

hfma

healthcare financial management association

Courage

IN LEADERSHIP

Certification: It's Where it's at!!

By Bill Fenske, FHFMA, CPA Certification Committee

Do you have a certification within HFMA? If you do, Congratulations!! If not, what are you waiting for? You owe it to yourself to work toward being certified by HFMA. There are many areas of interest that you can become certified.

The Minnesota Chapter is interested in providing more opportunities for its members to become certified. In fact, it has recently purchased study guides that are available on a check-out basis through the Chapter. If you are interested, you can contact Bill Fenske at 320-231-4009 or fenskeb@rice.willmar.mn.us to check out any one of the study guides.

In addition, the Minnesota Chapter will reimburse you for the fees paid subsequent to your successful passing and completion of the certification requirements. So as you can see, the only cost to you is your time and energy to study and take the exam(s).

Certification is a way of differentiating yourself from others. As you continue to advance in your career, the ability to differentiate becomes more important. I am sure that you will have many accomplishments in your career, but by being certified within HFMA, you are telling a future employer or supervisor that you are committed to excellence and committed to improving your knowledge and skill level, all of which are positive attributes that employers look for in an applicant.

There are five (5) areas of expertise that you can become certified. They are as follows:

- Core
- Accounting and Finance
- Managed Care
- Patient Financial Services
- Physician Practices Management

For further information regarding the exams and the requirements, please go to the HFMA National web site located at www.HFMA.org and then click on "Certification". Please take time to look at this and see what areas of interest appeal to you and your current work and your future goals.

If you have any questions regarding certification, please feel free to contact Bill Fenske at 320-231-4009 or fenskeb@rice.willmar.mn.us or contact any certified member located within the membership directory.

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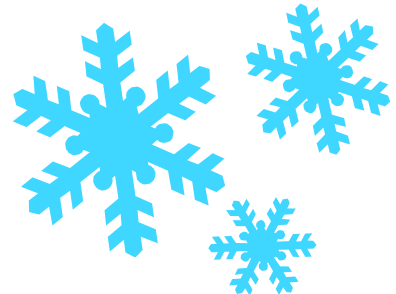
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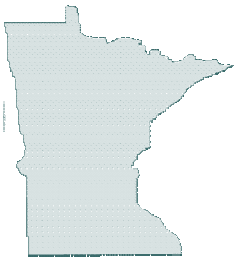
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Upcoming Programs & Events

Join us for some great educational offerings over the next few months:

- **Winter Institute** – Thursday January 31st 2008, Four Points Sheraton Minneapolis
- **Concordia Institute**— April 3rd & 4th 2008, Ramada Inn Fargo, ND
- **Metro Breakfast / Webinars** – Check www.MNHFMA.org for more information and registration links Please continue to send us your topic and guest speaker ideas.
- **Certification** - Bill Fenske at 320-231-4009 or fenskeb@rice.willmar.mn.us





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Hennepin County Medical Center (HCMC) is repeatedly named one of America's Best Hospitals by U.S. News and World Report. Located in the heart of the Twin Cities of Minneapolis and St. Paul, Minnesota, we're a dynamic academic medical center with 360 hospital beds (more than 100 in ICUs) and 16 operating rooms. We're Minnesota's first and largest Level 1 Trauma Center, and offer career

opportunities in a setting where teamwork is not just talked about - it is practiced every day. Our mission as "a public teaching hospital that provides outstanding health care services in an environment which promotes excellence in education and research," is the inspiration for the care we provide. Our diverse workforce creates an environment that fosters collaboration and commitment to our patients.

- Responsible for the completion and filing of the annual hospital Medicare Cost Report, Settlements, and Appeals; this includes researching and interpreting regulations for proper compliance, preparing work-papers and supporting documentation for all data in the report, and educating the Physician Directors of all the various medical departments as it relates to the completion of specific exhibits.
- Responsible for Medicaid rate setting, which includes verifying the accuracy of information received from the State.
- Monitor all Medicare, Medicaid, and Third Party Payor payments for accuracy.
- Coordinate all aspects of the annual Medicare Cost Report Audit
- Develop and prepare management reports monitoring revenues and expenditures
- Monitor federal/state legislation affecting hospital reimbursement; analyze and report the financial impact
- Consult with all Departments and all levels of HCMC management with regard to Medicare, Medicaid, and Third Party Payor regulation, reimbursement, and compliance issues
- Serve as a liaison between HCMC and the Medicare intermediary and the MN Department of Human Services
- Assist in preparing State Budget impact reports for HCMC during the legislative sessions
- Assist Administration/Planning on related Third Party reimbursement/financial issues
- Perform other related duties

You've made the right choice in considering Hennepin County Medical Center for your employment! HCMC offers a wealth of opportunities for our ever-changing population and is a place you'll feel challenged, rewarded, and appreciated. We are dedicated to providing Equal Employment Opportunities for both current and future employees, who want to make an impact in our patients' lives. Thanks for choosing HCMC! Please apply at: www.hcmc.org

Insuring All Children as First Step to Universal Coverage

From Kaiser Daily Health Policy Report [Jan 10, 2008]

The Iowa Legislative Commission on Affordable Health Care on Tuesday recommended that lawmakers extend health coverage to all children in the state as the first step to establishing universal coverage, the AP/Chicago Tribune reports. The commission -- composed of legislators, health care providers, representatives of the insurance industry and small businesses -- recommended that the state cover the estimated 25,000 to 30,000 children who qualify for Hawk-I, the state's version of SCHIP, but are not enrolled. Commission Co-Chair and state Rep. Ro Foege (D) said, "Our first step and our top recommendation for the upcoming legislative session is to make sure that all Iowa kids have health insurance." According to Co-Chair and state Rep. Jack Hatch (D), enrolling eligible children would cost the state \$20 million, assuming \$30 million in federal matching funds.

The commission also recommended that the Legislature determine the cost of universal health care and identify potential funding sources (AP/Chicago Tribune, 1/8). Other recommendations include the development of "medical homes" for all residents, which would allow coordinated care to be provided at lower costs; the expanded use of electronic health records; and incentives for employers to offer wellness programs and health insurance to employees. Hatch said that he and Foege intend to provide more specific proposals in legislation they are drafting (Leys, Des Moines Register, 1/9).

States Looks To Address Socioeconomic Factors Involved in Health Disparities

From Kaiser Daily Health Policy Report [Jan 2, 2008]

Officials in several states -- including California, Minnesota, Pennsylvania and Virginia -- are "revamping health departments to focus less on scientific data and more on the role of 'social determinants,'" such as poverty and discrimination, which some believe are contributing to health disparities, the [AP/Washington Times](#) reports. According to the *AP/Times*, it has "long been suggested" that socioeconomic factors, such as a lack of transportation to physician appointments, can influence disease rates in minorities; and officials in some states are dedicating more resources to determining those factors.

Michael Royster, director of Virginia's [Office of Minority Health and Public Health Policy](#), said higher rates of diseases among minorities are "related to socioeconomic factors as well as the impact of perceived racism," adding, "What we're looking at is not only health care, but the roles that health care, health behaviors and these broader social determinants play in creating health inequities." For example, Royster said that to combat smoking as a cause for increasing cancer rates among minorities, officials could shift their focus to the prevalence of tobacco advertisements in urban communities.

However, James Marks, senior vice president of the [Robert Wood Johnson Foundation](#), said that state health agencies do not have the legislative authority to address some factors, such as developing better housing or raising wages for minority populations. Marks said, "It is often policies that are outside (health officials') responsibility that need to be changed," adding, "It requires mayors and governors ... they've got to be the ones to call together the private sector and the public sector" (Walker, *AP/Washington Times*, 12/28/07).

Web Sites Allow Members To Post Comments About Physicians, Hospitals

From Kaiser Daily Health Policy Report [December 18, 2007]

Several Minnesota health insurance companies have launched Web sites that encourage consumers to post comments about their experiences with health care providers in the insurers' networks, the [St. Paul Pioneer Press](#) reports. The sites -- including [Blue Cross and Blue Shield of Minnesota's](#) [healthcarescoop.com](#), Medica's [mainstreetmedica.com](#), and sites by [HealthPartners](#) and [PreferredOne](#) -- are "part of a broader effort" by the state's health care organizations to "empower consumers" and allow them to make more effective health care choices, the *Pioneer Press* reports. MaryAnn Stump, a BCBS Minnesota executive in charge of the subsidiary that runs the Web site, said, "We heard from consumers, over and over again, 'I don't pay attention to things like patient satisfaction information, those data. I really want to hear from people like me.'"

According to Sanne Magnan, commissioner of the [Minnesota Department of Health](#), what consumers "really want to know is, can I get a doctor and clinic who cares about me, and who can I have a good experience with?" She added that doctors likely will use consumer evaluations to gauge patients' reactions to their performance. Some sites offer price information and quality of care statistics information, as well (Olson, *St. Paul Pioneer Press*, 12/17).

Efforts To Offer Health Care Services to Low-Income and Uninsured

From Kaiser Daily Health Policy Report [Jan 2, 2008]

[AP/USA Today](#) on Tuesday examined efforts by health officials and specialists nationwide "to address glaring disparities in U.S. health care" by expanding health screenings and lifestyle education programs to places where uninsured and low-income residents most often gather. A number of states are conducting education programs for barbers and beauticians to help them teach their clients about stroke symptoms and the importance of screenings, while many churches are hosting blood pressure exams and health education fairs.

The [Medical College of Wisconsin](#) in a partnership with [Columbia St. Mary's Hospital](#) in Milwaukee recently launched a nine-month study to determine whether chronic disease management services offered at food pantries can improve the health of patrons, according to *AP/USA Today*. The \$450,000 charity-sponsored project will continue for three years and will target common chronic ailments including diabetes, obesity and high blood pressure. It aims to offer screenings to 2,500 patients.

Patients will be required to pay for a part of the services and medications, and those who are seriously ill will be referred for advanced care. Jim Sanders of MCW said that for \$4 or \$5, patients can receive a month's supply of low-cost generic hypertension or cholesterol drugs. Health care officials also will register qualified patients for Medicaid and other health care programs, *AP/USA Today* reports.

Georges Benjamin of the [American Public Health Association](#) said, "The most important principle here is going where the people are," adding, "There no reason you can't do immunizations there, no reason you can't do nutritional counseling there. ... It makes a lot of sense" (Neergaard, *AP/USA Today*, 12/25/07).

**Minnesota Chapter of HFMA—
Volume 56, Issue 4**

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

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.

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