First Illinois Speaks
hfma healthcare financial management association
HFMA's First Illinois Chapter Newsletter
July 2013

WHATEVER IT TAKES

Highlights and Recap First Illinois Chapter Events begin on page 17

News, Events & Updates

In This Issue

Outgoing President's Message: Thank You

Dear First Illinois Chapter Members:

I am pleased to announce that for the 2012-2013 chapter year our First Illinois Chapter has won seven awards from National HFMA. Please join me in congratulating the following chapter leaders for their hard work and leadership:

- Shea Huston, Linda Klute and Dan Yunker won the Helen M. Yerger Collaboration Award for the April 2012 HFMA-GCCHIMSS Health Information Technology Educational Symposium
- Pat Moran and Dan Yunker won the Helen M. Yerger Education Award for the May 2012 CFO Golf Outing
- Patrick McDermott, Rita Moran-Laxner, and Michelle Holtzman won the Helen M. Yerger Education Award for their Revenomics 101 Program
- Katie White and Carl Pellettieri won the Helen M. Yerger Improvement Award for their Board of Directors Financial Reporting Package
- Tim Stadelman and Leslie Dickens won the Gold Award of Excellence for Certification
- Rosalyn Ryan, John Masini and Tom Faure won the Gold Award of Excellence for Membership Growth and Retention
- All of our Committee Chairs for the C. Henry Hottum Award for Educational Performance Improvement

Thank you all for your contributions in making our 2012-2013 Chapter Year a success!

I could not be more honored to hand off the First Illinois HFMA Chapter President baton to our new 2013-2014 Chapter President, Dan Yunker. I'm looking forward to Dan's presidency and the opportunity for him to lead our chapter in a new direction to serve the changing needs of our health care leaders.

As past president, Dan has asked me to serve two new roles: 1) member experience and satisfaction, and 2) collaboration with other professional organizations. We are proud to be the "first" HFMA Chapter and want to continue to serve your healthcare education needs. Feel free to contact me with ways in which we can continue to exceed your expectations. In addition, if you belong to another professional

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Outgoing President's Message (continued from page 1)

organization and want to collaborate with First Illinois please give me a call.

The 2012-2013 Chapter Year has been an invaluable leadership experience for me. I encourage all of you to take on a First Illinois HFMA volunteer roll this chapter year.

Tracey Coyne
2012-2013 First Illinois, HFMA Chapter Past President

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Incoming President's Message: Welcome

Welcome to the 2013-2014 First Illinois-Healthcare Financial Management Association (HFMA) Chapter year. I want to thank Tracey Coyne for her leadership and dedication to the chapter. Tracey had big shoes to fill coming off of one of the best Chapter years in history that was led by Pat Moran, and she did it! The achievement of our balanced scorecard is nothing short of impressive. As your new chapter president, I am honored that you have chosen me to lead the chapter during such a pivotal period in our market. The chapter is on an inspiring streak with so many successful years led by so many great leaders who held this role before me. I have been active in HFMA for many years and I believe that the First Illinois Chapter is the best chapter in the country. I know we have great potential to be an indispensable resource to our members and achieve positive outcomes for the communities we serve.

Looking ahead to the 2013-2014 year, the chapter's Board of Directors has worked diligently through its planning process and has compiled a year-long strategy that will advance the chapter's overall strategic plan. I am confident that great things are in the chapter's future as we continue to move the chapter in a direction that delivers value to members, volunteers, and sponsors. I appreciate all the work that has been done so far and look forward to continuing our work together. The board and strategic planning group have clearly defined our SWOT analysis and have reorganized our volunteer structure to focus on collaboration and teamwork. The chapter's strategic framework is well defined and is supported by "from - to" definitions.

We heard loud and clear through the satisfaction survey feedback that the chapter needs to streamline communication, reduce the amount of emails sent, and improve our educational offerings. The two most visible changes for the upcoming year will be:

1. How the chapter communicates with you, the member, and the sole reason that the chapter exists: Our commitment to you is that our primary mode of communication will be in a digestible, weekly communication that will be sent out every Thursday morning. This communication will include everything you need to know about the chapter and other HFMA national news. Other communications will be limited to absolute, necessary matters such as officer elections etc. If you have opted out of communications from the First Illinois HFMA, please consider opting back in by sending an email stating that you would like to "opt in" to event-filhfmaorg@comcast.net.

2. How the chapter delivers in-person educational programs: The chapter is going to transition from multiple single-day events that are very narrowly defined by topic to two-day conferences hosted in the fall and spring. These two-day conferences, which will include an exhibit hall, will feature a wide range of topics and provide exceptional, locally-delivered education. I am confident that these events will be a key component to ensuring that you and/or your staff have the resources available to grow your knowledge and skills. **Mark your calendar for the First Illinois HFMA Fall Summit, which will be held on November 4 and 5, 2013, at Arlington Park Race Track.** During the conference off- months, the chapter will continue to deliver its comprehensive schedule of webinars and partnered programs, ensuring that you have access to the education you expect from the chapter, year round.

The First Illinois Chapter's success isn't due to any one person. It's due to all the efforts and vision of past presidents, board/officers and all of our outstanding volunteers and members. I challenge each of you to get involved in some capacity. For more information on how to become involved, you may contact me via email at dyunker@mchc.com. I am honored to have the opportunity to serve as the chapter's president and look forward to continued success and delivering value as a chapter throughout the year.

Dan Yunker

SVP, MCHC / CEO Land of Lincoln Health and First Illinois HFMA's President

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WHATEVER IT TAKES

National HFMA Chair's Message

Doing Whatever It Takes

BY 2013-2014 HFMA CHAIR: STEVEN P. ROSE, FHFMA, CPA

I've been inspired by a number of important people throughout my life.

Sometimes I've been inspired by specific instances of courage or heroism, and sometimes by a person's remarkable attitude that allowed him or her to accomplish astounding things or overcome huge obstacles. From people in my personal life—like my father and daughters—who have shown resilience during incredible hardships to my colleagues who inspire me daily to make a positive impact in the workplace, I've been able to find inspiration in many different places. As I tried to formulate the theme for my tenure as chair of HFMA, I thought about these people who inspire me. In the end, I decided that it was their "Whatever It Takes" attitude that best describes the mindset I believe healthcare professionals will need to meet the difficult challenges in the year to come.

Everyone knows the difficult transition that the healthcare industry faces. The Affordable Care Act, changing payment models, and the alignment of hospitals, physicians, and payers stand ready to make 2013 and 2014 years of unprecedented change. On the finance side, making the adjustments needed to navigate this environment will be demanding and tough. However, I believe that by drawing on our collective resolve to meet these challenges, we will be able to thrive despite the difficult circumstances and, more importantly, become the leaders who will take the industry where it needs to go.

I've been a member of HFMA since 1985, and I've been involved with the National Association since 2004. I've seen our members rise to meet big challenges before. We will surely be called upon to do so again in the coming year. In many ways, the work has already begun.

In recent days, to address increasing alignment in the marketplace, HFMA has added physicians and payer representatives to its board of directors. Our ongoing Value Project research is identifying real-world best practices from hospitals and health systems that are achieving stability and growth in a changing industry environment. HFMA remains committed to giving members the tools they need to drive change and make things happen—for themselves and for their organizations.

As I write this, HFMA is also doing "Whatever it Takes" to get ready for an exciting ANI 2013 in Orlando, where I hope you will join us. In addition to featured speakers and unique surprises, I will be using the opportunity to tell you more about my theme and what exactly it will mean in the year going forward.

We all know healthcare finance leaders are living through some turbulent times for our industry. There's no question that this period will be remembered as one of intense change and challenge in health care. I believe that HFMA members have the passion, talent, and unique perspective on the issues to drive the industry in the direction it needs to go, as long as we are willing to do "Whatever It Takes."

Steven P. Rose
2013-2014 HFMA Chair, FHFMA, CPA

Reducing Pharmacy Costs Through Improved Utilization

BY BARTON S. RICHARDS, CHFP

In late 2010, First Illinois Chapter member Greg Pagliuzza, CFO of Trinity Regional Health System, was faced with budget pressures like many health systems today, especially in the pharmacy area. Greg reached out to me, and what resulted was a significant savings and improvement in performance for Trinity Health. This is a story of how two First Illinois Chapter members came together and made an impact.

In 2011, faced with increasing costs, Trinity Regional Health System in Rock Island, Ill., conducted an assessment of its pharmacy operations. By identifying unnecessary spending and changing expensive clinical practice patterns, the four-hospital system achieved nearly $2 million in pharmacy cost savings.

Trinity's broad goal for achieving these savings: **Use less expensive medications and lower quantities of medications.**

To accomplish this goal, the initial step was to leverage benchmarking information for pharmacy expenses in an effort to identify cost savings opportunities. The plan of action was to raise physicians' awareness of inefficient utilization practices, such as prescribing high-cost medications. As a result of this effort, the physicians began using lower-cost drugs and making changes in drug administration and dosage practices, enabling Trinity to save $1.9 million in 2012, or 14 percent of its pharmacy budget. Today, the health system is developing additional pharmacy improvement initiatives to reduce pharmacy costs by another $1.2 million in 2013.

Analyzing Opportunities for Cost Reduction

Trinity Regional Health System is a four-hospital system that is part of West Des Moines-based UnityPoint Health. Trinity had historically experienced annual increases of 3 percent in its pharmacy department. However, changes in patient mix and acuity levels in high-cost areas, such as oncology, were expected to increase costs by 6 percent in 2012.

To pinpoint the cause of the higher-than-average costs in the clinical areas, a medication utilization team of two pharmacists was formed and delegated the responsibility of identifying ways to reduce costs. Representatives from the finance and revenue cycle departments tracked and measured the results of initiatives and addressed questions about payment. Clinical administrators, such as the chief medical and nursing officers, designated physician champions and key stakeholders who could use their influence with their colleagues to win support for implementing cost-saving strategies.

Implementing Changes

The utilization team found that an expensive chemotherapy drug, costing $2,665 per dose, could be replaced with a less expensive, but clinically equivalent drug that cost just $249 per dose. Trinity's chief medical officer, Paul McLoone, MD, and associate chief medical officer Ahmed Okba, MD, recommended an oncologist who might be willing to be the champion for the initiative.

McLoone and the utilization team used the benchmarking data to support their position on the benefits of switching to the less expensive medication. Persuaded by the data, the oncologist helped to develop protocols for using the less expensive medication. As a result, utilization of the more expensive agent decreased for an annualized savings of over $100,000.

Other initiatives focused on drug administration and dosage. For example, Trinity was using standard industry practice for a particular antibiotic, which involves infusing the product into a patient for one hour every six hours. Studies have shown, however, that infusing the antibiotic over a four-hour period every eight hours results in less product used and improved outcomes.

The utilization team met with its Pharmacy and Therapeutics Committee and proposed changes in the use of this antibiotic. The new infusion process reduced use of the antibiotic and achieved an annualized savings of $165,000. Additionally, Trinity switched to mixing the antibiotic with a solution onsite at the pharmacy, which eliminated the cost of paying a 50% premium to buy the premixed medication in frozen form.

Over the course of a year, the Trinity team implemented 58 medication utilization initiatives, beginning in November 2011. Trinity saved $600,000 in the first six months of 2012; total real savings reached $1.9 million by the end of the year, with annualized savings adding up to $2.2 million.

Building Momentum with Physician Stakeholders

Physicians who were known to be receptive to new ideas were approached first and armed with data they could then take to their wider group of colleagues for discussion. A key factor in gaining buy-in was the way data were presented—with recommendations open to give-and-take discussions that centered on how a medication change would affect the way physicians practice.

An environment of cooperation already existed between physicians and Trinity because of the medical groups' prior experience with incentive programs negotiated through co-management and management agreements. Consequently, physicians were open to understanding the need for cost reductions. Nonetheless, their real interest rested in the clinical efficacy of the proposed changes in medication utilization.

Beyond adopting the initiatives, some physicians had ideas for improvement beyond the recommendations of the utilization team. For example, after learning that an expensive blood thinning agent was being used even in cases where a less expensive agent was

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clinically appropriate, cardiologists developed guidelines for medication use in the cardiac catheterization lab, noting when more expensive agents should be used. This initiative led to an annual savings of $95,000.

Additional Improvement Opportunities

Since implementing these cost reduction initiatives, Trinity has embarked upon additional pharmacy improvement projects focusing on such areas as utilization, contracting, and payment. Initiatives include the following.

Patient assistance program. Trinity is developing a structured program, staffed by an FTE, for providing medications to qualified indigent patients to be replenished by the manufacturer at no cost.

Contracting discounts with manufacturers. In addition to contracting discounts provided through the group purchasing organization, Trinity has been able to receive discounts and avoid annual price increases

Fast-tracking chemotherapy agents. Trinity is developing a subcommittee of Pharmacy and Therapeutics Committee representatives to address physician requests for chemotherapy agents that are new on the market.

Such initiatives are projected to save Trinity an additional $1.2 million in 2013, based on annualized figures. In addition to the initiatives above, Trinity has saved $780,000 on the existing initiatives in the first quarter and an additional $169,000 on initiatives like the above which were targeted for 2013. This savings projection is in addition to the sustained savings from the initial medication utilization project.

Pharmacy Savings

Initiative	Through FY 2012	Through 1st Qtr. 2013
Purchasing optimization, (docetaxel, oxaliplatin, gemcitabine, clopidogrel, ziprasidone, etc.)	$474,623	$290,311
Venous thromboembolism treatment	$333,812	$147,653
Carbapenem change	$165,834	$43,397
Piperacillin-tazobactam extended infusion	$211,614	$46,889
Neulasta®/Neupogen®	$107,880	$8,904
Daptomycin	$143,257	$34,561
Provision of admixed vs. frozen	$94,000	$23,500
Management of percutaneous coronary intervention drugs	$75,524	$19,000
Oral vancomycin solution compounded vs. capsules	$60,000	$15,000

Example Drug Utilization Initiatives with Interventions	Old Cost	New Cost
Colony stimulating agents oncology)	$2,700/dose	$250/dose
Bone modifying therapy (oncology)	$900/dose	$35/dose
G2b3a inhibitor therapy (cardiology)	$1,700/ patient	$1,200/ patient
Diuretic (nephrology)	$275/dose	$2.50/dose
Anesthetic gases (anestesia)	15% Reduction in Cost	

Coordinated Efforts

The sum of multiple initiatives in pharmacy can have a substantial impact on the bottom line. However, managing so many opportunities requires a coordinated effort that begins with getting key stakeholders, including administrative and clinical, to understand the cost implications of pharmacy and their roles in driving and sustaining change. Each month, Trinity's finance department provides the medication utilization team with savings reports on each initiative so the team can track progress and quickly address backward trends.

Barton S. Richards

About the Author: Barton S. Richards (CHFP) is a managing director, The Claro Group, Chicago and a member of HFMA's First Illinois Chapter (brichards@theclarogroup.com)

On Call.

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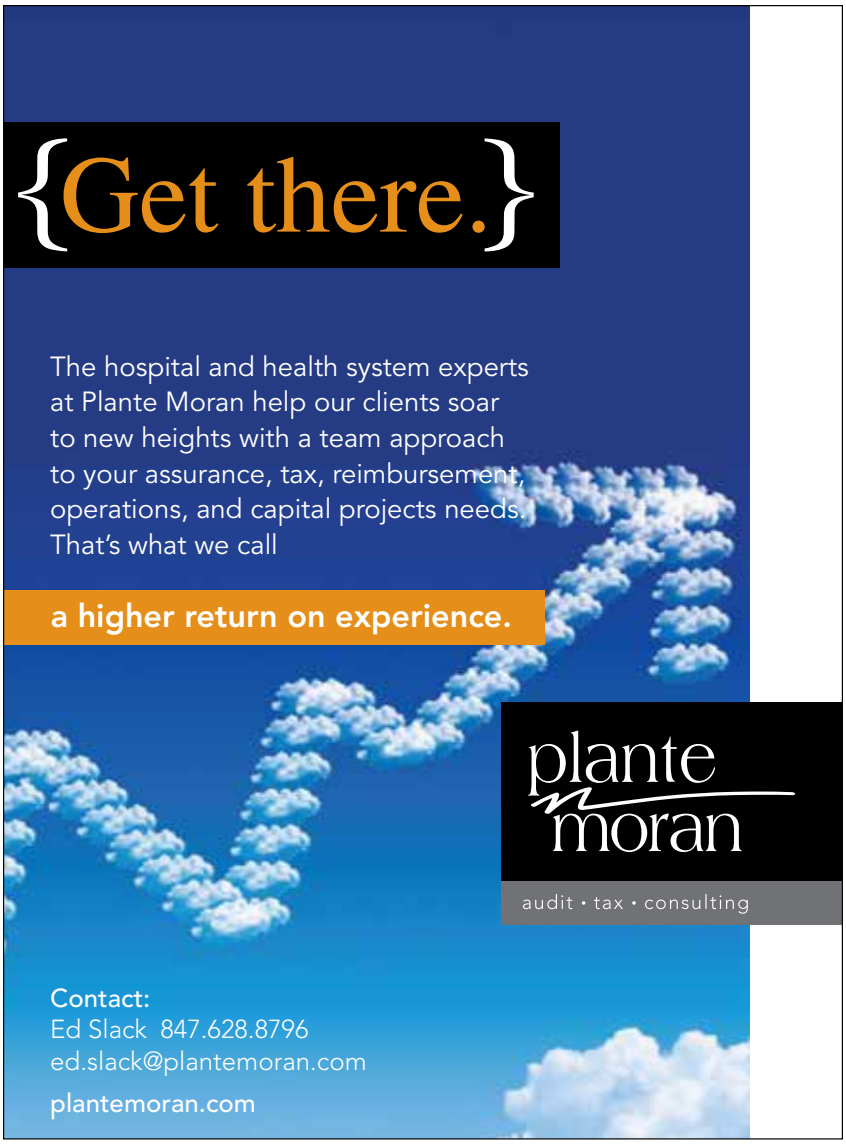
Hosptial Community Health Needs Assessments:
Proposed Regulations Provide Much Needed Clarification

BY SUE MIENCIER, TAX MANAGER, PLANTE MORAN

Hospital facilities operated by 501(c)(3) organizations were provided some much needed clarification on April 3, 2013, via the issue of proposed regulations for Internal Revenue Code 501(r)(3) relating to the community health needs assessment (CHNA), reports of which generally need to be completed in 2013.

These proposed regulations supersede the interim guidance provided in IRS Notice 2011-52, which was released in July 2011. However, for transition purposes, Notice 2011-52 may be relied upon only for a CHNA made widely available to the public, and an implementation strategy adopted, on or before Oct. 5, 2013.

It is important to keep in mind that these proposed regulations will not be effective until they are published as final or temporary regulations; this means that the provisions apply to returns filed on or after the date the final or temporary regulations are issued. Although not yet effective, these proposed regulations show us what the IRS and Treasury expect the regulations to look like when finalized.



This article will focus on the significant changes and clarifications presented in the proposed regulations compared to Notice 2011-52 guidance issued earlier.

Background

Under §501(r)(3), hospitals must conduct community health needs assessments at least once every three years and adopt an implementation strategy to meet the needs identified in the assessments. These assessments must take into account input from persons representing a cross section of the community served by the hospital, including those with specialized knowledge or expertise in public health, and must be made widely available to the public.

The CHNA requirement is effective for tax years beginning after March 23, 2012, which is generally the fiscal year ending in 2013. For example, hospitals with a June year end must complete the assessment by June 30, 2013, and calendar year end hospitals must complete the CHNA by Dec. 31, 2013.

Failure to satisfy this requirement may result in the imposition of a $50,000 excise tax on the hospital facility and potential loss of tax-exempt status. If a hospital organization operates more than one hospital facility, then the CHNA requirements apply separately with respect to each facility. Also note, since the CHNA requirements apply separately to each facility, each facility is exposed to the excise tax and risk of loss of tax-exemption, meaning for a hospital group the excise tax can well exceed $50,000 if multiple facilities do not comply.

Notable Guidance

Some relief if inadvertent failure to satisfy all CHNA requirements:

The effect of the failure to meet all of the §501(r) criteria has been a top question in the minds of hospitals and those who work with them. Questions and concerns such as those listed below have caused some nervousness among hospitals.

- For a hospital organization that operates multiple hospital facilities, what happens if just one of the facilities fails to satisfy the requirements?

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- For a hospital with tax-exempt bonds, how is the exempt status of the bonds impacted by not meeting §501(r) requirements?
- If a facility falls short on satisfying the rules, is its income taxable?

The proposed rules do provide some answers, and some relief, to hospital facilities.

- In certain situations, an omission or error that is minor, inadvertent, and due to reasonable cause, and which the hospital facility corrects as promptly after discovery as is reasonable, will not be considered a failure to meet the §501(r) requirement. Guidance will be issued in the future which will provide that a facility's failure to meet one or more of the requirements described in the regulations that is neither willful nor egregious will be excused if the hospital facility corrects and provides disclosure in accordance with the rules set forth in such guidance.
- The proposed rules also provide that the relative size, scope, nature and significance of any failures to meet the §501(r) requirements will be considered when deciding whether to revoke a hospital organization's exempt status. All the facts and circumstances will be considered in this determination.
- Regarding the question of a multiple-facility hospital that operates a facility that does not meet the requirements, the proposed rules provide that the noncompliant facility will cease to be exempt from tax, while the hospital organization will continue to be exempt under §501(c)(3). The income related to the noncompliant facility will be subject to tax, and may not offset the other unrelated business income of the hospital. [Note: This treatment does not apply in the event of minor and inadvertent omissions or errors described above.]
- The proposed rules provide that failure to comply with §501(r) will not in and of itself result in the interest from qualified tax-exempt bond issues becoming taxable.

Conducting and Documenting the CHNA

In conducting a CHNA, a hospital facility must define the community it serves and assess the health needs of that community. The CHNA is considered "conducted" on the date the hospital has completed these steps:

- Take into account input from persons who represent the broad interest of the community, including those with special knowledge of or expertise in public health
- Document the CHNA in a written report that is adopted by an authorized body of the hospital facility
- Make the CHNA report widely available to the public

An important change in these proposed rules is that the CHNA need only identify and prioritize significant health needs – this replaces the earlier guidance that required that each identified need be listed and prioritized. Whether a health need is determined to be significant is determined based on all the facts and circumstances present in its community.

The proposed rules also provide that a CHNA report that is marked "DRAFT" may be posted for public comment without triggering its next three-year CHNA cycle.

The CHNA report must include the following five elements:

1. A definition of the community served and description of how the community was determined.
2. A description of the process and methods used to conduct the CHNA.
3. A description of how the hospital facility took into account input from persons who represent the broad interests of the community.
4. A prioritized description of the significant health needs identified through the CHNA.
5. A description of the potential measures and resources identified through the CHNA to address the significant health needs.

The proposed rules no longer require the CHNA report to contain the names or titles of the individuals contacted within the organizations consulted during the process. A complete copy of the CHNA report is to be conspicuously posted on a website, and remain on that website until two subsequent CHNA reports have been posted so that information on trends will be available to the public.

Collaboration with Others

Under certain circumstances, the proposed rules ease up on the general requirement that each hospital facility issue a separate written CHNA report when it conducts its CHNA in collaboration with other organizations. A significant exception to the separate report requirement is available when a hospital facility collaborates with other hospital facilities in conducting its CHNA: All of the collaborating hospital facilities may produce a joint CHNA report as long as all of the facilities define their community to be the same and conduct a joint CHNA process. This joint report must clearly identify each hospital facility to which it applies and an authorized body of each collaborating facility must adopt the joint CHNA report.

Like the CHNA report, a separate implementation strategy is generally required, but the proposed rules provide an exception: A facility that collaborates on and issues a joint CHNA report may adopt a joint implementation strategy if it meets the following requirements:

1. The joint implementation strategy must be clearly identified as applying to the facility;
2. It must clearly identify the facility's particular role and responsibilities in taking the actions described in the implementation strategy and the programs and resources the facility plans to commit in taking the actions; and

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Hospital Community Health Needs Assessments: Proposed Regulations Provide Much Needed Clarification (continued from page 8)

3 It must include a summary that helps the reader easily locate those portions of the join implementation strategy that relate to the hospital facility.

More Implementation Strategy Rules

Consistent with previous guidance, for each significant health need identified, the hospital facility must describe how it intends to address the need, or alternatively, explain why the hospital does not intend to address the need. These proposed rules add the additional requirement that the implementation strategy must include:

- A description of the anticipated impact of these actions and the plan to evaluate such impact
- The programs and resources the hospital facility plans to commit to address the health need
- Any planned collaboration between the facility and other facilities or organizations in addressing the health need

The facility must also establish a feedback mechanism in its CHNA process to take into account written comments received on its most recently adopted implementation strategy.

Under the proposed rules it is no longer necessary that the facility's implementation strategy be attached to the hospital's Form 990 (Return of Organization Exempt from Income Tax) if, as an alternative, the hospital discloses on its Form 990 the URL(s) of the web page(s) on which the document is posted. Added in the proposed rules is the requirement that a description be provided on each year's Form 990 of the actions taken during that tax year to address the significant health needs identified through its most recent CHNA.

TRANSITION RULES

Generally, the implementation strategy is required to be adopted in the same year the CHNA is conducted. The proposed rules provide some transition relief with respect to the first implementation strategy adopted under the CHNA requirements. The transition rules for adopting the implementation strategy depend on the tax year in which a hospital facility conducts its first CHNA:

(1) CHNA conducted in a tax year beginning BEFORE March 23, 2012:

If a facility conducted its first CHNA in its tax year beginning before March 23, 2012, and it adopted its implementation strategy on or before the 15th day of the fifth calendar month following the close of its first taxable year beginning after March 23, 2012, then the CHNA is considered conducted in the tax year the CHNA process was completed, notwithstanding the fact that the implementation strategy was not adopted by the end of that tax year.

Example provided in the preamble to the proposed regulations:

A hospital facility reporting on a calendar-year basis that conducts a CHNA in 2012 and adopts an implementation strategy for that CHNA on or before May 15, 2014 does not need to meet the CHNA requirements again until 2015.

(2) CHNA conducted in a tax year beginning AFTER March 23, 2012:

If a facility conducted its first CHNA in its tax year beginning after March 23, 2012, and it adopted its implementation strategy on or before the 15th day of the fifth calendar month following the close of its first tax year beginning after March 23, 2012, then the CHNA is considered conducted in the tax year the CHNA process was completed (tax year beginning after March 23, 2012).

Sue Miencier

The complete proposed regulations may be found on the IRS website at irs.gov. Plante Moran staff is available to assist organizations with understanding CHNA requirements. Sue Miencier can be reached at sue.miencier@plantemoran.com or 248-223-3682

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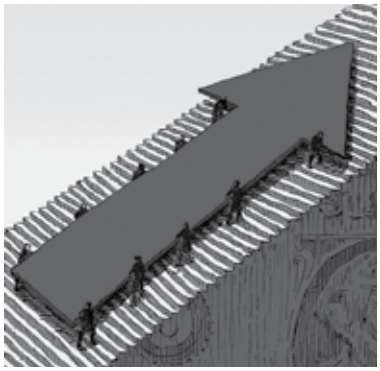

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Gibbs Cautions Healthcare Finance Professionals: Choose Teams Wisely

BY HFMA EDITIORIAL STAFF

Former Washington Redskins coach Joe Gibbs knows a thing or two about leading successful teams.

As a head coach, he took the once-failing Redskins to four Super Bowls and three world championships by improving team dynamics and persevering against the odds. And as the owner of a racing team, he led his team to a Daytona 500 win in his second year and has won two Winston Cup Championships.

At this year's ANI: The HFMA National Institute, Gibbs, who has coached teams for 35 years, told healthcare finance professionals and leaders that that they share something in common with him: "You pick people, put them on a team, and ask them to sacrifice themselves for the good of the team," he said.

Likewise, just as pro sports are fast-paced, so, too, are the changing dynamics of healthcare finance and the healthcare industry as a whole, he said.

"In a fast-paced world, if you're not moving ahead, you're falling behind," Gibbs told healthcare finance professionals. "You're all in a fast-paced world, and most of you have your own teams. We have to teach people to sacrifice their own goals for the goals of the team—and that's not always easy."

Strategies for Success

During ANI, Gibbs shared several strategies for developing successful teams:

Define your goals in the shortest timeframe possible for your team. Measure performance in short time periods as well, Gibbs said. For example, Gibbs once offered a video recorder to the player who recorded the most sacks in a particular week, offered MVPs for one game the opportunity to sit in a La-Z-Boy during team meetings rather than the stiff, foldable chairs the team traditionally used, and offered access to his truck to the player who performed best at practice for a week.

Reward employees for their performance in front of their peers. "Here's what you'll find: People will compete," Gibbs said.

Understand that people are the most important asset you have, and keep this in mind when selecting team members. "Picking people for a team is one of the hardest things we do. Make sure you're testing them for what you want them to do," Gibbs said.

Be a good teacher. "Everybody has to understand their assignment. Everybody has to understand how important they are," Gibbs said.

Play the game the right way. "Ethics are really important to what we do," Gibbs said. Select team members who are aggressive, but who also are very smart and understand how to play the game at hand, Gibbs said.

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Legislation Connection

BY CHERYL A. WESOLOWSKI, CHAIR

State of Illinois Update from the IL-MGMA Legislative Committee

The 98th General Assembly adjourned on May 31, 2013. A number of high profile issues were dealt with including, concealed carry, gay marriage, regulation of fracking, and medical marijuana. The session ended without coming to compromise on how to address the pension reform issue. Governor Quinn called a special session of the legislature for June 19 to deal with pensions. As of the writing of this report, that day has passed, still no resolution. The joint conference committee has called another special session to be scheduled after the 4th of July. What is on the table for lawmakers is tackling the $100 billion pension crisis; Illinois carries the largest unfunded pension liability in the country. Governor Quinn has set a July 9 deadline for the committee to come up with a comprehensive pension reform solution.

The IL-MGMA legislative committee is going to be carefully watching over the summer and into the fall the roll out of the Health Care Exchanges. Keeping an eye on Springfield as to any legislation that may evolve pertaining to the Exchanges.

SB 1194: INSURANCE NAVIGATOR ACT

Creates the Navigator Licensing Act. Provides that no individual or entity shall perform, offer to perform or advertise any service as a navigator in the State of Illinois, or receive navigator funding from the State or an exchange unless licensed as a navigator by the Illinois Director of Insurance. However, there is an amendment to the bill that allows for an exception for HealthCare providers when furnishing information related to a patient's existing health insurance coverage.

This bill does not affect our financial counselors that work in our offices. They will still be able to have conversations and provide guidance for our patients. The overall intent of the bill is having accountability and regulations for those individuals/companies that advertise they are providing "Insurance Navigator Services" and collecting a fee for their services.

This bill passed both the Senate and House on May 28, 2013, and will be sent to the Governor for his signature, then it will go into law.

SB 1630: ANATOMIC PATHOLOGY–BILLING

This amends the Medical Practice Act of 1987 and the Illinois Clinical Laboratory and Blood Bank Act. This mandates that only the entity personally rendering the service or supervising the service can directly bill the patient.

This bill made a big splash in the early part of the spring, but since March 20, 2013, no movement has been made. The committee will watch for this one to be brought back to life at a later date.

HB 2452: PATIENT RIGHTS–ID BADGES

Provides that any facility rendering treatment or care to a patient require each employee, student, or volunteer to wear an identification badge at all times disclosing the first name, licensure status, and staff position. Badges! If you are healthcare workers, show them your badges.

This bill passed both the Senate and the House on May, 14, 2013, awaiting signature of the Governor to become a law.

HB 0001: MEDICAL CANNABIS ACT

This act is for the compassionate use of medical cannabis for diseases causing chronic pain and debilitating conditions.

Passed both the House and the Senate on May 17, 2013. Was sent on June 3, 2013, to the Governor for his signature.

SB 1626: PROVIDER CO–PAY ACT

Ammends the Illinois Insurance Code. Provides that no insurer that issues a health insurance policy in Illinois can charge greater copayments, coinsurance, or deductibles provided by a licensed physical therapist than the fees for same covered services by a licensed primary care physician.

This bill was placed on the Senate calendar for a second reading May 22, 2013; no action was taken. We will watch and see what happens in the next General Session on this bill.

The next legislation session for both the Senate and the House will be on October 22, 2013.

How Mercy Health System is Sizing Up Economies of Scale

One fast-growing health system is using economies of scale to standardize operations across dozens of hospitals while introducing an innovative model of care, according to a recent article from HFMA's *Leadership* magazine, excerpted below.

This past June, Mercy Hospital El Reno, a 48-bed hospital in central Oklahoma, went live with an electronic health record (EHR) system, an achievement that at one time seemed impossible. Until three years ago, the facility was called Parkview Hospital and it was staring at a $1.4 million estimated bill to meet the federal government's EHR/meaningful use mandate. "We had no idea where we were going to get that money," says Doug Danker, RN, the hospital's administrator.

In fact, the hospital was struggling on many fronts. Sometimes the nursing staff worked short-handed because it could not fill positions. It was hard to succeed financially, in part because supplies were so expensive. Staff morale was low.

In 2010, the public hospital, owned by the city of El Reno, entered into a lease agreement with Mercy Health System, the sixth-largest Catholic health system in the country. That makes Mercy Hospital El Reno one of 31 hospitals and more than 200 clinics in Mercy's four-state service area.

Danker now has 38,000 Mercy coworkers, 90 of whom came to help when Mercy extended its EHR system to El Reno. "I had no idea resources existed like this until we became part of a large system," he says. "I truly believe that had we not been leased by Mercy that El Reno would no longer have a hospital."

Mercy's View of the Future

Since June 2011, Mercy has acquired three hospitals, added more than 70 clinic locations, and grown by nearly 300 integrated physicians. Last year, the St. Louis-based system announced a plan for expansion over the next eight years that could amount to more than $4 billion. The money will be spent to advance Mercy's central strategy: success via economies of scale.

"Managing the cost of care is vital to future success," says Michael McCurry, Mercy's executive vice president and COO. "When you have a concentration of facilities in a given geographic area, it's much easier to leverage your administrative and back-office functions, such as billing and purchasing, for scale to serve those facilities."

Examples of ways in which Mercy Hospital El Reno is benefitting from the economies of scale that come with being part of a large system include the following:

(continued on page 13)

On Call.

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How Mercy Healthy System is Sizing Up Economies of Scale (continued from page 12)

- El Reno's business office, formerly staffed with about 20 FTEs, now has one staff member on campus because most back-office functions are handled at a central business office in Missouri.
- El Reno has no local CFO; one Mercy finance leader is responsible for the system's rural facilities in Oklahoma.
- Transcription is outsourced, eliminating two FTEs, and El Reno shares medical coding services with other Mercy hospitals.

Because of economies of scale, the benefits that Mercy El Reno Hospital gets from being part of a large organization do not translate into commensurately big costs for Mercy. According to an economic impact study that Mercy commissioned, the system invested $252,000 in direct capital expenditures in El Reno in FY11 and projected capital spending of $300,000 for FY12 and FY13, which includes the EHR implementation.

Read the complete article in the Fall/Winter issue of HFMA's *Leadership* magazine, which features case examples of cross-disciplinary collaboration that fosters system change and leads to business success.

More Strategies for Achieving Economies of Scale

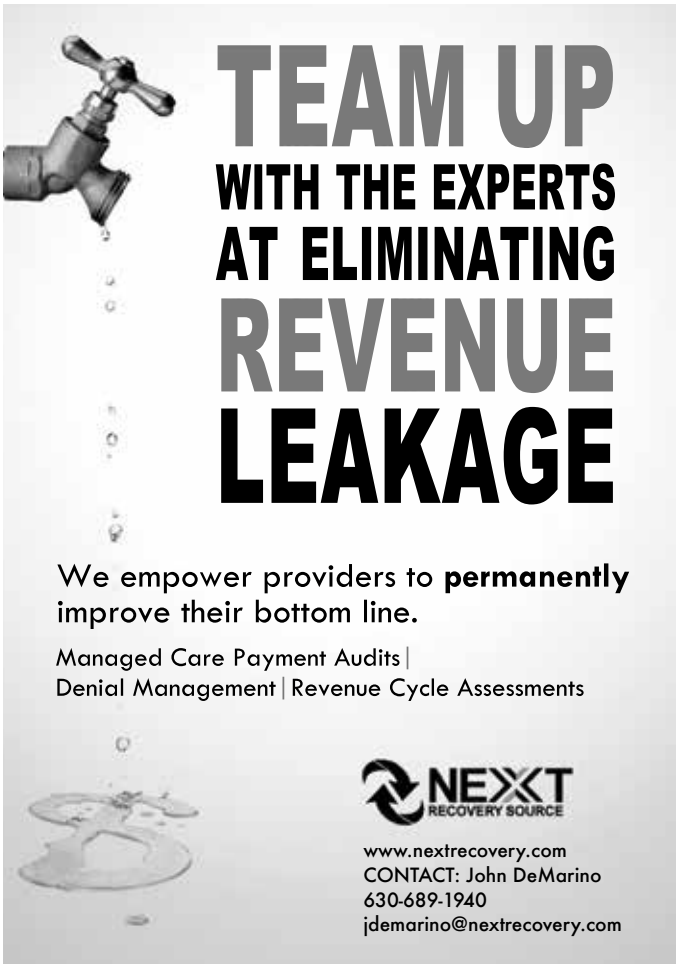
Reassessing ways to achieve economies of scale is one of the most common strategies that hospitals interviewed by HFMA's Value Project are considering as they focus on ways to reduce costs while providing quality care. "For many, the question of possible mergers, alliances, and other forms of linkages between systems is a central determinant of future strategy and structure," the Value Project states in its most recent report, *The Value Journey: Organizational Road Maps for Value-Driven Health Care*. Read the report.

One method by which organizations achieve scale is consolidation. Learn about the new wave of hospital consolidation from an article by Moody's Lisa Goldstein in *hfm* magazine. Read the article.

Get more information from two archived HFMA webinars:

- Current Trends in Healthcare Mergers, Acquisitions, Consolidations, and Affiliations
- Creating Sustainability Through New Business Models for Mergers and Acquisitions

Not an HFMA member? Get exclusive access to practical strategies and thought leadership from HFMA and other industry experts. Join today.



Ignite Your Career:
8.5 Principles for Career Success

BY VICKIE AXFORD AUSTIN

As the keynote "lunch and learn" speaker at this year's ANI, I was honored to present *"Ignite Your Career: 8.5 Principles for Career Success."* My talk included excerpts from interviews I conducted with HFMA members from around the country. Here are some highlights:

Principle #1: Know who you are and what you want.

Joe Fifer, FHFMA, CPA and the president and CEO of HFMA, shared some stories from his early days at Ernst & Young. His transition to becoming CFO of a hospital went against the partner track, but Joe had a clear vision of what he wanted and he had the courage to communicate it. "Be yourself and use the gifts you have," Joe said.

Principle #2: Keep learning.

The scope of your role is becoming more and more strategic, and your ability to learn is crucial to your success.

Kari Cornicelli, FHFMA, CPA, and VP/CFO of Sharp Grossmont Hospital in La Mesa, Calif., said, "Never be satisfied with the status quo. I encourage my team to ask, 'Is this the way we should be doing things?'"

As VP of Managed Care Services at St. Vincent Hospital in Indianapolis, Martin D'Cruz, FHFMA, MBA, is also an associate faculty member at Indiana University. He used to read healthcare journals from the library to stay current on what his boss was reading. Martin now encourages his team to get HFM certification, and he makes his office available for them to study.

Principle #3: Be willing to ask for help along the way.

Kevin Lockett, CHFP, MBA/MPH and vice chair of Revenue Cycle at the Mayo Clinic in Jacksonville, Fla., described some of the mentors he's had along the way. "I linked to people I wanted to emulate and sought them out… and we still stay in touch today." He advised ambitious healthcare finance professionals to seek counsel from successful communicators, professionals who know and understand the industry.

Principle #4: Embrace your mstakes and learn from them.

Our best lessons sometimes come through trial and error. First IL HFMA Chapter member Paula Dillon, director of managed care at Rockford Health System, advised that building a career is all about building a skill set, and not every opportunity is a fit.

"Don't burn bridges," Paula said. "After every opportunity, ask yourself, 'What did I learn?' We're in a very interconnected world, so if you leave, leave on good terms."

Principle #5: Don't let your job interfere with your career.

The biggest mistake people make is when they focus too much on the job and not enough on their own career. This isn't just about career insurance—it's about sharpening the saw.

"Get out of the office," advised Cathy Jacobson, FHFMA, CPA, president and CEO of Froedtert Health in Milwaukee and a former voluntary chair of HFMA's board of directors. "It's essential to look outside your organization and stay up with the best of what's going on in your industry."

Principle #6: Be willing to take some risks along the way.

Anna Dapelo-Garcia, MPA/HSA and administrative director of Patient Access and Financial Services at Stanford Hospital & Clinics, grew up in a crime-ridden neighborhood in San Jose where a young Latina was not expected to graduate from college, much less become a healthcare leader. Now she's achieved her dream to work at Stanford and she's been tapped as a commissioner for California's Senate Advisory Commission on Cost Control.

"Never turn down an opportunity, even if it scares you," Anna said.

Steve Rose, FHFMA, CPA and CFO of Conway Regional Health System in Conway, Ark., couldn't agree more. As the newly elected voluntary chair of HFMA's Board of Directors, Steve recommended, "Don't be afraid to get outside your comfort zone… be prepared for change and embrace opportunity."

Principle #7: Keep your network alive.

Each leader I interviewed told a story about how someone believed in them, promoted them or recommended them for a new position. Their biggest successes came from networking.

Martin D'Cruz encourages his team to get involved in HFMA. "The opportunity to network is key" to career success, he said.

Principle #8: Have a plan.

You have a strategic plan for your hospital or organization. Then why not have a strategic plan for your own career?

Your career strategic plan should establish your vision and lay the tracks to get you there. A plan also helps you measure opportunity cost so when a random job offer comes in, you can say "Does this fit my plan?" Without a plan, it's hard to say.

(continued on page 15)

Ignite Your Career: 8.5 Principles for Career Success (continued from page 14)

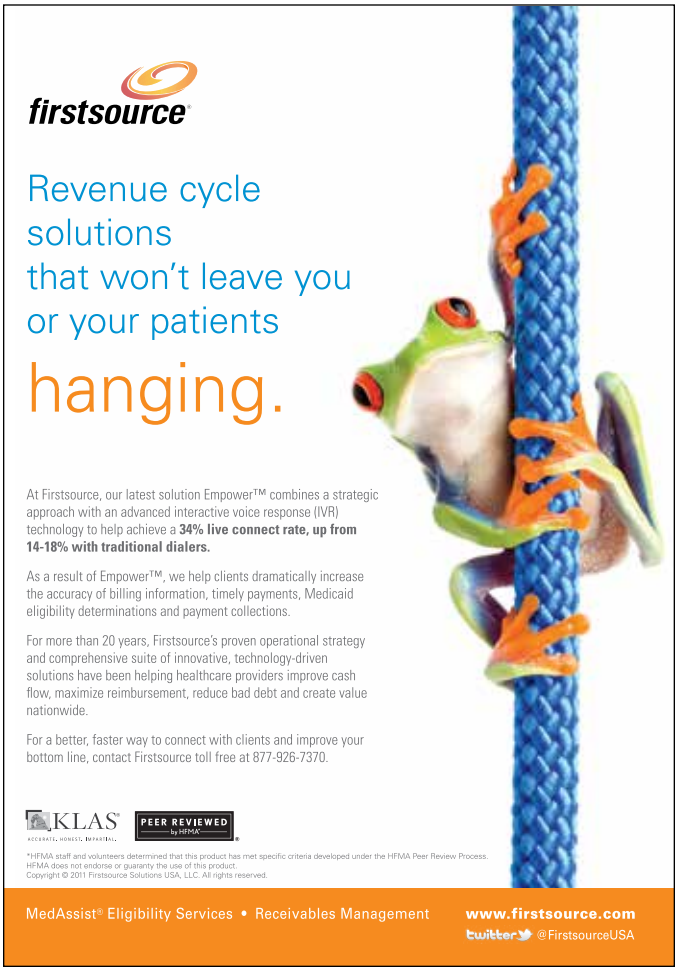
Principle #8.5: Stay involved and continue to help others.

OK, this is a shameless (and unsolicited) plug for HFMA. Witnessing the camaraderie of the members at ANI, the commitment to education and professional development, I was deeply inspired. As Kevin Lockett from Mayo said, his investment in HFMA has repaid him tenfold.

Now, I'm no accountant, but that seems like pretty good odds.

Vicki Austin

Vickie Austin is a business and career coach, professional speaker and founder of CHOICES Worldwide, based in Wheaton, Ill., with offices in Chicago and Phoenix. Her topics range from networking to developing your own career strategic plan. You can reach her at vaustin@choicesworldwide.com, 312-213-1795, www.linkedin.com/in/vickieaustin, or follow her on Twitter @Vickie_Austin.



Value is in the Eye of the Purchaser

BY HFMA VALUE PROJECT

What is value in health care? The answer to this question lies in taking the perspective of the purchaser of care, according to the first report from HFMA's Value Project.

If you had to pay $15 for a cheeseburger at a fast-food restaurant, you would probably not think you got good value. But if you paid the same amount for a well-prepared filet mignon dinner, you would probably think you received value, just as you might in a $3 hamburger. Value, in other words, is a concept of relative worth: a function of quality over the amount the purchaser pays for a good or service.

Value is driving a fundamental reorientation of the healthcare system around the quality and cost-effectiveness of care. Patients, employers, government agencies, and health plans—the purchasers of health care—increasingly want to know what they can expect to receive for what they pay for care. They are seeking out providers who will give them this information and follow through with cost-effective care. They are, in other words, expecting to get value.

Through surveys of the industry and interviews with leading healthcare organizations, HFMA has found that:

- **Healthcare organizations are preparing for significant changes in the payment system.** 35 percent of organizations responding to HFMA's survey have already begun investing in population health management capabilities or plan to do so within the next one to two years.
- **Value creation depends on clinician engagement and leadership.** Leading organizations are developing "dyad" management models that combine clinical with financial and administrative leadership from the C-suite to the unit level.
- **The role of the healthcare CFO is changing to emphasize value.** CFOs responding to HFMA's survey are devoting about 40 percent of their time spent on improvement initiatives to clinical quality improvement and patient safety initiatives.

To successfully manage the transition to value, HFMA recommends that healthcare organizations:

- **Organize efforts around driving value for purchasers of care:** Improve the quality of care while reducing the total amount paid by purchasers.
- **Develop four capabilities for value:** These include people and culture, business intelligence, performance improvement, and contract and risk management.
- **Communicate value to purchasers:** Work with patients, community employers, and other stakeholders to define key metrics that provide meaningful information on the value of care provided.

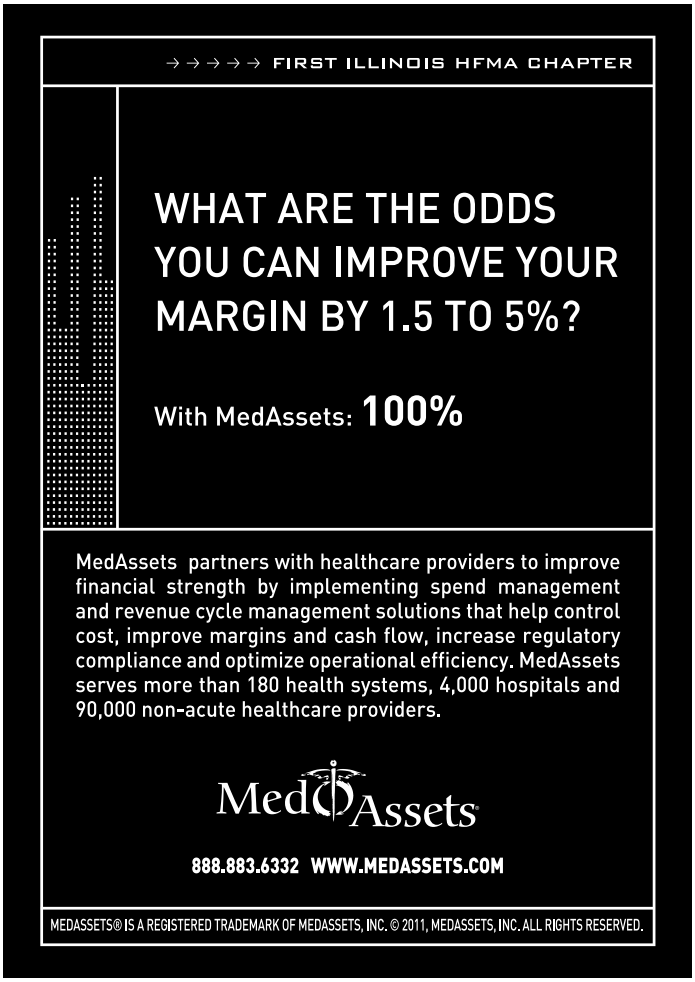
More information on HFMA's Value Project—including a downloadable version of the report and additional resources and tools—is available at www.hfma.org/valueproject.

Critical Technologies & Approaches to Improving Population Health...and Your Bottom Line!

April 18, 2013, Mid America Club at AON Center

Brian Veara, Beth Edrington and Dennis Hesch

John McDaniel and Rob Stackowiak



2013 First Illinois HFMA Executive Symposium and Golf Outing

May 13, 2013, Eagle Brook Country Club

Mike Eesley, Jason Sciarro, Frank Dodero and Dan Yunker

Jim Christie, Tom Lubotsky, John Robinson and Jeff Robinson

Patrick McDermott, Jeff Porter, Ty Carson and Brian Washa

Tim Caveney, Mike Pacetti, Chad Beste and Tom Ferkovic

The Value of Certification

Many healthcare organizations in today's challenging economy recognize their workforce as their most valuable asset. As such, these organizations tend to hold workforce development as a primary business strategy.

Investment in developing the talents, knowledge and skill sets of staffs are critical to the organization's success. HFMA's Healthcare Financial Pulse research identified this dynamic and noted that successful organizations today commit to the "bread and butter" of financial management, i.e., technically strong and comprehensive financial management.

Likewise, many individual financial managers today recognize the importance of assuming personal responsibility for their career. success. More than ever before, individuals understand the importance of acquiring and maintaining comprehensive skill sets to ensure their ability to provide the financial management demanded today. These individuals frequently seek out relevant professional development opportunities.

The larger business environment resulting from these forces is a heightened interest in workforce development initiatives including certifications and credentialing. Credentialing programs have exploded across the past couple of decades and include:

- Professional associations offering certifications
- Community colleges offering curriculum-based certificates
- Corporate sponsored in-house credentials for employees
- Technology companies providing proprietary credentials to customers

HFMA certification provides a fundamental business service to our industry, HFMA certification offers:

- Assessment of job-related competency
- The opportunity for an individual to demonstrate skills and knowledge
- Independent verification of the skills and knowledge
- Confirmation that an individual is current in the practice field

The value of HFMA certification can be seen in several reported value-adds:

- Increased departmental cooperation
- Heightened self-confidence among participants
- Increased performance against selected metrics
- Verification of staff knowledge and skills
- Assistance in structuring career paths

HFMA is committed to being the indispensable resource that defines, realizes and advances healthcare financial management practice. As such, HFMA provides professional certifications to achieve this purpose in today's business environment. This makes HFMA certification a smart workforce investment strategy.

For more information on HFMA certification, visit http://www.hfma.org/certification/.

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Mark A. Hartman, FHFMA, CPA
SVP Finance & Treasurer, Arkansas Heart Hospital

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Visit hfma.org/mgam for details on the program.

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From Zero to 60, HFMA's Career Center Helps Drive Your Career

Develop your business and personal skills with tools created specifically for the healthcare finance professional. HFMA's new Career Center is organized into distinct career levels to help you as you enhance and further your career path into healthcare finance.

The Career Center is divided by levels, so whether you're ready to begin your healthcare finance career or are actively searching to identify the skill sets required to advance and manage your career, HFMA has the tools you need:

- Starting My Career is for people who are seeking their professional path into healthcare financial management.
- Managing My Career focuses the drive to seek opportunity and take control of your career by acquiring and maintaining skill sets, networking, and self-branding.
- Advancing My Career teaches how to accelerate your career by improving your ability to anticipate future opportunities and by actively structuring and sequencing your work life.

Included in each career level are:

- Assessments that provide a plan to further develop your skills by determining your level of knowledge, skills, and behavioral competencies that are critical to current and future leadership needs in the industry.
- Educational and career resources to help you hone your core competency skills.

At some point in your career, it's inevitable that you will also manage others, so Career Center coaching doesn't stop at personal development, it also has a section for managers on how to develop their most valuable asset—their employees.

While you are on the page, check out the Job Search Tools: Job Bank listings, resumes, and a job-posting site.

Learn more and further your career at hfma.org/careercenter.

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Welcome New Members

Timothy R. Egan
Senior Consultant
Ellwood Associates

Larry D Rine
Chief Executive Officer
Intersect Health Information Technology Inc.

Wendy M Roach
RDMS, CHAM
Manager Patient Access & Central Scheduling
Advocate Good Shepherd Hospital

Stepan Gordienko
Director, Sales & Service
Pavilion Advisory Group

Sharon Lleva-Carter
Executive Director - Business Development
Duke Realty

Nicole Esman
Account Manager
Aerotek

Andy Jirsa
Account Manager
Aerotek

Carla M Lyons
VP Marketing
Lillibridge Healthcare Services, Inc.

Robin D West
Regional Director
Recondo Technology

Zubair Ansari
Financial Consultant & Head of Business Advisory
King Faisal Specialist Hospital & Research Center

Mark R. Long
Vice President
TCF Bank

Craig S Lloyd
Staff Accountant
Rezin Orthopedics and Sports Medicine

Kyle Thompson
Auditor
Crowe Horwath, LLP

Ellen Dooley
COO
Community Care
Alliance of Illinois

Greg Alexander
President
Community Care
Alliance of Illinois

Eric Zukowski
Business Manager
Rush University Medical Center

Mary Miller
Sr. Contract Administrator
Northwestern Memorial Hospital

Spencer Brownell
Sr. Provider Solutions Consultant
Money2

(continued on page 22)

New Member Profile

Barton Richards

Demographic Information:

Name: Barton (Bart) Richards

Organization: The Claro Group (www.theclarogroup.com)

Current Position: Managing Director

Education: BBA – University of Notre Dame; MBA – University of Chicago

Certification(s)/Leadership Activity: CHFP

Years in healthcare: 10+

Questions:

Why did you decide to join First Illinois HFMA?

To gain access to a network of professional relationships from which to build upon my understanding of key healthcare issues

What is your greatest achievement outside of work?

Gold medalist in Master's World Rowing Championship, volunteering time in various community activities, and most importantly raising two great children with my wife

What is the best advice you ever received from a mentor?

"Think straight, talk straight"

Finish this sentence:

I think healthcare reform will...be ever changing over the next decade or so, creating opportunities for healthcare leaders to make an impact in their organization and others.

Welcome New Members

(continued from page 21)

Dave Ebel
Consultant
Huron Consulting Group

Kelly Hawk

John Parker
Project Management
Consultant
Cadence Health

Edward Slingsby

Adrianne N Borden
Instructor

Curtis Frank Haley
Billing & Reimbursement Manager
DuPage County Health
Department

Michael C. Sovran
Senior Associate
Crowe Horwath LLP

Mary Ann Zarkin
Consultant
The Claro Group

Jim Constantine
Manager - Healthcare
Advisory Services

Denise Froemming
EVP Administration, CFO
AHIMA

Shashank Tayal
VP, Sales & Marketing
HealthAsyst Pvt Ltd

Richard Kimball
Chief Strategy Officer
Accretive Health

Iqbal Hussain
Manager, Reporting
Analysys & Technology
Primecare Community Health, Inc.

Aby Mathew
Business Development Director
Emdeon

Jennifer Deniz Sr. Principal
Quick Leonard Kieffer

Nancy Velasco
Consultant

New Member Profile

J. V. Maganti

Demographic Information:

Name: J. V. Maganti

Organization: Guava Group Inc. (www.Guavagroup.com)

Current Position: CEO

Education: MBA University of Michigan – Ross School of Business; MS (Industrial Engineering & Management Indian Institute of Technology, Kharagpur, India

Certification(s)/Leadership Activity:

- Preparing for CHFP certification; hope to attain FHFMA status
- I serve on the boards of Ross (University of Michigan) Business School Alumni Club and Chicago Health Executives Forum (Special Projects volunteer) as well as a member of American College of Healthcare Executives (ACHE) Metropolitan Chicago Regent's Advisory Council.

Years in healthcare: Though I have been in strategy/technology consulting for almost twenty years in other sectors, I am relatively new to healthcare for about four years. But I feel the experience from other sectors helps me look at healthcare from a different perspective.

Questions:

Why did you decide to join First Illinois HFMA?

With more than 40,000 healthcare finance professionals in its membership ranks, I think HFMA provides some of the best networking opportunities with the best and the brightest in the industry. Comprehensive education opportunities, guidance along with analysis on latest news and trends in healthcare sector are invaluable for busy executives.

What is your greatest achievement outside of work?

Within the past five years I began a new hobby that I have now become passionate about: running. With focus and dedication, I have been able to take this passion to the next level by successfully running several marathons. Aside from being a great form of exercise and self-discipline, running has helped me in several other ways as well. It allows me to focus my energy more effectively both inside and outside of work.

What is the best advice you ever received from a mentor?

To always aim for the best, and never back down despite failures.

Finish this sentence:

I think healthcare reform will...because of its complexity and ever-changing regulation, it's difficult to predict the long term impact. It is certain, though, that it would provide much needed healthcare to millions of (currently) uninsured/underinsured people. I hope, however, that the improvements and efficiencies that are taking place would keep the costs down and affordable.

A Moment With the C-Suite

BY DAN YUNKER, SVP / CEO LAND OF LINCOLN HEALTH AND FIRST ILLINOIS HFMA'S PRESIDENT

First Illinois HFMA is all about its members. As a membership service organization it is important to know our peers—a key value to HFMA. Dan Yunker, 2013-2014 chapter president, sat down with Richard Franco to share with you his perspectives.

Name: Richard A Franco

Title: Chief Financial Officer, Presence Our Lady of the Resurrection and Presence Resurrection Medical Center

Company: Presence Health

Years in Healthcare Finance: 23 years

How would you sum up your career path thus far?

Very exciting and challenging; there's never been a dull moment. I've had the good fortune of working in many different communities throughout the United States. Every experience has helped me grow as a leader and develop operational skills to complement my financial background.

What do you find interesting about the Chicago healthcare market?

I find the competitive environment in Chicago both intense and collaborative. The level of cultural diversity in Chicago is nothing like I've seen before. I think this creates additional opportunities not found in other markets. I also enjoy the proximity to many premier academic institutions.

Why did you decide to serve on the First Illinois HFMA board?

I've been an active member of HFMA since 1996 and enjoyed many benefits throughout the years. I was involved in chapter work before, while working in Oklahoma and Arizona. I felt now was the time to get involved and serve HFMA. The chapter has many amazing members, and I want to be a part of its future.

What value to get from HFMA First Illinois?

The educational programs have been fantastic. I appreciate the convenience of the webinars and the educational content they provide. The networking events are a lot of fun, too!

How can HFMA members make First Illinois even better?

I think the involvement and support of the members is critical for our chapter's success. We need to attend educational and networking events more often. I think collaborating with MCHC, ACHE and HIMMS may help make our organizations even stronger.

Having just attended HFMA's ANI, what caught your attention?

Educational: *all the programs on Healthcare Exchanges*

Exhibit Hall: *the massive software demos by several of the informatics companies*

What do you think CFOs can do in today's transformational environment to be successful?

I think we as CFOs need to redefine ourselves. We can't manage hospitals in the traditional manner anymore. We need to be strategic and operational in nature to complement our financial skills. We have to be able to see new possibilities in how we deliver care and how we align our financial resources to the rapidly changing healthcare environment. We have to be comfortable taking calculated risks.

Open perspective: Rich, here you can put anything you would like to have the readers hear about. Guidance, leadership, personal aspirations, etc.

Married for 20 years with 7 children aged 4 to 23

Aspiring to be a musician some day: I play guitar and love all styles of music

Favorite teams are NY Yankees and USC Trojans

Enjoy food and good beer

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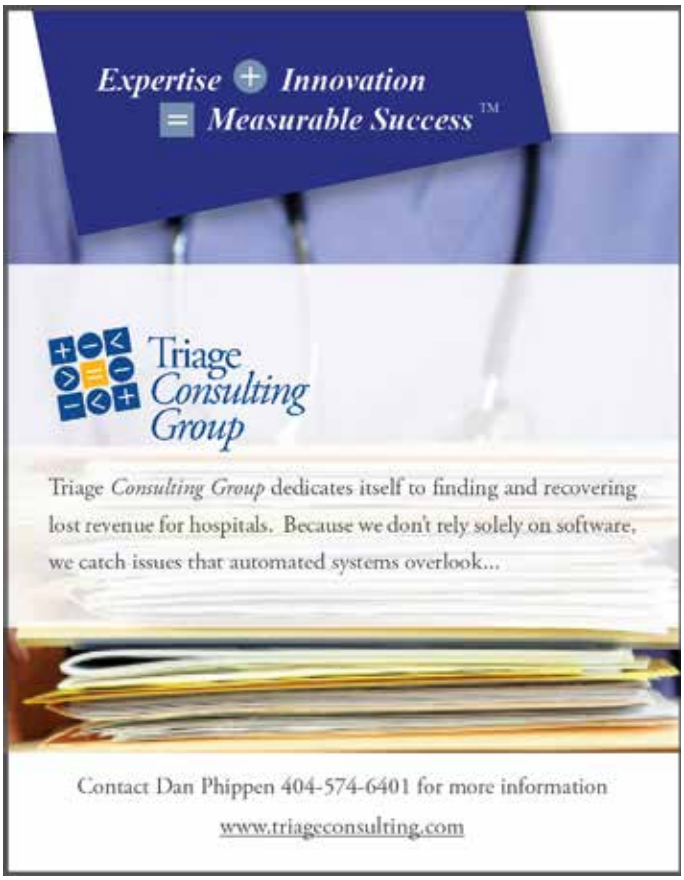

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First Illinois Speaks
HFMA's First Illinois Chapter Newsletter

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HFMA Editorial Guidelines

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 the Editor. Please send all correspondence and material to the editor listed above.

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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 **(PDF or JPG only)** 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.

Publication Scheduling

Publication Date	Articles Received By
October 2013	September 10, 2013
January 2014	December 10, 2014
April 2014	March 10, 2014
July 2014	June 10, 2014

First Illinois Speaks
HFMA's First Illinois Chapter Newsletter

event-filhfmaorg@comcast.net

Chapter Educational and Events Calendar 2013

For a current listing of all upcoming First Illinois HFMA Chapter events, please visit: http://firstillinoishfma.org/events/calendar-of-events/

Wednesday, July 17, 2013
HFMA Virtual Conference

Thursday, July 18, 2013
First Illinois HFMA Annual Meeting and Recognition Dinner

Tuesday, July 23, 2013
Webinar: "Protecting Your Cash Flow in a Time of Transition: Organizational Redesign & System Optimization" - Cipe Consulting

Thursday, July 25, 2013
Leading & Managing Change – MCHC & First Illinois HFMA

Tuesday, July 30, 2013
Webinar: "HIPAA Compliance Under the Magnifying Glass"

Tuesday, August 6, 2013
Webinar: "Illinois' Health Insurance Marketplace Update: How Provider Outreach Efforts Will Impact Both Their Community and Revenues"

Tuesday, August 14, 2013
Webinar: "Physician Compensation Trends and Pitfalls" - Katten

Monday, August 20, 2013
Cubs Outing – Night at Wrigley Field

Friday, August 30, 2013
37th Annual First Illinois Chapter HFMA Golf Invitational
Gleneagles Country Club, Lemont, IL

Friday, September 20, 2013
CFO Webinar

Wednesday, October 16, 2013
HFMA Virtual Conference

Monday & Tuesday, November 4 & 5, 2013
First Illinois HFMA Fall Summit
Arlington Park Racecourse, Arlington Heights, IL

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