycle Management
University of Chicago

Geary Axen
Insurance Broker
Wine Sergi & Co. LLC

Fred V. Bach
Account Executive
Siemens

Robert T. Betts
Installed Base Marketing Manager
GE Medical Systems

Tim R. Bruckner
Region Sales Manager
Fleet Capital Healthcare

Shonzette F. Cheeks
Student

Jonas Dahlen
Sales Executive
Siemens Medical

Suzie R. Desai
Associate
Standard and Poor's

Greg F. Doerr, RPh
Director, Pharmacy Consultant
Premier Inc.

John M. Dumerer
Senior Account Executive
SRC Software Inc.

Jase E. Durard
Market Director
Aim Healthcare Services

Don Dvorak
President
Avail Corporation

Kristen Felix
Publisher
Chicago Hospital News

Chris Galetto
Account Executive
O'Brien Document Solutions

Kristie Gendke
Finance Resident
Hinsdale Hospital

Melissa Gentile
Assistant Controller
Children's Memorial Hospital

Vinod T. Gidwani
President
Physi-Bill, Inc.

Jennifer Giller
Account Representative
3M Health Information Systems

Jeni Grassman
Director Marketing Planning & Research Laison

Tonya Gray
Finance Manager
Swedish American Home Health

Michele F. Graynor
Sales Director
Premier Inc.

Regina Greenbaum
Medical Director
Healthcare Financial Resources, Inc.

Zachary P. Hafner
Consultant
Tiber Group

Paula Haggerty
Marketing Programs Manager
Medical Network Systems

Abdel Hamdan
Consultant

Jeanette Harlow
American Hospital Association

Jillian Hartman
Consultant
SG-2

Rayanna S. Henderson
Director Managed Care
Mercy Hospital and Medical Center

Ronald Hind
Senior Vice President
DHR International

Dennis Hug
Regional Finance Manager
Siemens Medical Solutions

Elizabeth Jaekle
VP Business Development
St. James Hospital and Health Center

Stephen Jenkins
Vice President
SG-2

Randall G. Kerns
Region Manager
Digital Technology, Inc.

Ken Krieger
Account Representative
CBAS By CDR Associates

Julie K. Letwat
Director of Health Policy and Practice Advocacy
ACFAS

Donna M. Long
Business Office Manager
Hartgrove Hospital

Jean Lorenz
Accounting & MIS Manager
Lutheran Home & Services

Tinisha Mayo
Student

Anne Meisner
Senior VP Patient Care Services
Midwestern Regional Medical Center

Richard B. Miller
Controller
University of Chicago Hospitals

Gregory Mojica
Senior Vice President
Bank of America

Jeffrey Moor
Manager
Tucker Alan Inc.

Katherine H. Murphy
Manager Reimbursement Strategies
Advocate Good Samaritan Hospital

Mark A. Myers
Account Executive
Quovadx

Toni Neal
Marketing Manager
Siemens Building Technologies

Bryan T. Nelson
Director, Decision Support
Edward Health Services

Margaret A. Nelson
VP of Client Services
Precyse Solutions

Mary L. Nowak
Accounting Manager
Rainbow Hospice Inc.

Madhuri Patel
Internal Auditor
Crowe Chizek & Co. LLC

Gina J. Prost
Student

Lori J. Reel
Vice President, Post Payment Operations
Concentra Preferred Systems

Stephanie M. Serritella
Senior Associate
KPMG LLP

Maria Siambekos
Senior Consultant
SG-2

James Siudut
Consultant
SRC Software

Michael R. Siurek
Account Manager
GE Capital Healthcare Financial Services

Darlene Smith
Director of Budget
Children's Memorial Hospital

Holly M. Sova
Senior Trademark & Licensing Specialist
Maytag International, Inc.

Craig Standen
VP – Healthcare Finance
Ziegler Capital Markets Group

Fred D. St. Preux
Director of Patient Accounts
Neurologic & Orthopedic Institute of Chicago

Lawrence Strain
Assistant Vice President
Rush University Medical Center

Lac V. Tran
Senior Vice President and CIO
Rush University Medical Center

Kimberly A. Troutman
Director
Franciscan Ministries, Inc.

Julia Tynan
Consultant
Deloitte Consulting LLP

Norman F. Webb, II
President
Webb Associates, Inc.

Christopher Whelan
Consultant
Mercer Human Resource Consulting

The Importance of Having Correct Contract Affiliations with Payors (continued from page 1)

b. you want all your other fee-for-service affiliations terminated

Managing my own contracts:

Once you have all of your contract affiliation work done to ensure you are maximizing your reimbursement opportunities for today's patients, you are now ready to think about the future of maximizing your managed care contract portfolio. The current trend by payors is to contract directly with physicians, and avoid negotiating with IPAs/PHOs who to varying degrees can demand much higher fee schedules than individual physicians. The obvious concern with this trend is reimbursement reductions. If the IPA/PHO was able to negotiate better terms for your practice by contracting collectively, will the HMO/PPO reduce your reimbursement in your new direct contract to their "Standard Fee Schedule"?

Now is the time to start thinking about the growing likelihood that you will need to manage your own managed care contract portfolio in the future. You should begin the process of evaluating if you are better off participating in managed care contracts via an IPA/PHO or if you should secure your own managed care contracts. You may decide to stay with your IPA/PHO for the capitated contracts, but secure your own direct agreements for the fee-for-service plans. You may decide to take a "wait and see" approach and stay with your IPA/PHO.

Jim Watson is the Executive Director of the Rush North Shore Practice Organization and Director of Managed Care for Rush North Shore Medical Center. He can be reached at 847-933-6023 or jlwatson@rsh.net.

Leveraging Your Capital – the U.S. and the U.K. (continued from page 1)

an asset, usually a building. The operational service element of the deal is usually focused on facilities management or hotel services and will always include building maintenance but may also include catering, transport, security, equipment management, and laundry – indeed the whole range of non-clinical support services. Asset ownership is usually managed through 30-year head and sub leases with hand back at the end of the term, although this can vary with tax treatment. The quality of design, construction and service are all managed through a complex but, at least partially, standardized Project Agreement.

The broad objectives are:

- to improve certainty in the procurement process, passing risk from the Government/ hospital to the private consortium,
- to improve the whole life quality of assets through the use of private expertise,
- to improve the quality of non-clinical support services through the use of private expertise,
- and importantly to access capital while reducing the Government's borrowing requirements or national debt.

The removal of very significant assets from hospitals and the national balance sheet and the improved asset management achieved, while at a cost, are set to transform the physical estate of the UK's National Health Service.

This transformation is partially being achieved through an insistence by the Government that health providers access capital through this funding method for any single investment greater than £5 million ($9 million). Of the £11.3 billion ($20.3 billion) investment in major health schemes approved since May 1997 only £0.3 billion ($0.54 billion) were funded by Government borrowing, all the remainder were funded through PFI.[6] Furthermore the largest investments are increasingly being made in groups or batches of three hospitals with investment expected to exceed £0.6 billion ($1.1 billion) in a single contract. The aim of these 'batches' is to reduce procurement costs, to optimize resource capacity and to minimize the costs of capital.

The process, whether for a single scheme, or a batched project, is similar and the successful attraction of capital funds has many parallels with the findings in HFMA's 'Financing the Future'.

The essential starting point is an organizational strategy that covers, clinical, business, capital and revenue strategies. The clarity of thinking required to develop such a strategy usually demands the presence of an excellent management team as well as experienced advisers. If such a team didn't exist it will certainly be essential for gaining the required Government approval and for taking the project to market. Leaping the approval hurdles is a significant task in its own right, but then making the project attractive and getting the market to commit hundreds of thousands of dollars just in bidding requires a range of criteria very similar to those in the US.

In a nutshell bidders will want to know if a project is a good investment. Determining factors will start with the clinical and financial reputation of the hospital, the commitment of its clinical and management teams, some hard financial numbers around stability and long-term affordability, the deliverability of the desired project outcome and ultimately the bankability of the project.

With so many investment opportunities in the UK available to the established consortia, they can, to a certain degree, pick and choose projects for which to bid. Consequently, just as 'Financing the Future' describes the importance of the 'story', excellent preparation, organisation and presentation by the hospital are critical to both attracting and minimizing the cost of capital.

So considering non-traditional sources of capital, which may have other qualitative benefits, and getting the story right presents some surprising commonalities in leveraging capital in two very different systems of healthcare.

Mark Atkinson is Director for North American Operations for Hornagold & Hills, and he can be reached at 312-543-2045 or at mark.atkinson@hornagold-hills.com

1 HFMA's "Financing the Future - How are Hospitals Financing the Future?" Report 1: Access to Capital in Health Care Today 2003, Report 2: Capital Spending in Health Care Today, 2004.
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6 Department of Health website: http://www.dh.gov.uk/ProcurementAndProposals/PublicPrivatePartnership/PrivateFinanceInitiative/SummaryOfPFISchemes/SummaryOfPFISchemesArticle/fs/en?CONTENT_ID=4016205&chk=SbXO54

Insights

Putting the Brakes on Medicare

By Charles Ireland, M.D. and Ellen Huxtable, M.M.

The Dreyer Medical Group, one of the largest multi-specialty physician groups in Illinois, has concluded it cannot support the financial burden imposed by conventional Medicare reimbursement, and has closed its primary care practices to conventional Medicare patients.

Background

The Dreyer Medical Group consists of over 125 physicians in 27 specialties. Our group is an affiliate of Advocate Health Care, and has been recognized as a "better performer in the areas of productivity, capacity and staffing" by the Medical Group Management Association. We provide capitated and conventional care to both the general and Medicare populations.

Conventional Medicare is our largest non-capitated payor. While capitated Medicare services have been profitable, the return from conventional Medicare has been questionable. In spite of this, we have historically been able to achieve overall profitability.

In 2002 and 2003, however, Dreyer faced both a significant increase in malpractice premiums and a dramatic rise in the number of conventional Medicare patients. From 2001 to 2002, the percentage of conventional Medicare patients rose from a stable 14% of the patient base to over 16%, and we projected that this trend would continue. An analysis of Medicare on profitability became critical.

Analysis and Findings:

To evaluate the impact of conventional Medicare payments, we compared total expenses to total revenues, if all services were paid at the Medicare rate. The Medicare fee schedule was used for listed services. For unlisted services, we estimated a fee based on the average Medicare discount from charges for the group. Expenses included in the analysis were operating expenses, contractual management fees, physician salaries and salary expenses. Expenses were divided by revenues to determine the break-even point. *For our group, an average payment of 135% of Medicare is required to break even.* Clearly, the projected small increase in Medicare payments would not alleviate our situation.

Options:

Armed with this knowledge, we faced numerous options including programs cuts, electing non-participating status and limiting access for Medicare patients.

- Dreyer provides a number of health maintenance services for which there is no direct reimbursement. While curtailing these services would cut expenses, we believe the long-term benefits significantly outweigh the immediate costs. We chose to keep these programs.
- Electing non-participating Medicare status would potentially increase Medicare payments to the group, but would also increase collections expenses and significantly increase the financial burden to the patient. We rejected this option.
- Complete withdrawal from the conventional Medicare program was rejected as too disruptive to both the community and the group. However, maintaining the status quo also was not feasible.

The Choice:

In May 2003, after evaluating the alternatives, we chose to close our primary care practices to new conventional Medicare patients. Our actions were limited to primary care because the shortfall between the cost of services and Medicare revenue is greatest in this area. Existing patients are permitted to remain with their physicians, and specialty services remain open to new Medicare patients. Established primary care patients who become eligible for Medicare may remain with our group under conventional Medicare.

The Impact:

Because most of our specialty referrals are internally generated, we recognize that limiting Medicare primary care patients may decrease future specialty referrals. We have decided to take this risk, as our exposure is tempered by the Medicare HMO option and by the possibility of offsetting growth in the non-Medicare patient base.

Dreyer mounted a significant informational campaign well in advance of our change in policy. The realities of our decision were shared with patients, the community, the media and elected representatives. Because of this, the change occurred smoothly, with minimal disruption to patients, the community and the practice.

Dreyer closed its primary care practices to conventional Medicare for the last seven months on 2003. In spite of this, conventional Medicare rose to 17% of the payer mix, while Medicare HMO decreased by a percent. Had we not taken action, we project the growth in conventional Medicare would have been significantly greater and our financial position more precarious.

The Future:

Dreyer's shift away from conventional Medicare, while internally driven, enhances our position in the rapidly evolving marketplace. Dreyer is well positioned to respond to new federal initiatives promoting Medicare HMO products. Our experience and success in this area makes this an extremely viable choice for both patients and our group.

The decision to limit access for Medicare patients was made only after great deliberation and painful consideration. Having made our decision and taken action, however, we remain firmly convinced of the necessity, importance and soundness of our choice.

Dr. Ireland and Ms. Huxtable wish to acknowledge Mr. Fred Nelson for all his work in this analysis. *Dr. Ireland can be reached at charles.ireland@dreyermed.com or by phone at 630-859-6700, ext 6824, and Ellen Huxtable can be reached at rei_huxtable@sbcglobal.net or at 630-859-6511.*

5 Five Tips for Managing Denials

By Pam Waymack, Phoenix Services

Providers of all shapes and sizes are realizing that denials are the latest health care epidemic. A 2003 study by the insurance industry trade group HIAA found that 14% of all claims received by payors were denied! This excludes EDI rejections that never make it into the payor's claim system and claim pends for additional information before processing. This article will offer 5 observations on some of the less conventional approaches that successful organizations take. These tips can serve as a means to start or enhance your organization's denial management initiative.

1. Define: What is the scope of the problem? (see chart below)

There is no universal definition in the industry for denials on the provider side. Does everyone in your organization share the same definition for denials? What is included in your organization's definition of denials and what is not?

■ Full denial for all services larger claim	versus	Line item only denial on
■ Inpatient service only claims	versus	Inclusion of outpatient and ER
■ Clinical denials only considered	versus	Technical or administrative reasons
■ Payor's fault for denial insurer)	versus	Our fault (billed wrong
■ Zero dollar payment	versus	Underpayment of expected amount
■ Only claims processed by payor	versus	Claims rejected by EDI on either end

Until you have established and communicated a definition of denials within your organization you are decreasing the strength of your initiatives. If your definition is not reasonably broad you will be missing opportunities to increase recoveries and decrease rework that is occurring now throughout your organization.

2. Measure: What is the frequency of denials?

Perfect external benchmark data does not exist given the variability of our payor mix even from one hospital to the next in the same community. However, organizations can always benchmark their own performance against their historic performance as well as goals that are established based on best practices nationally. What is your organization's denial rate? How has it changed over the past year? What is included in your denial measures and what is not included? Without answers to these questions, you cannot know whether you are going in the right direction and focused on the right issues.

3. Analyze: Where and why do denials occur?

Most organizations today have a denial database that tracks the reasons for denials. But are you getting the value out of this database that you should to identify the core problems that need to be resolved? Do you track denials for newborns versus other patients? Often these denials are a result of the baby not yet being added after 30 days to the family insurance or in an HMO product the referral for services sitting under the mother's record and not with the newborn since a record cannot be established for membership. What answers lie in your denial database to questions that have never been asked?

4. Improve: How can we fix the processes?

We must prospectively improve our internal processes if we want to achieve long term reduction in denials. Denials are not all payor related. Denials can occur within most areas of our operations due to departmental specific issues. Which of these has your organization addressed?

Scheduling	▸ Ineligible member denial
Precertification	▸ Uncovered benefit denial
Care Management	▸ Authorization not on file denial
Charge Entry	▸ Interim bill denial
Medical Records	▸ Invalid code denial
Billing	▸ Duplicate claim denial
Payment Posting	▸ Posting error creating a perceived denial
Decision Support	▸ Incorrect rates loaded creating a perceived denial
Collection	▸ Untimely appeal denial
Managed Care Contracting	▸ Retroactive eligibility denial

Fixing the same problem over and over again is not effective denial management. Which of these problems continues to exist in your organization?

5. Control: How can we keep the process fixed?

Who monitors your overall denial processes to assure that new problems are not occurring and old issues are resolved? How sure are you that you are capturing all of the denials that may be occurring within your organization? What oversight is there of denials internally? What validation of denial rates and recovery effectiveness is there externally? To close the denial management cycle we must monitor outcomes and feedback results to departments, management and our payors. What can you do to further engage staff and management in reducing your cost of denials?

continued on page 13

Five Tips for Managing Denials (continued from page 12)

Conclusions:

Claims processing is the clogged artery of our health care system today. Denials need to be treated like the epidemic that they are. Learning to think with a holistic approach in defining, measuring, analyzing, improving and controlling denials will allow your organization to stay on top of the issues and manage the future instead of becoming victim to it.

Pam Waymack is Managing Director of Phoenix Services Managed Care Consulting and she can be reached at (847) 864-4444 or Pam@PhoenixService.net

President's Message

It Is NOT Getting Any Easier

(continued from page 2)

back office vendor provide my customer service reps the information they need to do their job faster and more effectively? Can the customer "self serve" so there is little cost? And perhaps more important, do I get the information I need from the customer service actions to drive process improvement into my organization and the hospital at large?

So what is the point of all this? The continuous quality improvement effort can never end. We used to just worry about billing, collecting, and days in A/R. That's not good enough any more. The new leader in PFS faces bigger issues that require a more holistic view of the healthcare system and necessitate a broader skill set to maximize productivity, reduce cost, and improve customer service.

And where does HFMA fit in? As a First Illinois member you have over 1,000 resources available to you, all just a phone call away thanks to the membership directory. If you need a broader picture, the educational events focus on every area of healthcare financial management. This year, thanks to some dedicated volunteers, we brought back the information technology program and it was well attended. And, from HFMA national, there are additional educational programs that bring together attendees from all over the country with best in class ideas. This is a great organization.

On a personal note, this is my last "president's message". I thank all of you for a wonderful year. It has been rewarding to be able to give back to an organization that has helped me so much in my professional growth and development. It truly has been personal. Thank you all!

Paula Wilke, President
HFMA First Illinois Chapter

hfma:
it's personal

Region 7 HFMA Fall Program

Oct 21-22, 2004

At the Hyatt Regency in Downtown Chicago

The five chapters of Region 7 – First Illinois, Southern Illinois, McMahon Illinois, Wisconsin and Indiana Pressler – will present the Fall HealthCare Conference, Thursday and Friday October 21 and 22, 2004 at the Hyatt Regency on Wacker Drive in downtown Chicago. The program will cover topics in Finance, Reimbursement, Revenue Cycle, Information Technology and Managed Care. The Chapter leaders have been able to gather a distinguished panel of speakers to share their knowledge. Please keep these dates open, and expect to receive more information once the program is finalized.

hfma healthcare financial management association

first illinois speaks

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First Illinois Speaks is the newsletter of the First Illinois Chapter of HFMA. *First Illinois Speaks* is published 4 times per year. Newsletter articles are written by professionals in the healthcare industry, typically Chapter members, for professionals in the healthcare industry. We encourage members and other interested parties to submit materials for publication. The Editor reserves the right to edit material for content and length and also reserves the right to reject any contribution. Articles published elsewhere may on occasion be reprinted, with permission, in First Illinois Speaks. Requests for permission to reprint an article in another publication should be directed to Editor. Please send all correspondence and material to Jim Watson at PBC, Inc., 1211 W. 22nd Street, Suite 500, Oak Brook, IL 60523, Jim_Watson@pbcgroup.com or Elizabeth Simpkin at The Lowell Group, Inc., 446 N. Wells St. #309, Chicago, IL 60610, elizabethsimpkin@msn.com.

Style

Articles for *First Illinois Speaks* should be written in a clear, concise style. Scholarly formats and styles should be avoided. Footnotes may be used when appropriate, but should be used sparingly. Preferred articles present strong examples, case studies, current facts and figures, and problem-solving or "how-to" approaches to issues in healthcare finance. The primary audience is First Illinois HFMA membership: chief financial officers, vice presidents of finance, controllers, patient financial services managers, business office managers, and other individuals responsible for all facets of the financial management of healthcare organizations in the Greater Chicago and Northern Illinois area.

A broad topical article may be 1000-1500 words in length. Shorter, "how-to" or single subject articles of 500-800 words are also welcome. Authors should suggest titles for their articles. Graphs, charts, and tables should be provided when appropriate. Footnotes should be placed at the end of the article. Authors should provide their full names, academic or professional titles, academic degrees, professional credentials, complete addresses, telephone and fax numbers, and e-mail addresses. Manuscripts should be submitted electronically, on computer disk or by e-mail as a Microsoft Word or ASCII document.

Founders Points

In recognition of your efforts, HFMA members who have articles published will receive 2 points toward earning the HFMA Founders Merit Award.

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A Newsletter from HFMA's First Illinois Chapter

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2003-2004 Calendar

Month	Responsible Committee	Format	Date	Location
April	Continuum of Care	Half day	Thursday, 4/15/04	IHA Naperville, IL
May	CFO	Full day	Friday, 5/7/04	Seven Bridges Golf Club Woodridge
May	Annual Golf Outing	Full day	Friday, 5/28/04	St. Andrews Golf Club West Chicago

www.FirstIllinoisHFMA.org

Have you checked the website lately? This is your one-stop source for all kinds of chapter news and information. Features include:

- Committee chairs and officers directory – who to call, how to get involved
- Calendar of Events and upcoming program announcements – see the hot new topics and speakers
- Online registration – save time and register by email (sorry, no credit card processing yet)
- Newsletter archives – find that great article from a past issue

The Website Committee is working hard to provide more features and functions all the time. Frank McHugh (chair), Morley Kerschner and Athena Peterson have volunteered to help bring our Chapter communications into the 21st century. To learn more, or join the committee, please go to the website and choose "Contact Us" to send an email.

The First Illinois Chapter

The First Illinois Chapter wishes to recognize and thank our sponsors. We are pleased to welcome our newest sponsors, HealthCom Partners, LLC (Gold sponsor), H&R Accounts, Inc. (Bronze sponsor) and Argent Healthcare Financial Services (Bronze sponsor). We gratefully acknowledge Nebo Systems' new Platinum-level sponsorship. Thank you all for your generous support of the Chapter and its activities.

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