believe it or not, the HFMA year is coming to an end. the Rochester Chapter will have achieved 100% of our chapter goals for the year, which will mark our third time in a row with a perfect record. I want to say thank you to a few folks who helped make the year such a success:

I want to thank Carla D’Angelo, our president elect, for taking the initiative to bring leadership and the Board of Directors together to create our strategic plan and our vision for the future of the chapter. Carla was also instrumental in helping to establish our women’s leadership programs and was key to keeping our relationship with MGMA strong and facilitating the joint event that we had last month.

Thank you to our Vice president Hugh Chisholm for leading the education committee to another successful year, we will record almost 600 education hours over our 3,400 hour goal. This is probably the toughest job in the leadership track and Hugh did a great job keeping us on track.

I also want to think our Secretary Karl Hagen and Treasurer Jon Miller for keeping us on task, assisting with the education events, and helping to get our finances into a position which will meet our chapter goals for the year.

When you are finished being president you are actually not quite done with the leadership track. I want to think our Past President Paula Tinch for all her help coordinating the upcoming Region 2 annual event; it is a big event and a big job.

As always we collectively also want to thank our Board of Directors for helping to guide us through a time of where we are anticipating big changes for HFMA, they are great at taking things as they come and put some extra time in this year to help us prepare for future success.
Lastly I want to think all of our other volunteers in our various committees throughout the chapter, these people take on the bulk of the work on the ground which makes our events, and chapter, so successful year after year.

As I mentioned above, and have in the past, a lot of this year has been spent preparing for the changes that are coming beginning next year. I believe next year we will experience more change in chapter and program administration than we have in more than 20 years, we will have different goals and measures which will form the way a local chapter works in the foreseeable future. I think you have a great leadership team in place next year with a good plan who is prepared to meet these challenges, so I feel I leave the chapter in good hands and that we are ready to Go Beyond.

To the right and below:

Rochester and Western NY Chapter leaders at the 2015 national Leadership Training Conference in Ft Lauderdale, FL. April 18-19, 2016
Matthew Boswell
Chapter Member

HFMA Member Since: 2013

Job: Manager,
The Bonadio Group

Responsibilities: Oversight over the audit process, mainly on long-term care and other healthcare provider related engagements. Prepare and review Medicare and Medicaid cost reports, review Medicaid rates, perform benchmarking analysis, review third party liability calculations and assist clients as necessary with adapting to the ever changing healthcare arena.

Employed there since: 2008

The best part of my job is: The best part of my job has to be making many different connections. Being able to meet different clients and hear of their experiences allows me to see a breadth of both healthcare and accounting that I would never be able to see working at one location consistently.

I joined HFMA because: I had a desire to further my connections and network within the healthcare industry

My favorite food is: Tacos. Definitely tacos. You can win me over with any Mexican food, really.

My family includes: I have a mother who is a huge part of my life and without her encouragement and discipline I would never have made it through Life. I love her to death. My Father and Grandmother are also a big part of my life.

If I’m not at work, you’ll find me: At home, usually relaxing or holding a PlayStation controller. If I’m not doing that, I’m usually hanging out with a friend or two.

My hero/mentor is: Janine Mangione. I can say I definitely wouldn’t be where I am without her.

Hobbies: I’m a video gamer, a person who surfs Netflix and Hulu far too often, surfing the internet to find whatever spoilers I can for my favorite shows, drinking too much Starbucks and/or Dunkin Donuts, and regretting my Amazon Prime subscription when too many things show up on my doorstep.

Benefits realized from my involvement in HFMA: Many great, new connections, great education opportunities including the ability to present at times.
Join your peers at ANI 2016 and think out of the box to drive success where it matters most:

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- **Eric Topol, MD**, Cardiologist and author of *The Patient Will See You Now: The Future of Medicine Is in Your Hands* The Future of Medicine Is in Your Hands: Hear insights on the future of medicine—as well as innovations that will be required to drive health solutions aimed at improving outcomes.

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- **Vivian Lee, PhD, MD, MBA**, Sr. VP for Health Sciences, University of Utah Finding a Better Way Toward Patient-Centered Medicine
- **Thomas Lee, MD**, CMO, Press Ganey What Drives Patient Loyalty? Analyses from Inpatient, Outpatient, and Emergency Department Patients
- **Paul Keckley, PhD**, Navigant Provider-Sponsored Health Plan Analysis of Competitive Landscape
- **Sachin Jain, MD**, CareMore Enabling Physicians to Deliver Value-Based Care
- **Martin Arrick**, Managing Director, Standard & Poor’s Industry Trends and Credit Issues

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Take the next step in your professional development – check out the new CHFP at hfma.org/chfp.
Planning for the Unknown: Triple Aim

“In preparing for battle I have always found that plans are useless, but planning is indispensable.” This quote attributed to Dwight Eisenhower is good advice for strategizing in an environment where one knows that the conditions will change. Such is the case with the future of revenue for health care providers in America.

U.S. health care is a $2.9 trillion complex and adaptive system of entities including insurance companies, hospitals, pharmaceutical companies, medical equipment manufacturers, technology companies and increasingly more stakeholders. Until recent years, the federal government had largely been a reactive participant since the advent of Medicare. For many Americans, the system has worked relatively well, with the average consumer enjoying access to quality care, state-of-the-art technology and a fair amount of options. However, the Medicare system has some glaring flaws that make it unsustainable as the population ages. The primary flaws include the unacceptably large percentage of the population without insurance and costs growing much faster than the rate of overall inflation, which led to the adoption of the Patient Protection and Affordable Care Act (ACA).

While the ACA aimed to accomplish several things, perhaps the single biggest long-term change was the creation of the Center for Medicare and Medicaid Innovation (CMMI). CMMI is intended to drive changes through new payment models and performance metrics. Currently, CMMI is testing innovative payment and delivery system models that show important promise for maintaining or improving the quality of care in Medicare, Medicaid and the Children’s Health Insurance Program (CHIP), while slowing the rate of growth in program costs. In order to prepare for the impending changes, a hospital’s management and board should carefully reconsider its organization’s mission and role in the community.

The New Health Care Paradigm – Incentives Matter

Historically, hospitals in the United States were paid on a fee-for-service (FFS) model. While this method has some merit, it can create perverse incentives. The new paradigm, called “triple aim,” seeks to better align incentives through improving the patient experience of care (including quality and satisfaction), improving the health of populations and reducing the per capita cost of health care.

None of these goals are controversial, but there exists a major challenge in getting the various stakeholders to coordinate in achieving these goals. At best, many of the key players have worked independently to form a high-quality and cost-effective system. Often, entities have battled over revenue arrangement such that health of populations’ vis-à-vis access is compromised.
Planning for the Unknown: Triple Aim

Medicaid Expansion and the Power of Technology

The most widely reported aspect of the ACA is the expansion of insurance to millions of Americans. Partly through insurance exchanges, over 11 million more people now have insurance. While this is an unalloyed positive development in achievement of the “triple aim”, the expansion brings new challenges. Medicaid is the primary source of reimbursement for the newly insured and it is generally considered to be an inferior payer source. Many physician groups do not accept Medicaid; thus, patients wind up visiting the local emergency room (ER) for care. ERs in many communities were already stressed, and the influx of new patients has further stretched the resources at many facilities.

Creditors and financial analysts recognize the potential benefits of more efficient facilities, including the potential for additional admissions or procedures at the hospital. However, the temptation to expand must be tempered by the risk incurred by overleveraging a hospital’s balance sheet. Carrying too much debt can make a hospital’s credit profile too fragile in an uncertain environment.

Perhaps the biggest opportunity and greatest challenge facing health care providers is the use of technology. Technological improvements are nothing new, of course, but a government mandate for Electronic Health Records (EHR), along with market demands to improve efficiency and accuracy, make this area a paramount strategic and operational focus for every organization. The promise of a well-executed IT strategy is better population health, with more accurate and complete data, more efficient billing and reduced cost. The difficulty is often in the implementation, as a lack of resources and poor training can lead to delayed projects and an unwillingness to embrace the full power of innovation. From an analytical point of view, some important questions are: does a hospital have a reasonable plan for integrating technological systems? And what has been its recent experience with major projects? Often, the answers are disappointing, which ties into another major consideration for all health care providers—affiliation.

Recognizing the incentive problems with FFS, CMMI is pushing a number of models that will challenge all participants in the American health care system. The biggest change is a shift to value-based reimbursement, which is a search for better health outcomes at a lower cost. According to Standard and Poor’s (S&P) Rating Service, “it’s probably the single most significant factor now fueling health care reform.” analysts have to look beyond historical financial statements to determine if a particular organization is set up to handle the future.
Planning for the Unknown: Triple Aim

In a fee-for-value system, the emphasis changes to paying providers for stronger preventive care and early detection, instead of paying them to treat an illness through episodic care, as they would under FFS models. This shift is still in its infancy, as the majority of reimbursement remains in a FFS model. Consequently, creditors and financial stakeholders will need to embrace new ideas to improve the network and its overall efficiency.

M&A – Strength in Numbers

Mergers and acquisitions (M&A) and affiliation agreements are a dominant theme for financial analysts. It is generally understood that the health care delivery system has to be more efficient. The improved use of technology is one aspect of the operational efficiency that ties in with value or risk-based health plans. Through the use of “big data,” insurers and government payers have a much better means to track population health and pinpoint costs. In addition, affiliations or business combinations offer an opportunity to, “bolster scale, scope and diversify; boost profitability; enter new markets; and enhance their competitiveness.”

From an analytical and creditor’s perspective, it is crucial that organizations clearly articulate the current and future states of their affiliation strategy. For some providers, the only viable option may be a merger. Many health care systems have expanded through horizontal integration by the acquisition of other health care operations, in addition to combinations with strategically targeted hospitals. Generally, from an analyst or creditor’s point of view, the fewer providers in a market the better. Fewer providers leads to better buyer power when negotiating with payers and vendors. For now, independent hospitals can survive, but it will be increasingly difficult to manage the health of a population without being part of an integrated network of providers.

Putting it All Together

Improving the overall wellness of the population is the main goal of stakeholders in the health care system. Physicians and hospitals are on the front line in the effort to improve access, while at the same time reducing cost and improving the patient experience. A welcome change in recent years is the push for community programs designed to better educate the population regarding health issues. It is important for providers to identify and describe initiatives to improve the wellness in their community. While risk-based payment programs represent a very small proportion of the payment plans now (less than 5%), it is undeniable that payments tied to health of a population are a growing force.
Planning for the Unknown: Triple Aim

The challenges mentioned in this article and the context where market driven reforms dovetail (or sometimes collide) with regulatory changes can be daunting. Until recently, it was generally accepted for hospital management to respond with a blithe dismissal when asked about the impact of reform. No longer can a hospital board or management get by with vague assurances to questions about planning for a vastly different payment structure.

For now, rating agencies and financial analysts continue to examine the historical operating performance of a health care organization. Debt service coverage, cash to debt and operating margins are still important. However, the examination goes deeper with an increased focus on underlying metrics (ie: FTEs per occupied bed) that provide signals of operating efficiency. The market-driven and government mandated reforms will place increasing pressure on operating costs.

While operating efficiency is the most important piece of the puzzle, creditors and analysts are placing a greater emphasis on the strength of hospital boards and management. Importantly, hospitals need to understand that a complex adaptive system cannot be predicted, so risk management is difficult. Organizations that can adapt by implementing robust processes and systems will have the best chance to survive and thrive.

Hearkening back to the Eisenhower quote, creditors and analysts are more interested in seeing that an organization is planning than knowing the details of the plan. Key questions are: how is the organization set up for value and risk based reimbursement? What is the organization’s affiliation plan? What is the organization’s track record and plan for implementing new technology? And what is the organization doing to connect to its community? Organizations that can demonstrate a thorough and consistent examination of these questions will be well-prepared for the future.

1. Guterman S, Davis K, Stremikis K, Drake H (June 2010). “Innovation in Medicare and Medicaid will be central to health reform success.”
3. Ibid.

Article by:
Ritchie Dickey, CFA
Jason Beakas

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Please join us in welcoming new members to our Chapter!

**newMEMBERS**

- **Lola Duchesneau**  
  Your Care Health Plan

- **Jason Fuller**  
  Rochester Regional Health

- **Juliann Green**  
  Rochester Regional Health

- **Todd Metcalfe**  
  Litmos Healthcare

- **Sam Pitts**  
  The Bonadio Group

- **Lindsay Radmilovic**  
  Rochester Regional Health

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- Amy Schuyler  
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- Chuck Faller  
  20 Years

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Have you considered becoming Certified, but you’re not sure if it’s right for you?

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The new CHFP Certification Program has been designed for:

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So, wherever you are in your career, Certification may be just the thing to help propel you to the next level.

If you have any questions about the new Certification exam, and what’s involved in becoming Certified, please contact any member of the Certification Committee for more information.
UR Medicine/Thompson Health

Director, Patient Financial Services - Canandaigua, NY

An exciting position exists for a Director of Patient Financial Services for UR Medicine’s Thompson Health. UR Medicine’s Thompson Health is the premier healthcare provider in the Finger Lakes region. As we grow our award winning organization, this position is integral for the overall administrative, fiscal, and operational leadership of the Health System’s Patient Financial Services areas which include multiple facility types: acute hospital, immediate care center, adult day care, continuing care center and physician/specialty office practices. This leadership position that works closely with the executive team, is a great opportunity for someone that is attracted to the entire business process of healthcare management, from a customer walking in the door for registration through the final billing of services received.

Manager, Revenue Cycle - Warsaw, NY

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Functions:
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Minimum qualifications for this position include: AAS or equivalent, experience in all components of revenue cycle, including expertise in the use of computerized medical billing software, working knowledge of medical insurance reimbursement as well as CPT and ICD-9 coding. Previous management experience is strongly preferred. OB/GYN experience is a plus. Candidate must be a CPC or be willing to attain certification within one year of employment.

Go directly to our online application with this link: http://www.medscribe.com/apply/online-application/
or call us at 585-586-0790 for additional information.
Communications Committee News

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UPCOMING EVENTS
Registration and more information on any of the events below can be found by clicking the links or visiting http://www.rochesterhfma.org/

Upcoming Free Webinars
May 10: Solving the Problem of Uncompensated Care

Past Events

Pictured above (left to right):
Dorothy Coleman, CFO, Excellus BCBS and HFMA National Board Member
Geoff Bernhardt, Director, Enterprise Applications, Rochester Regional Health
Carla D’Angelo, Senior Vice President, Strategic Business Development, Monroe Plan

Dorothy Coleman, CFO of Excellus BlueCross BlueShield was elected to the HFMA National Board of Directors. She is working closely with our Chapter leaders, Geoff Bernhardt and Carla D’Angelo to help align our local chapter efforts with National’s strategic plan. Dorothy will represent Rochester proudly and we look forward to leveraging her expertise locally.
Pictured above (left to right):
Mary Jo Marlowe, Director of Patient Access, URMC and President of the Rochester Chapter of MGMA
Mary Mirabelli, Vice President, Global Practice-Healthcare, HP Enterprise Services and HFMA National Chair
Carla D’Angelo, Senior Vice President, Strategic Business, Monroe Plan

Mary Mirabelli, HFMA National Chair, joined the Rochester chapter at our recent joint educational event held with MGMA. Mary gave a dynamic presentation on patient financial experience and how it impacts overall patient satisfaction in the healthcare delivery system. Mary is such a pioneer in this field and we were lucky to have her join us.
**Membership Committee News**

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**UPCOMING EVENTS**

Registration and more information on any of the events below can be found by clicking the links or visiting http://www.rochesterhfma.org/

**May 19:**  4-7PM Spring Happy Hour at TRATA

**July 29:**  Annual Golf Tournament

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![Golf Tournament Poster](image)
Social & Community Service Committee News

Spring Happy Hour

TRATA
The Restaurant At The Armory

Thursday, May 19th
4:00 pm – 7:00pm

Weather permitting we’ll be at the rooftop bar. Come enjoy the sun, free apps and good times with your fellow HFMA members.

For additional information, contact Michelle Pyzik
mpyzik@bonadio.com
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