



**hfma**  
healthcare financial management association

Minnesota Chapter of HFMA—Fall 2007

# VIKINGLAND VIEWPOINT

## President's Message

By Brian Weinreis 2007-2008 President, HFMA

The year is off and running. I assumed my role as president on June 1<sup>st</sup>. I cannot believe that four months have already gone by. This is my first chance to greet the membership of the Minnesota Chapter. We are off to a great start.

First, I would like to extend my appreciation to Stephanie Gilman for an outstanding job as president for the previous year. This last year was a year that National made many changes. The Minnesota Chapter was incorporated under Illinois effective June 1<sup>st</sup>. National HFMA also transitioned to the new strategic planning and tracking process. Her great leadership has helped get this year off to a great start.

The Board of Directors has had two meetings already this year. The first meeting was held the morning of the golf outing. The board had a chance to review the balanced scorecard on our performance so far. In an effort to have HFMA members have a consistent experience, all chapters are using this tool. The components of the scorecard are as follows:

• Education Hours	• Provider % of Board
• Executive Presence	• Days Cash on Hand
• Financial Execution	• Using National Services
• Satisfaction	• Reporting

Based on goals set by our board, we earn points which measure the success of our Chapter. Throughout the year, I will provide updates on how we are doing. Following the Board meeting, a golf outing took place with about 50 golfers present. Attendance was down from previous years and was heavily weighted with vendors. These vendors wanted to meet providers. This is telling us that people are working much too hard and need to take more time out to network. I would like to thank Ray Costello for organizing the event. We are planning a golf outing for next year and would welcome ideas on how to improve participation.

The second Board meeting occurred after the Fall Institute. The Fall Institute was a great success with approximately 130 participants. With "Reimbursement" the theme, it is clear that the membership found value in the program.

One of the events started that last year included a metro breakfast. So far this year, we have had two and more are coming up. In June, the 2007 legislative issues were discussed and September covered tax issues. In December we will learn about new approaches to budgeting. More are planned and we are always looking for volunteers to help with these events.

(Continued on page 2)

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*(Continued from page 1)*

In September, Ken Cornish and I attended the Region Meeting. We met with presidents and president-elects from Iowa, Missouri, Kansas, Nebraska and the Dakotas and discussed issues, concerns and best practices. It was a great opportunity to learn what is happening in healthcare in various areas and make new friends.

The last item that I want to cover relates to member satisfaction. The leadership group of the Minnesota Chapter is committed to maximizing value to our members. We work hard on this. Over the next few months, National HFMA will be conducting a member satisfaction survey. You may be randomly selected to participate. We hope that you give the Chapter high marks. We strive to exceed your expectations and hope that you agree. If not, please let us know. Or better yet,

**GET INVOLVED AND MAKE A DIFFERENCE**

Remember our core mission:

Help members and healthcare professionals excel through education and networking.

Stay tuned for further updates.

## Upcoming Programs & Events

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- Join us for some great educational offerings over the next few months:
- **Winter Institute** – Thursday January 31st 2008 Four Points Sheraton Minneapolis
- **Metro Breakfast / Webinars** – Check MNHFMA.org for more information and registration links
- **HFMA Evaluations** — Be on the look out for questionnaires from HFMA National. Please take the time to fill them out if you have not already done so.



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**Financial Clearance Center Director – CBO**, Fairview Health Services. Reporting to Fairview System Director of Registration and Performance Improvement, this position is responsible for providing leadership for all activities related to the patient access functions of pre-registration, insurance eligibility and benefit verification, referral/authorization validation and payor notification.

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## How Do I Update My HFMA INFORMATION?

All of our chapter directory information including e-mail and addresses for the newsletter are received from the National HFMA database.

The easiest way to make changes is via the internet, simply log on to

<http://www.hfma.org>.

## 'Obscure' Minnesota Law Requires Employers to Provide Health Insurance to Migrant Workers.

Kaisernetwork.org Oct. 09, 2007

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Hispanic advocates and legislators in Minnesota have come across an "obscure state law" that requires certain employers to provide health insurance to migrant workers, but the law never has been enforced, the [Minneapolis Star Tribune](#) reports. In 1971, the state Legislature passed a law requiring employers with five or more migrant workers to provide them with health insurance. However, no rules have been written for the law, and government officials largely are unaware of it, the *Star Tribune* reports. James Honerman, a spokesperson for the state [Department of Labor and Industry](#), said the deadline to make any rules for the law expired in 1997. According to the *Star Tribune*, an estimated 35,000 to 40,000 migrant workers travel to Minnesota annually, mostly to harvest, process and package fruit and vegetables. Such workers are exposed to agricultural and cleaning chemicals that can

lead to respiratory problems and skin rashes, and many have diabetes and work-related stress, according to advocates. Most migrant workers receive health services from subsidized health clinics or hospital emergency departments. Bobbi Ryder, CEO of Texas-based [National Center for Farm-worker Health](#), said she is unaware of any state that requires employers to pay for migrant workers' health insurance. She asked, "Does Minnesota have the same law for workers in all industries? If it does, of course migrant workers should be covered (by such a law). If it doesn't, the law seems lopsided," adding, "There are many other workers who don't have health insurance either." Honerman said officials will review the law if the state ever receives a complaint about not enforcing it (*Hopfensperger, Minneapolis Star Tribune*, 10/7).

## Medicaid Enrollment Declines for the First Time in Nearly a Decade...

By Rakesh Singh, [rsingh@kff.org](mailto:rsingh@kff.org), Kirran Syed [ksyed@kff.org](mailto:ksyed@kff.org)

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Enrollment in Medicaid declined for the first time in nearly a decade, according to a new [50-state survey](#) released today by the Kaiser Family Foundation's Commission on Medicaid and the Uninsured (KCMU). But faced with an improving economy, 42 states expect to expand coverage to the uninsured in the next year.

The survey reports a 0.5 percent enrollment decline in fiscal year (FY) 2007 driven primarily by two factors. States reported that the new documentation requirements were causing significant delays in processing applications, affecting mostly

individuals already eligible for the program. State officials also cited the good economy and lower unemployment for reducing enrollment. After an all-time low for Medicaid spending growth in FY 2006, Medicaid spending continued to grow slowly by 2.9 percent in 2007 due largely to the decline in enrollment and the continued transition of prescription drug costs for dual eligibles from Medicaid to Medicare. States expect enrollment and spending to increase in FY 2008 as they move forward with program enhancements.

## Regulatory Committee

By Joseph Heidkamp

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The Regulatory committee held a meeting on October 11, 2007. Discussion was held over the implementation of the new MS-DRGs effective for IP PPS facilities with discharges on or after October 1, 2007. Additionally the Congress passed and the President signed HR 3668 that reduced the Behavioral Offset for FFY 2008 to .6% and for FFY 2009 to .9% and left open the next two years to recover an increase in excess of the original legislation.

The changes to the underlying payments factors due to correction of errors in the final IP PPS rate calculations and HR 3668 has prompted CMS to have the FI & MACS hold IP PPS & LTCH claims at the present time for FFY 2006 discharges.

Other discussion were held regarding;

The proposal from CMS to modify the OP UPL for Private Hospitals as published in the Federal Register on September 28, 2007. Currently a follow up meeting is to be held with MN DHS on October 16<sup>th</sup>.

Proposed changes to the Occupational Mix calculation that is utilized in conjunction with other wage & salary data to calculate the CBSA Wage index utilized in our reimbursement methodologies.

Discussion over potential recoveries associated with the Post-Acute Transfers from IP PPS facilities when the anticipated services are not rendered or not rendered in a timely fashion

## Crime Victims: Truly Payer of Last Resort

By Megan Boerboom Outreach Services of Minnesota 6/22/07

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With the implementation of the of Attorney General's agreement in the spring of 2005 between the state of Minnesota and Minnesota hospitals, new billing and debt collection standards were set. Since then, organizations such as the Minnesota Crime Victims Reparation's Board have taken steps to educate themselves more in regards to the issues that accompany the idea of fair billing.

The Crime Victims Reparations Board with Executive Director Marie Bibus is part of the Office of Justice Programs for the state of Minnesota, allowing victims of violent crimes that occurred in Minnesota to apply for help with paying medical bills, funeral costs, lost wages, and other costs incurred from a violent crime.

Although it has always been Crime Victims' policy to be the payer of last resort, the Reparations Board and its staff have become increasingly more aware of the issue of over billing. In the past where a hospital may have received payment from Crime Victims before offering charity care to their patient, they are now realizing that Crime Victims isn't paying without first inquiring as to whether or not charity care has been applied to the patient's bill balance.

Crime Victims' staff are carefully considering and communicating with hospitals more and more to determine if the hospital

where a patient was seen has provided hospital charity care to that patient. In most cases, this communication between Crime Victims and the hospital billing staff is via the telephone where Crime Victims receives verbal confirmation of the charity care piece, trusting that the hospital has implemented their charity guidelines correctly. If the patient has cooperated with the charity care application process and the hospital has applied their charity guidelines, then the Reparations Board can pay up to 50 percent of the remaining balance (percentage adjusted as availability of funds fluctuates). In other cases, the Board staff will speak directly with patients/claimants to see if they have applied for hospital charity care already. Either way, this step is assisting in the process and practice of fair billing by inquiring as to who and what has already paid on a patient's hospital bill.

In an effort to further explain why Crime Victims is a payer of last resort and how billing works, they staff a statewide trainer. Crime Victims is looking for opportunities to do training with medical facilities and their billing staff to answer questions about the issue. The training is free and takes approximately one hour. If you, your hospital, or your organization is interested in the training, you can contact Marie Bibus at phone number 651-201-7300.

## Hospitals Agree To Stop Charging Patients, Insurers for Hospital Errors

Kaisernetwork.org Sep. 20, 2007

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Minnesota Gov. Tim Pawlenty (R) on Tuesday announced that state hospitals have formally agreed to stop charging patients and insurers for certain medical errors, as well as for follow-up care required because of the errors, the [Minneapolis Star Tribune](#) reports. The state is the first in the U.S. to adopt such a policy.

The new policy applies to 27 "never events" -- medical errors that should never occur -- including leaving a needle or sponge in a body during surgery; operating on the wrong body part or wrong patient; burns; falls; serious medication errors; or severe bedsores. Many hospitals in the state stopped billing for such errors after a state law took effect in 2004 that requires

hospitals to report incidences of never events, according to Bruce Rueben, president of the [Minnesota Hospital Association](#). CMS last month announced that Medicare no longer would reimburse hospitals for certain errors. Rueben said, "We're formalizing and saying out loud this is what hospitals are going to do and have been doing." He added that while some situations may not be clear cut, "once you determine it's a preventable adverse event, well of course you can't expect that the patient is going to pay for care," adding, "Who could defend anything else?" (Lerner, Minneapolis *Star Tribune*, 9/18).

## Regulatory Committee cont.

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providing for recovery opportunities.

Discussion over implementation of the state cola requirements were held additional discussion tabled until next meeting.

**Next meeting is scheduled for December 13<sup>th</sup> from 9:00 - 11:00am at the Allina Commons.**

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We're on the Web  
[www.mnhfma.org](http://www.mnhfma.org)

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- HFMA—[www.hfma.org](http://www.hfma.org)
- AAHAM—[www.aaham.org](http://www.aaham.org)
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## **The Vikingland Viewpoint is the official newsletter of the Minnesota Chapter of the Healthcare Financial Management Association.**

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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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