Message from the President,

National HFMA seeks your feedback! The member satisfaction survey should have hit your inbox by now. This year our chapter is hoping to exceed our results from last year. Our goal is to achieve more than 60% of our members as being very or extremely satisfied. As I mentioned in the last newsletter, the chapter's leadership has reviewed your feedback from the last survey and is looking to improve. In the area of education, we added two new education programs this year and have started offering free webinars. Our first series of webinars was such a success that two more webinars for this education cycle have been added, and the program committee will continue to look for more. What better way to get your education than sitting at your desk and not having to travel! Don't forget the free webinars that National HFMA puts on as well. Our Program committee has also been busy planning several other live education sessions and is looking at new and different topics and speakers for each session. I hope we exceed your expectations!

Another area the chapter has been working towards improving is the newsletter. How many of you found the leadership matters logo in the last newsletter issue? We are hoping that while you are clicking around the newsletter looking for the logo, you get to see the wonderful newsletter our newsletter committee puts together. The newsletter committee is always looking for articles, pictures and news. Please submit your ideas to Natasha Erb at nerb@fchn.org. Chapter leadership had also planned on sending out a survey in September asking for feedback on the newsletter; however, we decided to delay the survey until after the chapter website was updated so that we could get more detailed feedback on both areas at the same time.

The chapter is always looking for new ideas. This past September, Anne Cloutier (President-Elect) Dayton Benway (Regional
Executive Elect-Elect) and I attended the Fall Presidents Meeting in Chatham, Massachusetts. Attendees included representatives from each chapter in our region as well as representatives from National, including incoming President and CEO of HFMA - Joseph J. Fifer, FHFMA, CPA. The Fall President's Meeting is a great opportunity to learn best practices from other chapters, discuss challenges, give feedback to National, and discuss our upcoming Region 1 Conference held at the Mohegan Sun (May 16, 2013 - May 17, 2013).

Speaking of the Region 1 Conference - planning is already underway and we are looking for volunteers. We need volunteers to help with the planning of the Healthcare Value Track (Healthcare Reform and ACO's) and the Revenue Cycle Track. Volunteers receive $100 off their registration as well as mileage reimbursement. If you are planning on attending, why not volunteer and get a discount on your registration! Please contact me at mameader@fchn.org if you are interested in volunteering for this event.

Lastly, I would like to thank our members, our sponsors, and our chapter volunteers for all that they do. Our chapter truly can’t be successful without you.

Sincerely,

Melanie Meader
President 2012-2013
Maine Chapter of HFMA

The National HFMA has announced a new theme for the upcoming year - "Leadership Matters".

As you read the newsletter, look for this logo:

It could be ANYWHERE so make sure to click on the full article links as you search for the logo. Once you find the it, send an e-mail with your name and the location of the logo to Natasha Erb at nerb@fchn.org.

You could win a $50 gift certificate to L.L. Bean!!

All entries must be submitted by November 30. A winner will be drawn on December 3rd.

Happy reading!

Thanks To Our Sponsors

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CFO Spotlight: Jeff Kirby, VP of Finance, Maine Medical Partners

Jeff Kirby has been the VP of Finance at Maine Medical Partners for the past 10 years. He was born and bred in Maine and went to college at Bentley College in Waltham for a degree in Accountancy. After college, Jeff went to work for Ernst & Whinney in the audit department, where he stayed for 5 years. He was then hired as the Controller at Martin's Point Health Care Center (Health Plans) and worked there for 10 years.

When asked about what Jeff sees as the biggest challenges facing Maine Medical Partners over the next few years, he says balancing the need for investments in quality, patient centered medical home, services to the community and technology while overall payer reimbursement climbs at an overall average of 1%, but with an annual threat of a double digit percent reduction. He is also concerned about payment reform pressures to reduce cost and utilization while still reimbursing physicians based on quantity.

When Jeff was questioned on how he saw potential future healthcare reform from the physician perspective, he thought that until payers implement reimbursement reform, he sees a constant struggle between reducing healthcare costs and being paid on a volume metric. He felt the well was pretty dry on cutting costs for current services provided, so the major opportunity for cutting costs is ultimately through improved proactive health management and less downstream medical services (eliminating waste, unnecessary services), but without adequate reimbursement for such improvements, physicians will continue to be incented to just "do more".

Some of Jeff's goals for the upcoming year are to complete the conversion of the last of their practices on to their EMR, get all their practices onto a new billing/scheduling software platform, and to complete a payroll/GL software conversion. He is also involved in integrating all Maine Medical Center's physician services into one reporting/operational entity.

Jeff enjoys being busy, challenged and working with a great bunch of people in his role at Maine Medical Partners. Waiting for the efficiencies of technology to come to fruition, as well as the cost/resources spent dealing with an overly complex (and contradictory) billing and reimbursement industry can be frustrating, but is all part of the challenge he faces each day.

Jeff lives in Gray with his wife Laura, and three daughters ages 13, 15 and 18, and his hobbies include camping, music, family and friends.

Submitted by Jeffrey P. Provenzano, FHFMA
Maine Chapter of HMFA Holds Annual Meeting

At a time of uncertainty in the world of healthcare, there is one thing we know for sure, the environment in which we operate is changing. On September 13th and 14th our Chapter held its annual meeting at the Samoset Resort in Rockland, Maine with a focus on the changes we face today and those that we will face in the future. During this two day event, several speakers provided members with their insight on the impact of the healthcare reform on the healthcare industry and particularly on rural healthcare, leaving them with much food for thought and some valuable guidance to take back to their organizations.

Richard L. Gundling, FHFMA, CMA and Vice President of Healthcare Financial Practices from the National HFMA opened the annual meeting with installation of the officers and the board of directors for 2012-2013 term. He introduced the HFMA theme for the upcoming year, Leadership Matters, by emphasizing importance of leadership during these uncertain and challenging times for the healthcare industry. This theme was echoed in the presentation by Michael Lincoln, Executive V.P. from Lilibridge Healthcare Services who provided an overview of emerging healthcare, economic and regulatory trends facing the healthcare industry today. The annual meeting proceeded with presentations focusing on specific challenges facing rural healthcare, as presented by Eric Shell from Stroudwater Associates and Tom Morris from HRSA, outlining current market drivers and strategies that rural hospital leaders can employ in their organizations. Members also received a status update from MaineCare and federal legislative update from Maggie Elehwany, the V.P. of Government Affairs & Policy at the National Rural Health Association. Finally, attendees enjoyed energetic presentations by Lincoln Fish from Avadyne Health on effective strategies for stratifying accounts receivable workflow and from John Neider from Siemens Healthcare who discussed business intelligence in quality measurement in the healthcare industry.

The Annual Meeting was not only informative but also provided attendees with many networking opportunities. During the dinner and awards ceremony, several of our members were recognized for their dedication and contributions that help make our Chapter a success. An evening of entertainment followed, as many members tried their luck and had loads of fun at the Fantasy Casino night. Click here to see pictures from the Fantasy Casino Night.

Thank you to all of our sponsors and exhibitors that made this event possible.

Submitted by Natasha Erb, Newsletter Committee Chair

November 13th
Revenue Cycle Efficiency and Reducing Days in A/R: Take a Systematic Approach to Process Improvement

November 14th
Improve Your Bottom Line By Reducing Supply Chain Expenses

December 11th
How to Engage Employed Physicians to Improve Revenue Cycle Performance

December 13th
Making the Most of Your Data and Resources to Cultivate an Improved Revenue Cycle: A Cook County Case Study

To access full list of educational webinars click here: http://www.hfma.org/webinars/

Healthcare News:

OIG Releases 2013 Work Plan

The Office of Inspector General (OIG) released its annual work plan for fiscal year 2013 this week. This document summarizes the OIG’s new and ongoing reviews and investigations at the Department of Health and Human Services.

Some specific initiatives planned for 2013 include a comprehensive review of the changes in hospital billing for inpatient stays, a review of Medicare payments for discharges that should have been coded as transfers, and a review of the Centers for Medicare and Medicaid Services (CMS) overall strategy to maintain the integrity of the Medicare program. In addition, the OIG plans to audit how CMS monitors its Recovery Audit Contractors.

The work plan describes the primary objectives of the planned activities as...
Maine Chapter of HFMA Installs New Officers and Board of Directors for 2012-2013 Term

From left to right, top row: Aimee Plowman, Andrea Duquette, Anne Cloutier (President Elect), Melanie Meader (President); bottom row: Denis Houle (Vice President), James Pacheco, Natasha Erb, Eileen Moore (Secretary), Ray Porter (Treasurer), Christina Harding and Michael Hendrix.

Not in the picture: Lisa Osterman, Kathleen Carmichael, David Kennedy, Jeff Provenzano and Lisa Trudy, Past President

Maine Chapter of HMFA Recognizes Members for Their Contribution

HFMA recognizes that its strength lies in volunteers, who contribute their time, ideas and energy to serve the healthcare industry and their profession. In 1960, HFMA established the Founders Merit Award program which acknowledges the contributions made by HFMA members. Awards are part of a merit-rating plan in which specific activities are assigned a range of point values for a variety of activities such as volunteering in a local chapter, writing an article, speaking at an educational event, mentoring a new member, etc.

The Awards are as follows:

**The William G. Follmer Bronze Award** - awarded to an individual who earns 25 member points. This award is named after William G. Follmer, who is credited with the creation of the American Association of Hospital Accountants (AAHA), now HFMA.

**The Robert H. Reeves Silver Award** - awarded to an individual with 50 total member points. Reeves, an organizing member of the AAHA, was elected president of AAHA in 1956 and was instrumental in creating the

Healthcare Employment Rises Dramatically

Healthcare employment rose by 44,000 jobs in September, well above the average 25,000 jobs across the past two years according to a monthly report from Altarum Institute—a nonprofit healthcare research and consulting institution.

The report indicates that the healthcare sector has added 1.3 million jobs across the past five years while non-health employment has fallen by 5.8 million jobs. This translates into a 10.1 percent cumulative growth of healthcare jobs and a nearly 5 percent decline for non-healthcare employment.

In the past year, hospitals have added the largest number of jobs at more than 80,000 while ambulatory services have added 30,000 jobs.

CMS Financial Disincentives Had No Effect on Infection Rates

The 2008 Centers for Medicare & Medicaid Services (CMS) policy to reduce payments for central catheter-associated bloodstream infections and catheter-associated urinary tract infections had no measurable effect on infection rates in U.S. hospitals according to a recent study appearing in The New England Journal of Medicine and funded by the Agency for Healthcare Research and Quality.

CMS discontinued additional payments for certain hospital-acquired conditions that were deemed preventable with the goal of driving down occurrence rates. The study found no subgroups of hospitals where patients appeared to benefit from the implementation of
structure of AAHA.

**The Frederick T. Muncie Gold Award** - presented to an individual with 75 member points. This award honors Frederick T. Muncie, an organizing member of the AAHA, and the first president of the association (1947-1949).

During the annual meeting, Maine Chapter of HMFA recognized several members for their dedication and contribution to chapter's success.

**Recipients of the William G. Follmer Bronze Award:**
Melanie Meader, President

**Recipient of The Robert H. Reeves Silver Award:**
Kathleen Carmichael, Past Treasurer
Lisa Trudy, Past President

**Recipient of the Frederick T. Muncie Gold Award:**
Lisa Trundy, Past President
Amy Atherton, Past President

Maine Chapter of HFMA congratulates this year award recipients for this outstanding achievement and applauds their continuous active participation in HFMA.

Researchers used a quasi-experimental design for the study. Hospitals participating in the National Healthcare Safety Network and reporting data on at least one healthcare-associated infection before the onset of the CMS policy were eligible to participate. Data from January 2006 through March 2011 were included.

**Converting the Physician Practice into a Revenue Cycle Champion**

By J. R. Thomas is CEO, MedSynergies, Irving, Texas, and a member of HFMA's Texas Gulf Coast Chapter

Hospital and health system leaders face challenges in employing physicians, but if they take the time to engage with each of their employed or affiliated physician practices, they can convert them into financial assets. There is no simple solution for physician alignment. Achieving successful hospital-physician alignment requires time, but the immediacy of alignment or aggregation due to payment and technological requirements shortens the time available to build the foundation of a truly functional hospital-physician relationship. Despite their differences, hospitals and physicians should be aligning on the topic of revenue cycle because it provides the firm financial foundation and cash flow to support important endeavors, such as purchasing technology, hiring and retaining specialists and support staff, and expanding services.
Five key metrics can be used to help achieve alignment while strengthening the revenue cycle.

How Does Rural Healthcare Remain Relevant?

By Eric K. Shell, CPA, MBA, Principal, Stroudwater Associates and Rebecca Bradley, MBA, PMP, Associate VP of Rural Health Programs, Louisiana Hospital Association

The rate of change in rural healthcare is accelerating; an increase in hospital affiliations and physician practice acquisitions; an upturn in CEO and board turnover; and a decline in patient volumes are only a few of the recent trends being reported throughout the rural healthcare community. These new factors compound the standard challenges rural communities face with provider recruitment, small populations and often limited access to capital.

Personal Care Service Homes - A replacement for Residential Care Facilities in Maine?

By Brett C. Seekins, Senior Manager, Baker Newman Noyes

Residential Care Facilities (RCFs) in the State of Maine (the State) have recently come under close scrutiny by the Centers for Medicare and Medicaid Services (CMS), the federal agency responsible for administrating health care policy and monitoring State activity in the deliverance of health care services by certified and licensed medical providers and professionals. CMS is charged with the authority to disseminate Medicare policy and to approve and monitor individualized State health plans that provide Medicaid services for people that fall under certain federal poverty levels. During a routine audit of the program in the State during 2007 and 2008, CMS began to question the merits of RCFs and expanded the scope of their review. This article provides insights into the legal questions and programming challenges facing RCFs and possible solutions to the identified problems.

CMS Inpatient Prospective Payment System (IPPS) Final Rule Summary

By David Kennedy, Manager, BerryDunn

On August 1st 2012, CMS released the FY 2013 Final Rule which set forth the reimbursement terms of Acute Care hospitals for the upcoming federal fiscal year beginning on October 1st, 2012. The overall change in operating payments to Acute Care Hospitals is significantly higher (2.30%) as compared to the initial proposed rule's (0.90%) increase. AS a result, CMS projects that total Medicare spending on inpatient hospital services will increase by about $2 billion.
Payment Reform: Preparing for a Changing Revenue Cycle

By Russ Thomas, Availity

"You need what information to pay that claim?" These are words you or your staff may have muttered on occasion, but for the most part it's business as usual -- you complete your claim forms, submit them, and receive your payments. However, as the health care industry shifts from fee-for-service to value-based reimbursement models, you may soon hear yourselves asking that question much more frequently. Here's why: the value-based reimbursement models emerging in the industry require different information than what is typically provided on a claim form today.

Member Spotlight - Geanette Treadway

New Member: Geanette Treadway
Organization: Southern Maine Medical Center
Title: Senior Financial Analyst

How long have you been at SMMC?
Since February 2009 (3 ½ years)

Why did you join HFMA?
A large part of my job is budget and third party reimbursement. We're always striving to grasp the changes of new regulations and payment methodologies. HFMA offers great reimbursement seminars, which brings together specialists from each organization. This is the perfect forum to collaborate, network and discuss current issues and possible solutions. I joined the Membership Committee so I could learn more about what HFMA offers, and provide insight to the group as a newer HFMA member. I enjoy being directly involved with welcoming new members to HFMA and having a role in retaining membership.

What has your HFMA membership been like since you joined?
My HFMA membership has been very valuable, as I've been able to expand my knowledge base through educational seminars and also meet more people in the healthcare industry.

What is your favorite Maine Chapter of HFMA event?
My favorite HFMA event is the annual Medicare Reimbursement seminar. This seminar usually takes place just as we're beginning the Medicare Cost Report, so it's a really great way to review new rules and changes, and have an opportunity for questions and answers.

What do you like best about your job?
I really enjoy the variety and challenge that my job offers. I am involved in all aspects of financial planning, which includes budgeting, third party reimbursement, long range financial planning, and decision support (cost accounting and productivity benchmarking). This keeps me engaged in a lot of different projects where I can work with a team and continually learn new things.

Interests/hobbies: Running, gardening, reading, traveling, shopping, and spending time with family, friends and my dogs.