

Vikingsland Viewpoint

VOLUME 64 ISSUE 1

FALL 2009

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Hospitals Reaching Out to Communities to

By Bruce Nelson, Vice President, SearchAmerica, A part of Experian

It may come as a surprise to the general public, but a little known fact is that millions of patients are automatically identified and enrolled in hospital sponsored charity care programs nationwide. It is unlikely that your patients understand much about a hospital's generosity, let alone the technologies that automate its community benefit programs. These charity care systems enable hospitals to execute their community benefit programs more effectively, providing medical services free of charge or at a significantly reduced rate to qualified patients – amounting to billions in savings annually to U.S. consumers. This prac-

tice is at the core of the mission of our nation's not-for-profit healthcare networks.

Unfortunately, it can be difficult and time consuming to manually identify all qualified patients and efficiently enroll them in a hospital's charity care program. Doing so without automation is wrought with errors and inconsistencies, so many hospitals have taken a new approach for improved accuracy and consistency.

These systems have greatly impacted the lives of millions of patients and their families over the years who otherwise may not have received charity care. The following are excerpts from

actual thank you notes from hospitals and patients who have seen the benefits of these systems first-hand:

'Our automated charity care screening system approved two patients yesterday-one's wife shed tears of gratitude. We were also able to approve another just now, a child whose father lost his regular job recently, and is now making \$9 per hour. This is a wonderful service that we are providing. The staff feels good and the patients are truly grateful that the financial stress has been lifted and they can focus on their health.'

Continued on Page 2

Point of Service Collections:

Preventive Medicine for the Bad Debt Plague

Increasing co-payments, higher deductibles, soaring co-insurance percentages . . . as patient financial responsibility dollars continue to rise, so too does the likelihood of those dollars flowing to bad debt expense. Although we are all used to paying for our groceries before we leave the store, or making payment arrangements (financing) before we drive a new car off the lot, we have

become accustomed to receiving healthcare as needed without making financial arrangements at or before the time of service. Unfortunately, once patients are out the door, the importance they place on making financial arrangements often decreases, resulting in self pay revenue flowing into bad debt expense.

We decided to take a proactive

approach to patient responsibility collections at Regina Medical Center, Hastings, MN. With the leadership of Norma Lowell, Patient Financial Services Manager, facility-wide support, and an affordable patient responsibility estimator, our monthly point of service collections increased 10,000% in ten months! Of course, our starting point was very low, approximately \$800 per month, pas-

Continued on Page 3

Cover Story continued - Charity Care

Automation = More Charity Benefits for your Patients

Since 2001, it is estimated that more than five million low income patients been enrolled in charity care programs through automated solutions from third party providers.

These solutions rapidly identify patients who meet the criteria for a hospital's charity care program, Medicaid or other financial assistance programs. Using data from third party service provider ensures that each patient's need is assessed on their financial need, eliminating factors such as age, race, gender, etc. from the process.

More and more hospitals are having these systems routinely check all incoming patients to see whether or not they are qualified for their community benefit program. This ensures that all qualified patients are identified and eliminates any bias.

Automated qualification and enrollment processes connect patients with the programs that were designed to help them. This process saves the patients money, but just as importantly, it preserves their dignity by eliminating concentrated collection efforts.

Saving Time and Money for Patients and Hospitals

Hospitals need to reduce costs across their organizations, but wish to do so without negatively impacting their services or the patient's satisfaction. Third party charity care solutions are one of very few methods that offer a win-win scenario for the hospital and the patient alike by:

- Reducing Enrollment Time:** Automating this step reduces the enrollment process to just minutes, instead of the hour or more needed to manually process an application – saving a hospital's financial counselors hours of time spent on paperwork. Likewise, patients find out immediately whether or not they qualify, eliminating added stress from their medical situation.
- Improving Compliance with Government Regulations:** Hospitals need to demonstrate their commitment to serving their communities. Charity care solutions provide the results and reporting needed to comply with the IRS' 990 Form Schedule H and other state and local requirements.
- Stopping Unproductive Collection Efforts:** Hospitals can save on their collection processes by eliminating any collection activities on patient accounts that qualify for charity care. Its efforts can be better focused on those who have the ability to pay. In addition, patients enrolled in charity care programs eliminate the anxiety often caused by collection efforts on hospital bills that they are truly unable to pay.

Curing a Nation's Misperception

Hospitals have been wrongly portrayed as organizations

focused more on money than care. Those of us in the healthcare industry know that this is just not true. How can we prove that we are living up to our mission? The clearest answer is by demonstrating community benefit.

Unfortunately healthcare networks are often unable to publicly demonstrate their mission of serving their communities. Manual and inconsistent qualification and enrollment processes offer varied results that are often understate their level of generosity.

Using automated charity care solutions, healthcare networks can provide reliable statistics showing their community benefit through the number of patients they have aided, both medically and financially, and the cost of these services absorbed by the healthcare network within their charity care program. Positive public relations are critical to every hospital.

Today's public is mostly unaware of the healthcare industry's generosity to those in need through their unique charity care programs. To address this issue, smart hospitals are implementing strict processes and technologies to enroll all qualified patients and use this information to show their communities their commitment to their mission.

Automating charity care programs is good for the patient, the hospital, and our nation. Thank you notes from patients and hospital staff are just the tip of the iceberg of the appreciation and impact of these systems.

Curing a Nation's Misperception

"The clearest answer is by demonstrating community benefit"

Increasing co-payments, higher deductibles, soaring co-insurance percentages . . . as patient financial responsibility dollars continue to rise, so too does the likelihood of those dollars flowing to bad debt expense. Although we are all used to paying for our groceries before we leave the store, or making payment arrangements (financing) before we drive a new car off the lot, we have become accustomed to receiving healthcare as needed without making financial arrangements at or before the time of service. Unfortunately, once patients are out the door, the importance they place on making financial arrangements often decreases, resulting in self pay revenue flowing into bad debt expense.

We decided to take a proactive approach to patient responsibility collections at Regina Medical Center, Hastings, MN. With the leadership of Norma Lowell, Patient Financial Services Manager, facility-wide support, and an affordable patient responsibility estimator, our monthly point of service collections increased 10,000% in ten months! Of course, our starting point was very low, approximately \$800 per month, passively collecting co-payments from patients who either offered them to us or happened to have their check-book or credit card with them. So how did we go from \$800 to over \$80,000 point of service collections in ten months? Here's how.

We began the POS collection initiative by moving from passive co-pay collections to pro-active co-pay and deductible collections. This was possible by implementing a pre-registration unit, whose goal was to verify insurance eligibility and identify patient co-pay and/or deductible information via insurance websites for 95% of scheduled services three days prior to the visit. By informing patients of their financial responsibility prior to their visit, more patients arrive at the hospital prepared to pay their portion. Uninsured or underinsured patients are also identified at pre-registration and referred to our Patient Financial Counselor for assistance in completing a Medicaid Application, Uncompensated Care Form, and/or establishing payment arrangements.

Our next step was to establish collection goals; 50% of identified dollars, and 50% of the number of identified patient responsibility visits, for outpatient and emergency room co-pays. We allowed a one month ramp up period to create scripts, educate staff, and let them get used to the idea of asking for money. We also created a rudimentary price estimator which included the average price for common services as well as the average contractual discounts and adjustments for our major payers.

At the end of the first month, we increased POS collections by \$5,500 which was 24% of available dollars and 39% of qualifying visits. We reported the results to staff at their monthly meeting and recognized the top 5 performers who then shared their successful techniques. Results were also reported to the Board of Directors, who immediately became engaged and supported the initiative.

Over the next few months, we drafted policies and procedures and presented to the Board of Directors and Physicians for approval. We continued monthly recognition of the top performers and monthly POS collection reports to the board. Four months into the initiative, our monthly POS collections reached \$8,600, 53% of both available dollars and visits.

During this time we also began the set up for a patient responsibility software program, SurePay Health by Recondo. SurePay Health uses your facility's chargemaster, claims, provider insurance contracts, and patient insurance coverage information to provide an estimate of the patient's financial responsibility. We were live with SurePay Health in our Outpatient Services and Emergency Department half way through month six, increasing our collections for that month to \$19,000!

At the beginning of month 7, Norma set what seemed to be an unattainable goal; she stated that by month 11 we would reach a POS collection goal of \$65,000 in one month. As a bit of a skeptic, as many accountants are, I replied to this goal with "If registration can collect \$65,000 in one month by the end of May, I'll do a cartwheel!" And the challenge was on.

Continued on Page 4

"By informing patients of their financial responsibility prior to their visit, more patients arrive at the hospital prepared to pay their portion"

Cover Story continued - Point of Service Collections

Enthusiasm increased each day. Registrars no longer wanted to wait until their monthly staff meeting for POS collection updates, they wanted weekly updates, and towards the end of each month, daily updates. When a “big one” was collected, Norma was immediately notified via email and an update was requested. Month 8, \$49,000 collected (could it really happen? I’m no spring chicken). Month 9, a close one, \$64, 554 collected. Every registrar I saw asked me if I was practicing cartwheels (I have adult children – what was I thinking?). Month 10, with 10 days left we had already collected \$65,000 – by month end, \$82,069; our goal was not only exceeded, but one month early!

Of course, as deductibles are met and total annual out of pocket expenses reached, the available dollars to collect decrease but the ultimate objective remains the same; to ensure payment is received for the services provided. Here a few tips for a successful Point of Service Collection Program:

✦ **Support from the Top!** And I’m not referring to management or the C-Suites, I mean the Board of Directors.

The last thing you need is for Jane Smith to contact her next door neighbor board member and receive a response other than support for the POS collection initiative.

✦ **All Aboard – Physicians!** It is important to get the physicians on board and develop criteria to either provide the scheduled service or reschedule once payment arrangements are established.

✦ **Rally the Troops** – Gather your managers and explain in detail the who, what, where, how, and why of the POS collection initiative. They will need to not only provide unwavering support, but educate their staff and patrol their department for renegade opposition.

✦ **Tools, Tools, Tools, and more Tools** – Arm your Patient Access Staff with tools such as scripts, patient responsibility estimators, policies, procedures, and most of all support. After all, registrars are the folks who can either make or break the initiative.

✦ **Celebrate** – Asking people for money is difficult; celebrate success, one realistic goal at a time. And yes, I did a cartwheel – no broken bones.

- * **Support from the Top**
- * **All Aboard—Physicians!**
- * **Rally the Troops**
- * **Tools, Tools, Tools, and more Tools**
- * **Celebrate!**

About the Background Photo

The photo used for the Fall 2009 Vikingland Viewpoint was taken at Spring Lake Park Reserve in Hastings Minnesota. The trees were just beginning to turn color on the edge of the Mississippi River bluffs.

PRESIDENT'S MESSAGE



It is hard to believe that it is October and fall (or is it winter as it is snowing as I am writing this?) is here. The summer really flew by.

Jeff Gendreau and I just got back from the Fall President's meetings for our Region, Region 8. We had a wonderful time on the cruise to Mexico, ate lots of food, plus getting lots of good ideas from the other Presidents and President Elects' in the Region. Our region includes North Dakota, South Dakota, Iowa, Nebraska, Kansas, and two of the Missouri chapters. Our chapter is definitely the largest in the Region with over 530 members, but we all have similar issues.

The economy is affecting all chapters, with decreased membership and fewer attendees at meetings. Our Board is working to make an HFMA membership a worthwhile investment for all of our members.

National HFMA will be sending out a survey to our members this month. Please take the time to fill this out and let your leaders know how we are doing. We will be using the results to make future plans. You can also email any of your leaders at any time with suggestions or issues.

I hope you were able to attend the Fall Institute or call in for the October 13th webinar. There will be a Regional Webinar every month, and with a fee of only \$30 per site they are very affordable. The fee covers as many attendees as you wish at any site. These will take place on the 2nd Tuesday of every month from 12:00pm to 1:30pm Central time. Our education committee under Bill Fenske is also planning local webinars for our Chapter, so watch for updates on that.

Bill Fenske is also our Certification Chair and is leading an effort to focus on HFMA Certification for our Chapter members this year. Did you know that he has study guides to check out, and the Chapter will reimburse you for the cost of the test once you pass?

Did you know that our chapter is on Linked In? You can find updates and discussions on the HFMA Linked In page.

Candy Peterson (candace.peterson@medica.com)





Committee Updates

REGULATORY COMMITTEE

Joe Heidkamp resigned as co-chair of the Regulatory Committee and Jackie Hinderks, Reimbursement and Reporting Manager at Rice Memorial Hospital in Willmar, MN has assumed Joe's responsibilities. The Regulatory Committee thanks Joe for his contributions to the group and welcomes Jackie.

There have been numerous meetings between the MN Department of Human Services (DHS) who administers the Medicaid program in Minnesota, the Minnesota Hospital Association (MHA) and the hospitals related to the Medicaid Disproportionate Share (DSH) payments and the changes mandated by the Centers for Medicare and Medicaid Services (CMS). To determine a hospital's DSH payments, each hospital is mandated to provide the costs associated for services to Medicaid beneficiaries by the type of Medicaid program (free-for-service Medicaid, PMAP, etc.) for their fiscal years 2005 and 2006. The DHS must then have the costs audited by an external independent agency and submit the audited data to CMS. DHS has contracted with Noridian Administrative Services (NAS), the Medicare Part A fiscal intermediary (FI) for Minnesota to conduct the audits. Initially, this process had a deadline of December 31, 2009. Recently, CMS has extended the deadline for submission of the fiscal year 2005 and 2006 data to December 31, 2010. Similar data must be accumulated, audited and submitted to CMS for fiscal year 2007 by September 30, 2010. Some of the primary issues involved in the process have been the identification of program data (patients days, charges by department, etc.) for the Medicaid managed care plans, the verification of beneficiary eligibility for a given Medicaid plan, and the development of a reasonable methodology for determining the costs for each program without having to complete an entire cost report for each program. DHS is in the final testing phases of the process and anticipates they will be able to roll out the process to all hospitals sometime in October, 2009.

CMS is implementing a new hospital cost report form set to replace the CMS 2552-96 and the Provider Cost Report Reimbursement Questionnaire, Form CMS-339. The CMS 2552-10 will combine the cost report forms and the CMS-339 Questionnaire into one form set, eliminate worksheets that are no longer utilized, and make numerous revisions to the forms to reflect the current cost report instructions. The new CMS 2552-10 cost reporting forms must be completed by all hospitals for cost reporting periods beginning on or after February 1, 2010. Several Minnesota hospitals submitted comments related to the new cost reporting forms which echoed the comments submitted by several national hospital associations. CMS is in the process of evaluating the comments received and will issue final instructions by December 1, 2009.

In response to the new cost reporting forms, the Regulatory committee will be hosting a New Medicare Cost Report Form Set seminar on November 11, 2009. Our featured speaker will be Becky Dolin, President of Health Financial Systems, one of the leading Medicare cost report software companies in the country. There will be two speakers in the afternoon who will address several of the key reimbursement topics facing prospective payment hospitals today. Further information and a registration form can be obtained on the HFMA website at <http://www.hfma.org/events/chapter/MNChapEvent111109.htm>.

NAS is in the process of developing its Electronic File Sharing Standards (EFSS) which will allow for the submission of requests and responses to inquiries during the cost report audit and settlement process to be accomplished electronically eliminating the need for hard copies of documents to be exchanged. NAS will issue further instructions regarding this process once the EFSS have been established.

CMS has instituted a process that allows providers to download their Provider Statistical Reimbursement Reports (PSRR) electronically rather than having to



Committee Updates

REGULATORY COMMITTEE CONTINUED

submit a request to their FI. CMS is implementing this process based on the providers fiscal year end and providers should receive a communication with instructions related to the access approval process prior to the submission deadline for their annual Medicare cost report. Based on the experience of several Regulatory committee members, hospitals are encouraged to start the process as early as possible to assure they have access to the data on a timely basis. Initial reports indicate the process can take two to three weeks to gain access to the PSRR data.

The Regulatory committee continues to meet bi-monthly on the third Thursday of the month. Our next meeting is scheduled for Thursday, November 19, 2009 at a site to be determined. Anyone wishing to participate is encouraged to attend. For those outstate practitioners who are unable to travel to the meeting, in most cases we have call-in capabilities which allows participation remotely via the telephone. Any suggestions for agenda topics for upcoming meetings are always welcome. If you have a suggested agenda topic or would like more information about the Regulatory committee, please contact Jackie Hinderks at 320-231-4425 or jhinderks@rice.willmar.mn.us or Mark Davis at 612-397-4298 or mark-davis@deloitte.com.

WINTER INSTITUTE COMMITTEE

JANUARY 28TH WINTER INSTITUTE PROMISES TO BE GREAT!

Start the New Year off with a great learning and networking opportunity! The Winter Institute Committee is excited about the line-up of topics and speakers that have been secured for the upcoming event!

The theme of this year's Institute is ***"Financial and Market Sustainability During Changing Times"***. It will be held at Radisson Hotel and Conference Center Minneapolis, 3131 Campus Drive, Plymouth, MN on **January 28th, 2010**.

Topics include:

- Leadership – Are you worth following?
- Electronic Medical Record - pros/cons of an integrated system on finance and operations
- Healthcare Payment Reform
- CFO Panel on Financial Sustainability
- Capital Access

Brochures with registration information will be sent out end of November and registration can also be done on-line at <http://www.hfma.org/site/emeetreg/main/MtgInfo.cfm?mtgcode=0912MN1>.

More information coming soon! Hope to see you there!



Committee Updates

TAX COMMITTEE

The Tax Committee is responsible for appraising chapter members and their institutions on new developments in various tax areas including exempt status, income tax, property tax, sales tax, payroll tax and employee benefits.

The Tax Committee usually holds a monthly conference call to discuss hot topics in the tax area. Typically, the new Form 990 and related new schedules are the focus of the calls. The Committee call participants are typically Tax Directors at various hospital systems with a group of tax consultants from the various CPA firms. The number of participants is typically 8 - 10 people, which gives everyone a chance to listen and participate.

If you would like to join the call or find out more information about the Tax Committee, please either e-mail or call Tom Hogan at Tom.Hogan@gt.com phone: 612-677-5247.

Below: New Member and Certification Breakfast at the Fall Institute

CERTIFICATION COMMITTEE

A breakfast meeting was held in conjunction with a new member breakfast at the most recent MHA/HFMA Autumn Institute. Approximately 20 interested members attended to listen to a brief overview of Certification requirements and steps necessary to become certified. Included in this discussion was a review of the Certification Brochure available on the national HFMA website (www.hfma.org). Study guides are available for checkout (contact Bill Fenske at fenskeb@rice.willmar.mn.us) as well as a reminder that upon successful completion of any HFMA Certification exam, the Minnesota Chapter will reimburse you for your exam fee.

Further discussion ensued related to developing a webcast highlighting certification, forming study groups led by certified members, and developing a one day session that would include a half day of studying and review followed by taking an exam in the afternoon. We are currently looking at arranging this for sometime around the Winter Institute in late January.

If you would like further information regarding Certification, please contact Bill Fenske at 320-231-4009 or fenskeb@rice.willmar.mn.us.





Committee Updates

THANK YOU

CORPORATE SPONSORS !

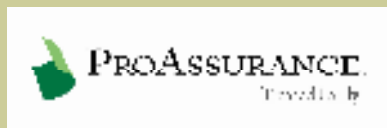
PLATNUM LEVEL SPONSRS



GOLD LEVEL SPONSRS



SILVER LEVEL SPONSRS



CORPORATE SPONSOR COMMITTEE

Corporate Sponsors Make Your Chapter Stronger

I recently took over the Corporate Sponsor committee for the Minnesota Chapter of HFMA. I did this once before for a different association and I realized once again that there are Companies that support the industry they gain clients from and there are Companies that are surprisingly absent. I'm not here to criticize those that do not because often you'll hear good reasons why they might not participate.

I am here though to draw attention to the Companies that have traditionally supported HFMA at the local Chapter level. We are asked by National not to appear to endorse any Company that becomes a Sponsor but we can draw your attention to them. In this publication you'll find a listing for those Companies. On our local website you'll also see a section with their logos and links to their websites, and at seminars we will have a sheet in the meeting material that will have contact information as well as signage somewhere in proximity to the meeting.

I would encourage you to do one of two things. First, acknowledge to any Company representative that you may currently know or work with that you appreciate their involvement and support of HFMA, and secondly if you do not currently work with them, that you would consider their product or service the next time you or your department heads seek the services they may offer.

Those interested in becoming a Sponsor can reach me at 800-487-3888 or rayc@colltechinc.com. And, let me be the first to say "THANK YOU" to all of our Sponsors.

Ray Costello





Fall Institute Highlights

Fall Institute attendees listened attentively as Mary Krinke presented "Treading Water: A Review and Preview of State Hospital Financing Issues."



Candy Peterson (right), Chapter President, and Ken Cornish (left), Past President, present chapter awards and HFMA Certificates.

Bill Fenske (Middle) accepts the C. Henry Hottum Award for Educational Performance Improvement. Other chapter awards include the Gold Award of Excellence for Membership Growth and Retention, and Bronze Award of Excellence for Certification.

Gregg Redfield, MHA, gets things started at this year's Fall Institute.





Region 8 Connection

Region 8 Webinar Series



hfma region 8
healthcare financial management association

RAC ATTACK

**Revenue Cycle Impacts of RAC
++Tools to Conduct an Internal
Risk Assessment.**

Audio Webcast

**Tuesday,
November 10, 2009**

12:00 noon

-

1:30 PM

CST



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UPCOMING EVENTS

Region 8 Audio Webcast

“RAC Attack”

Tuesday, November 10, 2009

12 Noon — 1:30 pm CST

MN HFMA Cost Report Conference

Wednesday, November 11, 2009

North Dakota HFMA

“Revenue Cycle Operations”

Thursday—Friday,

November 12 — 13, 2009

Holiday Inn, Fargo, ND

Regulatory Committee Meeting

Thursday, November 19, 2009

HFMA 2010 Winter Institute

Thursday, January 28, 2010

Plymouth, MN



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WELCOME NEW MEMBERS!

June 2009

Lonnie Ness, Business Service Manager
Pine Medical Center

Jill Kouba, Financial Analyst
Farview Lakes Health Service

July 2009

Lakmini Kidder, Director Revenue Cycle
Meritcare TRF

Ashley Anderson, Healthcare Consultant
Stockamp, A Huron Consulting Group Practice

Janet Mccuiston, Senior Consultant
The Willow Group

Peter Myhre, Sr. Vice President
Wells Fargo Equipment Finance

Katie Litsey, Business Operations Manager
Fairview Southdale Hospital

August 2009

Michael Stokes, Reimbursement Specialist
Lakewood Health System

Stephanie Farnia, Payor Relations
National Marrow Donor Program

August 2009 cont.

Barbara Johnson, Chief Financial Officer
SMDC Health System

Carolyn Koch, Health Care Consultant
Independent Health Care Consultant

Debbie Russell, VP Channel Development
US Bank

Ashley Matlock
Anderson & Roers CPAs, LLC

Timothy Henkel, Attorney
D.S. Erickson & Associates, PLLC

Ronald Michalak, Vice President of Marketing
Forte, LLC

Colleen Malmgren, Director of Pricing/Chargemaster
Fairview Health Services

Greg Dummer, Vice President
Premier Capital LLC

Amelia Ebel, VP Treasury Services
JPMorgan Chase

Jason Koby, Regional Sales Manager
Creekridge Capital



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WELCOME NEW MEMBERS!

August 2009 cont.

Steven Wellvang, President & CEO

ECMC Holdings Corporation

Pat Thomas, Account Manager

Edocument Resources

Joseph Glenn, Senior Vice President

Wells Fargo Brokerage Services

Jill Bjornton, Client Partner

CSC

Diane L. Del Santro, Reimbursement Manager

Allina Hospital & Clinics

Evan Dimke, Healthcare Consultant

Stockamp and Associates

Harold Galvin

ECMC

Shanna Padgett, Sr. Lean Consultant

ValuMetrix

Christopher Smith, Vice President

MEDNET World

September 2009

Kathryn Lovrien

Stephanie M Brown, Business Office Manager

Rice Memorial Hospital

Hale Jay, National Sales Director

Customer Elation

Darrel E Muzzy, Vice President/Credit Officer

Wells Fargo Equipment Finance

October 2009

Brandon J Scheevel, Staff Accountant

Olmsted Medical Center

Loraine I Martineau, Controller

Chris Johnson, Chief Financial Officer

Pine Medical Center

Nicholas Kroshus, Consultant

Huron Consulting Group



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CHAPTER CONTACTS

Chapter Officers

Candy Peterson , CPA	President
Jeff Gendreau , CPA	President Elect
JoAnna Justiniano	Secretary
Thomas Hogan , CPA	Treasurer
Darla Anderson	VP Communications
Bill Fenske , FHFMA, CPA	VP Education
Ken Cornish , FHFMA	Past President

Board of Directors

Ray Costello	Kara Carpenter
James Haddican	Jill Sigelman
Jeffrey Johnson, CPA	Dalton Huber
Trisha Schirmers	Randy Patton
Stacy Barstad	Lissa Benson
Greg Brock, CPA	Elaine Leonard
Gregg Redfield , (ex-officio)	Terry Currie

Committee Chairs

Vera Schumann	Newsletter
Tom Wang	Concordia
Lee Batulis	Membership
Ray Costello	Networking & Sponsorship
Gregg Redfield	Fall Institute
Terry Currie Kara Carpenter	Winter Institute
Sue Ankeny	Rural Health
Jackie Hinderks Mark Davis	Regulatory
Tom Hogan	Tax
Bill Fenske , FHFMA, CPA	Certification
Greg Brock	Website

A survey was sent out to a sample of our members by National HFMA. Please fill this out and return the survey as your Officers and Board members review the comments for planning future activities. Below is a list of the Minnesota Chapter Officers and Board members. Please contact us if you have any questions about our Chapter. Thank You.

Our objectives are to provide members with information about chapter and national HFMA activities and to provide a forum for reporting state and national issues relating to the healthcare industry.

Vikingland Viewpoint is published two-four times annually for the members of the Minnesota Chapter of the Healthcare Financial Management Association as part of the communication series including Month End Entries. No part of Vikingland Viewpoint may be reprinted without receiving prior consent from the Editor. Responsibility for the content of Vikingland Viewpoint lies solely with the Chapter's Communications Committee. The Editor welcomes and encourages the submission of material for publication. Articles should be e-mailed in Microsoft Word and may include a short biography of the author.

The Communications Committee reserves the right to edit material and to accept or reject contributions, whether solicited or not.

Opinions expressed in Vikingland Viewpoint are those of the authors, and do not necessarily reflect the view of the Communications Committee, HFMA Minnesota Chapter Leadership, or the members of the Minnesota Chapter. Any questions or comments may be directed to the VP of Communications.

Darla Anderson, VP of Communications

Darla.anderson@siblymedical.org or call (507) 964-8424

Vera Schumann, Newsletter Editor

vera.schumann@reginamedical.org

The Vikingland Viewpoint is the official newsletter of the Minnesota Chapter of the Healthcare Financial Management Association.