

# The Appalachian Trail

January 2012

## Letter from the Regional Executive for Region 3

By Cheryl H. Cohen, FHFMA, MBA

The question that is potentially burning on your mind—what is a Regional Executive (RE)? To keep the answer simple, within HFMA, the RE is the liaison between individual chapters and national.

There are 11 of us across the country, and we comprise the Regional Executive Council (REC). The REC was formed at the national level to provide direction and guidance to the chapters, and to ensure the chapters are meeting national strategies and targets set by HFMA.

I am the RE for Region 3, which consists of five chapters: New Jersey (over 1,100 members); Northeastern Pennsylvania (around 150 members); Western Pennsylvania (over 450 members); Metro Philadelphia (over 900 members); and, Central Pennsylvania (around 300 members).

For those of you who have been around awhile, you may remember the role of Chapter Liaison Representative (CLR). Well, this role is now entitled RE, with the position expanded to accommodate the growth of HFMA.

Annually, the RE position is elected by the President and President-Elects from each chapter within each region. There is a rotation of this position between the chapters within each region that has been set in stone via each region's Regional Operating Agreement.

The specifics of the role of the RE are to:

- ◆ Serve as the primary volunteer and policy link between chapters and HFMA National.
- ◆ Assist chapter leaders in serving members.
- ◆ Promote and lead change efforts to drive HFMA strategies.
- ◆ Foster dialogue and communications.
- ◆ Represent the needs and interests of chapter leaders to HFMA Board and staff.
- ◆ Work to create a seamless system of service for HFMA's members.
- ◆ Encourage chapters to collaborate and help other chapters.

The REC's responsibility is to set policy and goals related to the Chapter Balanced Scorecard, Davis Chapter Management System, and Founders Merit Awards Program. The REC meets eight or nine times throughout the course of the year to ensure all these programs' targets are appropriate as measurement tools whose primary goal is to service our members.

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President's Message

## Michael Rupert, FHFMA Chapter President 2011/2012



Happy New Year! I hope you all had a great holiday season. It is hard to believe 2011 is over. As we get into 2012, I ask you to keep the theme of HFMA's National Chairman Greg Adams in mind: "**Believe to Achieve.**" We all know it is very difficult to keep the resolutions we make for the New Year, but if you BELIEVE you can do it you will ACHIEVE it.

The chapter continues to work on the list of initiatives that have been put into place for this year. We have new faces volunteering time and effort in support of the continued success of the chapter. Thanks to each of our volunteers, and thanks for their efforts. If you would like to volunteer, please contact me or any of our board members

HFMA recognizes that our strength lies in volunteers who contribute their time, ideas, and energy to serve the health care industry, their profession, and one another. During our January 26th education event, we will honor this year's award recipients for their contributions to the Central Pennsylvania Chapter of HFMA. They are:

Follmer Bronze Award

**Timothy D. Fitzgerald, FHFMA**  
Geisinger Health System

Reeves Silver Award

**Stephanie Hollick, CHFP, CPA**  
ParenteBeard, LLC

Our program committee is putting the finishing touches on our Two-Day education event to be held on March 22 and 23 in Lancaster; please see the related article in this newsletter. In addition to this event, we are in the planning stages for a joint education session with the Northeast and Western Pennsylvania chapters to be held in State College during April. On May 22, we host our annual federal and state legislative update at HACC.

Thank you all for your continued support of our chapter. If you have any questions or suggestions, please feel free to contact me. •



*New National Initiatives—*

## **Partnership for Patients: A Goal of Better Care, Lower Costs**

*By Michael Lane*



There have been many new initiatives associated with the recently passed Affordable Care Act (ACA). One such initiative promises to deliver on the goal of Better Care & Lower Costs. The Obama Administration has launched the Partnership for Patients, a new public-private partnership that lauds the improvement of quality, safety, and affordability. This initiative will mesh leaders of major hospitals, employers, physicians, nurses, and patient advocates along with state and federal governments. In the new world of value, which combines safer hospital care, more reliable outcomes, and less cost, it is imperative for the parties to work together to “keep patients from getting injured or sicker,” and to “help patients heal without complication.”

It is believed that achieving these goals will save lives and prevent injuries to millions of Americans, and has the potential to save up to \$35 billion across the health care system, including up to \$10 billion in Medicare savings, during the next three years.

Hospital Engagement Networks were awarded to 26 state, regional, national, and hospital system organizations, including The Hospital & Healthsystem Association of Pennsylvania, and will work to develop learning collaboratives for hospitals and provide a wide array of initiatives and activities to improve patient safety. They will be required to conduct intensive training programs to teach and support hospitals in making patient care safer, provide technical assistance to hospitals so that hospitals can achieve quality measurement goals, and establish and implement a system to track and monitor hospital progress in meeting quality improvement goals. Several projects in Pennsylvania will begin this calendar year. ●

## **SAVE THE DATES!**



**March 22 & 23, 2012:  
Two-Day Hospital/Physician  
Collaborative Meeting,  
Lancaster Convention Center.**

Keynote speakers: Keynote Speakers:  
Robert Minkin, and Dick Clarke, FHFMA.

**May 22, 2012:  
State and Federal Update,  
Induction of New Chapter Officers,  
National Chair, HACC**

### *Sponsor Spotlight*



## **BKD, LLP**

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## 6th Annual Hospital/Physician Collaborative Meeting

By Stephanie Hollick

It is hard to believe it is 2012. As our calendars are filling up, make sure you reserve **March 22 and 23** for the **6th Annual Hospital/Physician Collaborative Meeting at the Lancaster Convention Center**. We will kick off the first day with **Robert Minkin**, Senior Vice President of The Camden Group. He is one of the nation's leading experts on bundled payments. After his presentation, he will be the moderator of our payor panel, which currently consists of **Kelly Wachtman**, AmeriHealth Mercy Health Plan, **Matt Vogel**, Highmark, and **Jay Simmons**, CBC.

On the second day, the keynote speaker will be **Dick Clarke**, President and CEO of HFMA. Also on the second day, we will have our CFO panel, which currently consists of **Jake Armstrong**, Geisinger Health System, **Randy Tewksbury**, Lewistown Hospital, and **Joe Byorick**, Lancaster General Health.

The breakout sessions include a wide variety of topics currently including, but not limited to, the following:

- Compliance issues related to hospital/physician integration.

- Cost of physician ownership versus benefit.
- Value-based purchasing.
- Cost containment without affecting quality.
- Physician quality benchmarking and the effect on the revenue cycle.
- Quality data reporting.
- ASC EMR
- Bundled payments.
- Accountable care organizations.
- Medical Home Impact on ASCs.
- Insurance exchanges.
- ICD 10.
- Medicare/Medicaid RAC updates.

If you have any questions about the meeting, would like more detail related to the meeting, or are interested in sponsorship opportunities for this meeting, please contact **Carrie Frey**, CFrey@mhyork.org, or **Mike Rupert**, mrupert@susquehannahealth.org.

*We look forward to seeing you in March!*

# WANTED

## 2012 Corporate Sponsors!

Don't MISS the opportunities NOW AVAILABLE! Select from...  
Two annual sponsorship levels, or Two-Day Event sponsorship—  
or BOTH at a special price!

Corporate sponsors receive regular exposure at chapter meetings, in editions of *The Appalachian Trail*, online via the chapter's website at [www.centralpahfma.org](http://www.centralpahfma.org), and also receive first priority as meeting and educational session speakers! Additional details available on the chapter's website, or contact **Angela Long** at [along@geisinger.edu](mailto:along@geisinger.edu).

# The Change to ICD-10...Are You Ready?

By Michael Lane

The compliance date for implementation of the International Classification of Diseases, 10th Edition, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS), is October 1, 2013, for all hospitals. ICD-10-CM/PCS will enhance accurate payment for services rendered and facilitate evaluation of medical processes and outcomes. Because the scope and complexity of the transition from ICD-9-CM are significant, it is critical for organizations to plan their implementation strategies carefully. It is believed that organizations that are not prepared could face major billing problems and interrupted cash flow, since claims submitted after the October 1, 2013 deadline without the upgraded coding language will be rejected.

## What is ICD-10-CM?

ICD-10 is a diagnostic coding system implemented by the World Health Organization (WHO) during 1993, to replace ICD-9. This coding system was developed by WHO during the 1970s, and is used in almost every country in the world, except the United States.

It is widely believed that the change now is occurring because the ICD-9-CM codes are at capacity. Computer science, combined with the new, more detailed codes of ICD-10-CM, will potentially yield a benefit of allowing for better analyses of disease patterns and treatment outcomes. An additional benefit will be ease of claims submissions,

since increased details will make the initial claim much easier for payers to understand.

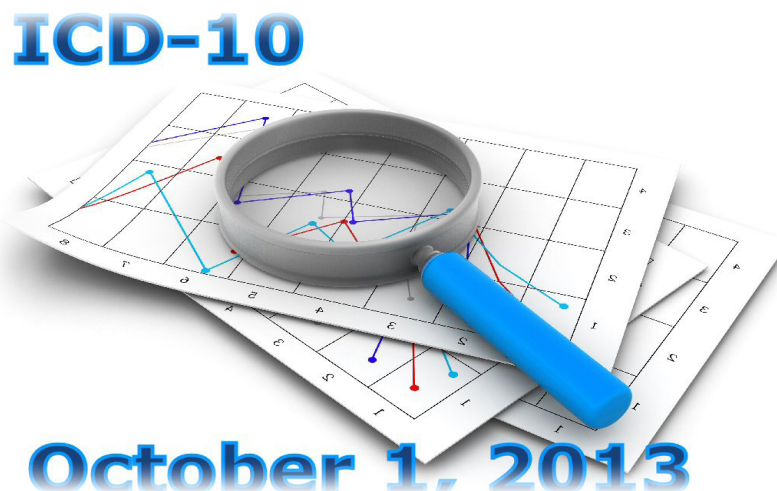
## How is ICD-10-CM different from the current system?

It is believed ICD-10-CM is quite similar to ICD-9-CM in terms of coding guidelines, conventions, and rules. The organization of the codes is very similar and therefore coders, with training, should be able to make the transition to coding ICD-10-CM.

The deadline is fast approaching, and to be ready for ICD-10, hospitals and health systems should form a committee to:

- Develop an ICD-10 budget.
- Evaluate systems to determine what needs to be transitioned or replaced.
- Provide oversight of physician training on documentation.
- Determine code set training needs, as coders may need to use ICD-9 and ICD-10 for a period of time.
- Review all front end and revenue cycle policy and procedures.
- Review all current health plan contracts to determine any implications.

*Will you be ready?*



~~DID~~

## You ~~CAN~~ Make A Difference! and Tax, Accounting & Audit Update Summary

By Stephanie Hollick

When you think of November, people think of the upcoming holidays and especially giving to others. Giving to others was exactly what our chapter did at the November meeting; we collected 370 pounds of food and \$360 to donate to the Central Pennsylvania Food Bank. I would say our “You CAN Make a Difference” food drive was a SUCCESS!!! We started the November food drive three years ago; since then we have donated more than 700 pounds of food and approximately \$1,260.

THANK YOU to everyone who participated!!! Special thanks go to **Mike Lane** and The Hospital & Healthsystem Association of Pennsylvania (HAP)!!! Mike was the driving force behind the food drive. He organized a food drive at HAP for employees who were unable to attend the meeting to participate in the food drive. In addition, Mike took care of the picking up and dropping off the donated items to the food bank. The employees at HAP were so giving that Mike’s car was full before he picked up the meeting donations. All of the giving is a wonderful thing, especially with the recent natural disasters in the area and the holidays!

The Central Pennsylvania Food Bank ([www.centralpafoodbank.org/](http://www.centralpafoodbank.org/)) covers 27 central Pennsylvania counties and distributes more than 20 million pounds of food and grocery products to more than 600 soup kitchens, shelters, and food pantries.

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*(Above left) Jim VanEtten and (above right) Mike Lane pack up November’s food drive donations for the Central Pennsylvania Food Drive.*

## Tax, Accounting & Audit Update Summary

*Continued from page 6*

Another thought about November is that winter is near—well, we went “over the hills and through the woods” to Royal Oaks Golf Club in Lebanon, for the most exciting meeting of the year: the Tax, Accounting & Audit Update!

The exciting day started with **Kelly Trzeciak**, ParenteBeard, who happened to look a lot like **Julius Green**, ParenteBeard. Julius pinch hit for Kelly and discussed the 990, including information about community benefit reporting and community health needs assessment.

We were all in the clouds for our second speaker, as **Saif Rahman**, KPMG, spoke about cloud computing. He discussed the mechanics of cloud computing, generally how it works, and some of the advantages and disadvantages.

After lunch, **Michael Brozic**, KPMG, and **Eric Forkner**, KPMG, continued our exciting day with the Accounting & Audit Update. Some of the items they touched on were the new accounting principles on charity care, insurance claims and provision for doubtful collections, and an update about the activity between U.S. GAAP and IFRS, specifically everyone’s hot topic of lease accounting.

**Mike Burkholder**, ParenteBeard, and **Christopher Humes**, ParenteBeard, concluded the day with an Individual and For-Profit Update. Amongst other items, they spoke about the timeline of current and proposed tax cuts and credits, including bonus depreciation, payroll tax cuts, Working Opportunity Tax Credit, and Returning Heroes Credits. In addition they also spoke about Act 32 and upcoming initiatives. •



## *Sponsor Spotlight*

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### **Letter from the Regional Executive for Region 3**

*Continued from page 1*

My home membership is the New Jersey chapter, the most recent winner of the Robert M. Shelton Award for Sustained Chapter Excellence, and the proud chapter of the current HFMA Chair, Greg Adams.

This is an exciting role for me. As I have progressed through numerous New Jersey and National roles, this one has been the most fascinating yet!

Greg Adams stated the HFMA theme so eloquently this year—“Believe to Achieve.” I believe in HFMA and all that it represents and all that it does for our members. I would encourage all that are not members to join. If you are a member, get more involved, as the benefit derived from being an active member cannot be paralleled with any other organization. Join a committee. Become a leader within a committee. Not only is education offered at most committee meetings, but the friendships you will establish will last a lifetime. I know it worked for me.

*Questions can be directed to Cheryl H. Cohen, FHFMA, MBA, Vice President at Pantheon Capital at [ccohen-pantheon@comcast.net](mailto:ccohen-pantheon@comcast.net) or (609) 259-3363. Pantheon Capital is a leading provider of innovative, cost effective solutions for the financing needs of healthcare organizations. •*



**Believe to Achieve**

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