hfma TEXAS VOICE

HFMA Texas Chapters Annual News Magazine — March 2016

hfma lone star chapter healthcare financial management association

hfma texas gulf coast chapter healthcare financial management association

hfma south texas chapter healthcare financial management association

GO BEYOND

Think, Do and Play the

DALLAS

Way.

2016 Texas State Conference

March 13th – 15th

hfma texas chapter
healthcare financial manage

Sheraton, Dallas TX

HOUSE OF BLUES

HFMA TX State Networking Event

LET'S ROCK THE NIGHT AWAY

Monday, March 14
6:00 p.m. – 9:00 p.m.

Join us at the House of Blues for an evening of

- Great Music
- Great Food
- Great Networking

No charge for registered conference attendees
Guest tickets are $125.00 each

Deborah Demetski & Gina Arquette

A BIG Thank You to Demarse Meetings & Events

(NEW Texas HFMA Administrators)

from
All the HFMA Texas Chapters

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MEMBERSHIP METERS

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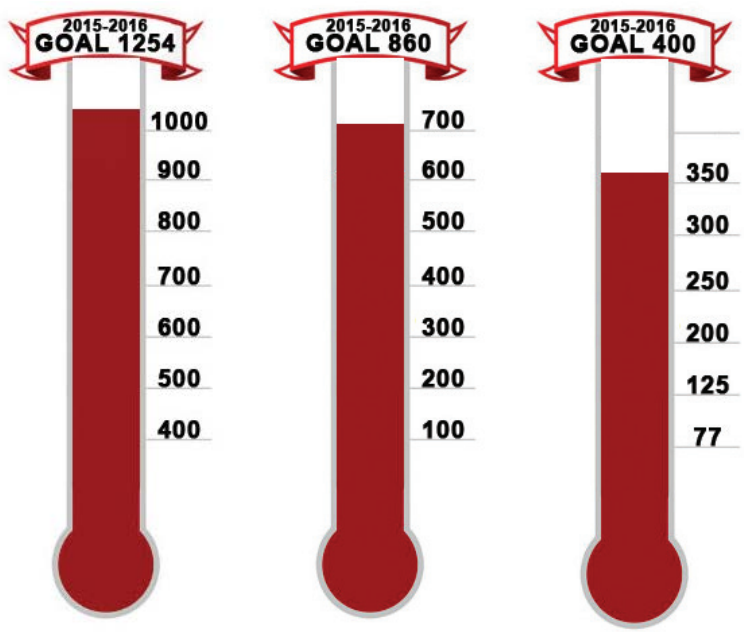
- Hfm Magazine
- HFMA Weekly News
- Buyer's Resource Guide
- Industry Incentives
- Premium Web Content
- HFMA Forums
- Local Chapter Membership

Educational & Professional Development

- Events
- Webinars
- Professional Designations
- Career Development Resources

LONE STAR	GULF COAST	SOUTH TEXAS
1,087 **Members Strong**	716 **Members Strong**	353 **Members Strong**



FEATURED ARTICLES

CHAPTERS

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PRESIDENT’S CORNER - LONE STAR

Greetings Everyone:

I am so grateful to be the president of the Lone Star Chapter for the 2015-2016 year. I have been with the Lone Star Chapter over 8 years and I am looking forward to many years to come.

2016 has been a blessing for me after a very hectic 2015. I was able to finish the 2015 year out with a trip to NYC for my wife’s birthday. There were many memorable moments including taking in the Broadway Musical Hamilton. Hamilton is a Hip/Hop Musical about our one of our Founding Father’s Alexander Hamilton. It is told from the view point of Vice President Aaron Burr, the man who shot and killed him in a duel. If you are in NYC, I absolutely recommend seeing it!

One thing that stuck out to me about Alexander Hamilton was his determination to win while facing unbelievable challenges head on. He was immigrant who fought in the Revolutionary War and was our nation’s first Secretary of Treasury under George Washington. He wrote the bulk of the Federalist Papers that influenced the US Constitution being accepted by the 13 colonies. Needless to say, he was a fearless leader that impacted the creation of our great nation.

So what does this have to do with HFMA and Healthcare?

The greatest transformation in our industry is happening right now. Similar to Hamilton, each one of us are being asked to rise up and meet the challenges of this evolving industry as determined leaders. No one person or one government is going to do it for us. We must be bold, we must be fearless and we must be willing to GO BEYOND to make a difference.

The Lone Star Chapter is BEYOND committed to providing quality education to our 1200 plus members. We started 2016 with our two day conference at the George W Bush Presidential Library. We are very blessed to have such an amazing place to conduct our signature annual meeting. We are having our first Provider specific education event at Christus Health on April 22, 2016. In May 2016, we will be going back to the Ball Park with a two day Institute with the Texas Rangers.

In closing, I leave you with a lyric from the musical Hamilton that gets me excited to take on 2016!

“I am not throwing away my shot! I am not throwing away my shot! Hey, I’m just like my country. I’m young, scrappy and hungry and I’m not throwing away my shot” – Lin-Manuel Miranda, My Shot, Hamilton Musical.

Jonathan Phillips
2015-2016 President, HFMA Lone Star Chapter

GO BEYOND

PRESIDENT'S CORNER - GULF COAST

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Milestones

As your 2015-2016 President, I am honored to have enjoyed a long association with Texas Gulf Coast HFMA and personally look forward many years of continued involvement. Texas Gulf Coast HFMA has done an incredible job in providing us with countless opportunities to enrich our professional standing through education, networking and personal development. 2016 marks the 50th anniversary for our chapter and I'd like to congratulate each and every member of the Texas Gulf Coast HFMA chapter on soaring to this important milestone.

A glance back in the history books gives us a glimmer of the impact our chapter has had on the delivery of healthcare to our region. In 1966 as our chapter formed, I'm sure there was much discussion on the implementation of two new programs, Medicare and Medicaid. Hospital desegregation by both race and religion was sweeping the country. The majority of simple surgeries and normal baby deliveries required three, four or five-day hospital stays. Full body plaster casts and traction were used for femur fractures. Nurse practitioners were just gaining limited acceptance. Unless you were on oxygen, most often, smoking was allowed in the hospital. Women with a cancer diagnoses may have not have known the prognosis, it was up to the husband or family, not the patient to determine what the patient should know.

Since then, we have had COBRA, FMLA, HIPAA, WHCRA, EMTALA, BBA, SCHIP, ARRA and ACA, just to name a few. Patients have a Bill of Rights and many protections. Implants for damaged knee and hip joints are the norm. Smoking is prohibited on most campuses. Alternative medicine, telemedicine and many NPP's expand access to care. Through these changes, Texas Gulf Coast Chapter kept up with the times, focusing on presenting pertinent education for the topics of the day, keeping members abreast of changes and offering a forum for collaborative improvement. Leaders have stepped up, year after year, mentoring the next generation.

The next 50 years will go by faster, with more intensity and with unimaginable innovation. As the years fly past, be sure to take the time to collaborate, to reflect and to learn. The collegiality, professionalism and intellectual resources of this remarkable chapter leave no doubt that the continuously improving return gained from participation in our activities far exceeds any investment of time or resources by its members. Take the time to invest in yourself and in your chapter, as we soar into our next 50 years.

Pam Potter, MBA, FHFMA, FACHE, CMPE
Director, Practice Operations
Bone & Joint Clinic of Houston
Houston Methodist Specialty Physician Group

to SOAR PEOPLE create the ability

PRESIDENT'S CORNER - SOUTH TEXAS

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South Texas Chapter

I am honored and humbled to serve as President of the South Texas Chapter for the 2015-2016 year. I have been involved within our chapter since 2004 and have been blessed to meet and work alongside many a great person for which I am grateful to all. As our new year begins one thing stays constant, Change! Today's healthcare industry is constantly changing and the South Texas HFMA Chapter is and has made significant changes in recent months to ensure we deliver all that our members need to be successful both personally and professionally.

The South Texas Chapter commitment of providing quality education to its membership was recognized with the recognition of the following awards at the 2015 ANI Conference in Orlando.

2014 – 2015 Chapter Awards
- John M. Stagl Silver Award of Excellence for Education
- Award of Excellence for Membership Growth and Retention Bronze
- Award of Excellence for Certification Silver
- Helen M. Yerger for Certification Program Improvement

Region 9 awards
- Helen M. Yerger – Education – Region 9 Certification Webinar Program
- Helen M. Yerger– Member Service – Capitalizing upon the value of HFMA Region 9 Annual Conference in benefiting our local chapters and members
- Helen M. Yerger– Education – Webinar Effectiveness Initiative

During the Leadership Training Conference in San Antonio, TX, Melinda Hancock, FHFMA, CPA, 2015-2016 National Chair, announced her theme, "Go Beyond." Hancock said, "Go Beyond is focused on helping HFMA members and other healthcare leaders transcend the status quo to help improve care delivery and outcomes. She wants to motivate members to move beyond their current job descriptions to help healthcare in this transformation, and to better grasp the financial possibilities and realities associated with changing payment models, collaborations, and partnerships. I can assure you, the South Texas Chapter is committed to assisting our membership, "Go Beyond", by providing high quality education combined with more networking opportunities.

The Board of Directors and Committee Chairs spend a great deal of time reviewing the annual survey and conference evaluations responses. To date our chapter stands at a 78% member approval rating; a number that continues to trend upward. While this continued rise in satisfaction rates ranks above the national average, we as a board take on the mindset, "not good enough"…..help us achieve the highest marks!

We are 400 members strong and have the resources to stay at the forefront of the issues facing healthcare today. With so many "unknowns", HFMA asks all of us to, "Go Beyond", to make a difference. There is an opportunity for each of you to get involved, join a committee and help us go beyond. It's everyone's job not just one!

Clint D. Owen
Vice President, Salucro Healthcare Solutions

MAKING ROOM FOR SPECIALISTS IN THE MEDICAL NEIGHBORHOOD

By: Emma Mandell Gray, Senior Manager, ECG

The patient-centered medical home (PCMH) model has historically focused on primary care medicine. The model was designed to promote comprehensive care – managing acute and chronic conditions, providing preventive services – by improving patient access to a care team. Coordination and integration are the hallmarks of such a team, which may include clinicians (PCP, APC), nurses (RN, LPN), medical assistants, administrative assistants, care managers, social workers, and others. One of the key objectives of such proactive care coordination and management is to keep patients out of more costly care settings, such as hospitals and specialists' offices.

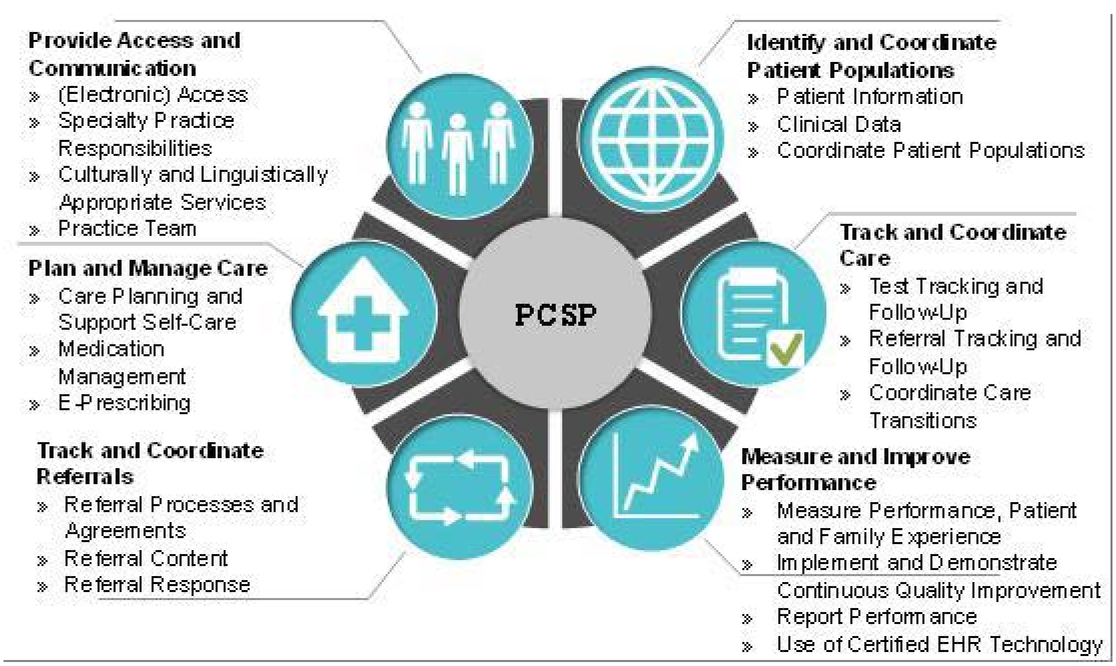
But the PCMH model does require coordination and collaboration among PCPs and specialists – and that integration is often absent. PCPs are being held financially accountable for the totality of patient care, but are struggling to effectively track referrals and coordinate care with specialists who do not have similar processes or incentives in place. According to the National Committee for Quality Assurance (NCQA), PCPs report sending patient information to specialists 70% of the time, while specialists report receiving the information only 35% of the time. Conversely, specialists report sending information to PCPs 81% of the time, while PCPs report receiving it only 62% of the time. Additionally, 25% to 50% of referring physicians were unaware of when or where their patients saw a specialist.

The reasons for these discrepancies vary, often owing to differences in office hours and procedures, technology, culture, and reimbursement models. But they speak to an overall communication and relationship gap between PCPs and specialists.

This disconnect is irritating not only for physicians but for patients as well. Patients who are part of a PCMH expect the same level of coordination and care when seeing specialists. When this coordination is not present, it too often leads to missed appointments, confusion, trips to the emergency room, and all-around frustration.

One solution gaining traction is the specialist medical home model. In 2013, the NCQA launched the Patient-Centered Specialty Practice (PCSP) recognition program, aimed at aligning specialty care models with those of their primary care counterparts. The requirements of the PCSP program closely mirror those of the PCMH model and align with other measures and initiatives (see Figure 1),

Figure 1 – PCSP Requirements



such as the CMS Meaningful Use program and the Agency for Healthcare Research and Quality Consumer Assessment of Health Providers and Systems tool.

Additionally, an increasing number of reimbursement opportunities are available to further support specialists operating in a medical home model, similar to those opportunities offered to primary care today (e.g., care management fees, bundled payments, global payments).

What this means is that physicians in PCMHs and specialists in PCSPs will be working from the same blueprint in terms of care coordination, care management, and incentives to make care more accessible and efficient. They'll essentially reside in the same medical neighborhood, thereby facilitating navigation for a patient population that requires both primary and specialty services – and wants the same level of care from all of their doctors.

Though still in the early stages of adoption, there are already more than 700 specialty care clinicians operating in NCQA-recognized PCSPs. And interest in this model is growing, especially among specialties where patients require extensive care across multiple services – such as oncology, hematology, cardiology, endocrinology, and orthopedics.

About the Author

Emma Mandell Gray, Senior Manager

Emma joined ECG in 2012 with experience in strategic planning and operations and performance improvement. With strong technical capabilities and subject matter expertise, Emma has actively led numerous ACO, PCMH, and PHM initiatives and redesigned care and payment models for clients across the country. She previously worked for Atrius Health affiliate Dedham Medical Associates in Dedham, Massachusetts, and Harvard Pilgrim Health Care Institute and Harvard Medical School's Department of Population Medicine, managing numerous projects related to program evaluation, planning, and implementation, as well as clinical and operational optimization. She has a master of business administration and health administration degree from Suffolk University in Boston, Massachusetts, and a bachelor of science degree in business administration and marketing from Stonehill College in North Easton, Massachusetts.

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TEXAS GULF COAST CHAPTER "UP" PROGRAM

hfma UP
Unlimited Potential for Emerging Leaders

Through this informal mentoring program, the Texas Gulf Coast Chapter of HFMA is helping to connect Students & early careerists with seasoned healthcare Professionals

Mission Statement

The mission of the Texas Gulf Coast Chapter of HFMA UP Program is to create networking opportunities and help foster relationships between Students & early careerists and seasoned healthcare Professionals.

Vision Statement

To become the preeminent Member organization for those seeking a career in healthcare finance. Core Values: Leadership-Professionalism-Mentorship-Collaboration-Service Learning

Who needs to know about this?

- Academia – Students and Professors
- Providers (seasoned and early careerists) – Financial, Business, Medical/Clinical
- Healthcare Consultants and Service Suppliers
- All HFMA Members and Sponsors

CORE VALUES

- **Leadership**
- **Professionalism**
- **Mentorship**
- **Collaboration**
- **Service Learning**

What is this all about?

Upon request (by application), Students & early careerists will be connected with seasoned healthcare Professionals. In addition, networking and educational events will be held in order to help advance or smooth the transition from Student or early career to Professional.

Who may participate?

Early careerists and full or part-time Students who are Student or Full Members of the HFMA Texas Gulf Coast Chapter, having paid the Annual Membership Fee and completed the short "UP Program" application found on the Chapter website at HFMATXGC.org

When can you apply or join?

Applications may be submitted throughout the year. Seasoned Professionals may sign up at any time.

If you are interested in participating either as a Student or early careerist seeking a connection, or as a seasoned healthcare Professional willing to help, please contact:

Julie Rabat-Torki - (281) 975-7214, or julierabat@gmail.com | Lin Thompson – (832) 667-6216 or Lfthompson@houstonmethodist.org
Dr. Jordan Mitchell - (832) 842-2033 or mitchellj@uhcl.edu

EXPERIENCE THE VALUE. VALUE THE EXPERIENCE.

hfma

HFMA is committed to being the indispensable professional resource for healthcare financial managers.

You can see it in the comprehensive resources HFMA provides to help you take advantage of opportunities for revenue growth and cost control, navigate regulatory compliance issues such as healthcare reform and HIPAA, avoid labor shortages, maximize information technology opportunities, and position yourself and your organization to benefit from the changing economic environment.

You can also see it in the way HFMA provides information. In a given month, visitors to HFMA's website (www.hfma.org) will view more than 300,000 pages of HFMA content. E-bulletins, such as HFMA's Healthcare Finance Strategies and Weekly News, keep HFMA members informed on current topics, regulatory changes, and what is coming over the next hill.

HFMA's education curriculum includes conferences, seminars, and the Annual National Institute. In addition, distance-learning options include e-learning, virtual conferences, and webinars. HFMA will even bring education programs onsite to organizations, when needed.

As you experience the value HFMA provides, don't forget to value the experience. HFMA offers opportunities to network with those who face similar challenges and successes. If you are looking to gain experience in a safe environment, or would like to share the experiences you've gained, opportunities to volunteer locally or nationally are plentiful.

The bottom line is that HFMA is comprised of more than 35,000 people just like you. What do we know about our members? We are value driven. We are forward thinking. We are innovative. And together, we are defining, realizing, and advancing the profession of the financial management of health care.

To learn more about the benefits of your HFMA membership visit http://www.hfma.org/benefits/

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LONE STAR PHOTOS

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Lone Star Chapter Board Meeting at Lark in the Park, Dallas


Chris Joiner receiving The Robert H. Reeves Silver Award with Jonathan Phillips, Chapter President


John Dragovits receiving The Robert H. Reeves Silver Award with Jonathan Phillips, Chapter President (not pictured that received award: Chris Clark and Natalie Erchinger)


Sherri Elliot-Yeary, our Guest Speaker for Winter Institute

Winter Institute Sponsor


James Foster receiving The Frederick T. Muncie Gold Award with Jonathan Phillips, Chapter President


Joe Fifer with Jonathan Phillips, Chapter President


Board Member Tammy Walsh and HFMA Student Membership

Lubbock Road Show


Jorge Fernandez receiving The Robert H. Reeves Silver Award with Jonathan Phillips, Chapter President

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SOUTH TEXAS PHOTOS

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SUCCEEDING AT MEDICARE BUNDLED PAYMENTS

By: Michael McMillan, Vice President for Strategic Solutions, Valence Health

In the push to control costs, the federal government is turning to bundled payments, a strategy of paying a flat price for care associated with a condition or event. Starting in April 2016, hospitals in large metropolitan statistical areas throughout Texas will be required to take bundled payments for Medicare hip and knee surgeries.

Under Medicare's Comprehensive Care for Joint Replacement (CJR) model, hospitals and health systems will be financially accountable for the quality and cost of care beginning with hospital admission and ending 90 days post-discharge. The flat payment incentivizes care coordination between physicians, hospitals and post-acute providers. Hospitals may share financial accountability with their network, as well. With just two months to go, here is a look at the work that needs to be done:

Design

First, hospital leaders must see the opening that bundles create for both cost reduction and quality improvement. Data integrated across electronic health records, practice management systems and claims data can tell you things like: What volume of Medicare hips and knees do we do? What are our outcomes? Do variations exist in providers' length of stay and procedures, does the use of different devices- and pharmaceuticals- drive cost variations?

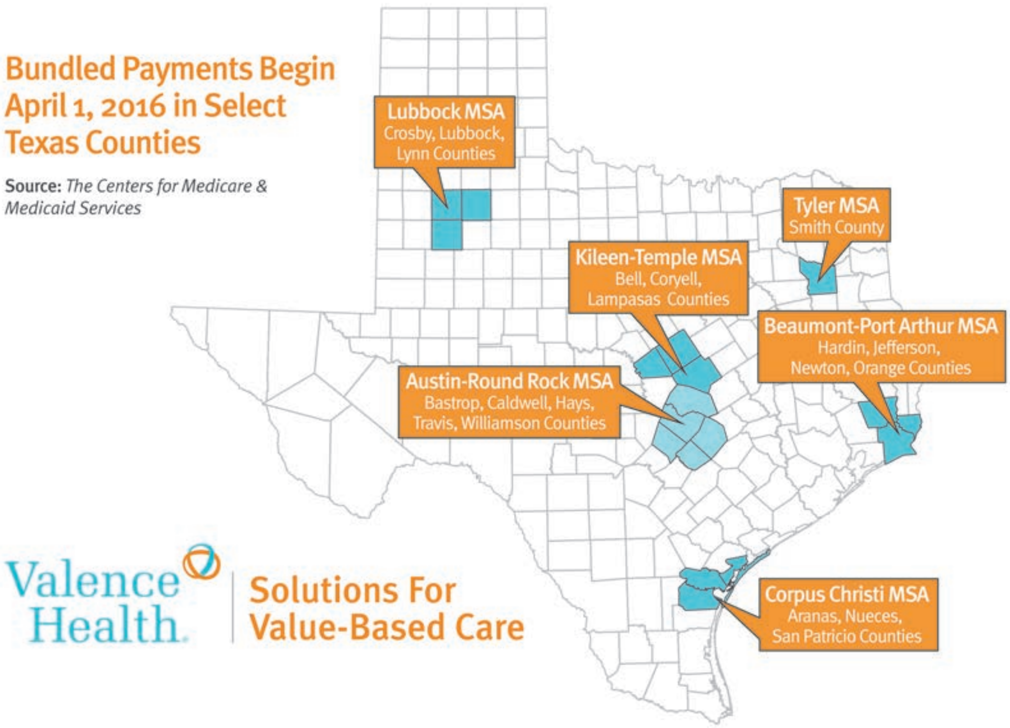
Next, you must engage physicians. Bundling payments has been shown to improve provider and patient communication through understanding of clinical best practices for a given episode; reduce waste; and lower readmissions–which boost patient function and health and overall efficiency of care. The silver bullet is to truly engage physician leaders in the vision for a bundles' clinical success and ask them to challenge peers to achieve the vision.

Third, you must create the optimal care pathway. Providers will develop a map of how the patient progresses through each episode, using common language that covers activities, procedures, timing and their relationship to getting the patient to a desired state of functioning. This also involves forming trusted partnerships with the right set of outpatient, home-based and inpatient acute care providers.

Finally, you must establish a provider panel. You can selectively contract with any provider who commits to the pathway, or screen specialists based on historic quality outcomes, length of stay and cost. You can also let all providers participate initially, later sharing data about cost and quality to drive improvement and potentially refine the panel.

Implementation

Unfortunately, because healthcare today is delivered in silos, you will need to build a care coordination infrastructure to guide patients through the episode. You can buy, build or outsource the staffing, service solutions and technology to share information and manage everyone's work as bundles will bring together a more diverse set of providers than many organizations have needed to manage in the past.
Care coordinators oversee patients' progress; liaising with patients and their families, overseeing inpatient stays, post-acute and home care. To fill this role, you may use RNs, community health workers and/or social workers. If you wrap care coordinators into your bundles, you will have to decide where they will reside. Also, are these new hires or existing staff members, working full-time or part-time?



Bundle-specific reporting dashboards within population health management solutions can also help clinicians communicate. Such tools must identify patients and their care team as well as clearly document and share agreed-upon metrics, care transitions and patient progress across the provider ecosystem.

To predict costs, some providers assign each new patient to a patient cluster or type that corresponds to an anticipated pattern of care. They then track each patient according to expected versus actual utilization. The financial impact of bundled payments is best seen in a system that can track costs and utilization in as real-time as is possible. Your success depends on having integrated with employed or independent providers, and everyone's ability to share cost and utilization data with the bundles providers.

Operations

Medicare's CJR pilot will use a retrospective payment model. Medicare will give providers a target price for each episode starting in April. The price will be based on a blend of hospital-specific and regional costs and will reflect a discount from expected episode spending. During the next 12 months, providers will be paid under existing Medicare payment systems. At the end of the year, Medicare will reconcile claims to determine how well the hospitals did–financially and qualitatively–in delivering against the target budget and anticipated health outcomes.

In the first year, hospitals will not be responsible for repaying spending above the target, but in subsequent years, savings or penalties will be calculated as the difference between the actual spend and target price, and shared according to predetermined contractual arrangements.

These retrospective programs are highly sensitive to data quality, and providers should have the ability to track their own data and be prepared to compare their information to all data presented by Medicare. What's more, administering claims and paying specialists and ancillary providers will likely be new and complicated. Hospitals should budget and plan either for outsourced expertise or additional internal staff time to manually process claims and address any financial issues.

Next Steps

As your hospital sorts through the design, implementation and operational questions of bundled payments, it may make sense to work with an experienced partner like Valence Health. By working with external experts who have the established infrastructure and experience in paying claims, reporting quality metrics and tracking outcomes, hospitals and their partners can avoid much of the cost and risk associated with building these capabilities internally. Even if a hospital ultimately intends to insource its bundle-related administration, outsourcing often provides speed to market and lowers entry risks. Hospitals should look for vendor partners that have proven experience in claims processing and working with a variety of payers and providers.

Further, as you become adept in Medicare bundled payments, your organization may also decide to pursue a bundled payment strategy with private health plans, employers or Medicaid for other relevant health conditions. Visit www.valencehealth.com and our resources section to read our full white paper, Succeeding at Bundled Payments.

Learn How Valence Health Can Help Your Organization with Bundled Payments

Valence Health has 20 plus years of experience helping providers with all phases of value-based product design, implementation and operation. To learn how we can help you with bundled payments, or set and achieve other population health and value-based care goals, please call us at 888.847.0250 or email information@ValenceHealth.com

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QUITE SIMPLY… THE DESTINATION IS THE SAME, BUT THE JOURNEY HAS TO BE DIFFERENT!

By: Shelia Schweitzer, CEO, Patient Matters

The patient as a consumer is disruptive! Disruption isn't bad, however, it requires an innovative response to survive and thrive. It demands a change in culture and an execution process performed with discipline and clarity.

Hospitals have traditionally used the same business practices for all patients. These practices are rooted in a different time and environment. They deliver bad experiences for both the patient and the hospital. Over the past couple of years there have been significant discussions around the need for doing patient estimates, insurance verification, point of service collections, etc. but the discussions have really just been a re-packaging of old business practices from the same vendors.

Hospitals should navigate patients through their financial journey in a way that is most beneficial to both the patients and themselves. The financial journey is scary and confusing for patients, not unlike their clinical care. It has become the hospital's challenge to ensure that the patients' financial journey is as safe as their clinical journey. Every clinical touch point is documented throughout the patient's journey. It is time that the patients' financial journey is treated the same way.

Doing this right requires change, not just doing the same transactions at a different time along the journey. It requires new data, captured as early as possible, to understand the patient. Imagine if we were still filing claims without the structured data set of the 837 and the unknowns that would still exist operationally. Hospitals need to capture the new patient financial data in a similar way to how we capture claim data today. Capturing this data in a new innovative way will help you successfully identify the proper journey for the patient to navigate.

Today you must navigate the patient according to their circumstance, and doing so requires innovative navigation processes. For example, this means aligning insured and uninsured patients on different paths from the start. Collecting all of this new data, albeit from disparate sources, is important but storing the data in non-integrated databases fragments the process. This fragmentation has significant negative impacts on the patients' journey because if often requires different outside processes that are not privy to what happened in the hospital. Having the data, presenting it in a meaningful way and training your staff to identify the proper course for you patient to travel is the key to both a meaningful journey for the patient and an improved financial outcome for the hospital.

The financial landscape of healthcare has changed dramatically over the past 5 years. Patients are now your third largest payer. This has decreased the cash yield from your third-party commercial payers by a significant amount. It has never been more important to know your patients from a financial perspective from the first contact with them. This knowledge will allow you to start the patient off on the right path of the collection process.

Do they have insurance?

How much will they be responsible for?

Will they pay?

The answers to those questions need to be gathered well before the initiation of service in order to navigate the patient down the right path towards payment. In the coming years hospitals are going to have to start making hard choices about who and when to schedule a patient for services. In order to remain financially viable services are going to have to be provided to patients who WILL pay their fair share. This can only be accomplished through significant process changes that incorporate tools that gather enough data and store it in a single place. Without these key attributes, predicting whether a patient will pay their fair share with certainty is impossible.

Ask yourself if you can quickly identify EVERY financial interaction with a patient, was the opportunity to the educate the patient harnessed, what was the patient's response and what was the financial outcome of that interaction. If you can't answer "Yes" then you need to understand that your patient cash performance is under performing and the overall financial viability of your organization is at risk.

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National HFMA's Strategic Vision and Mission

HFMA recognizes that no one group can bring about the transformation our healthcare system needs. So at the national level, the association is reaching out to other key stakeholders—including physicians and health plans—to find new ways to collaborate and reach our shared goals. As the first step in implementing this new strategic direction, HFMA has formed several affinity groups designed for our colleagues who work outside of finance. HFMA encourages chapters and chapter members to reach out to others beyond their circle to open a dialogue about the issues of the day and find new ways to work together. While finance professionals will always be the heart and soul of HFMA, collaboration is the hallmark of the new era of health care.