



hfma™

healthcare financial management association

Volume 22 Number 1
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gulf coast lines



August 21 Program

Extended Session 11:15a-1:30p

The Perfect Storm: An Emergency Department Success Story for Throughput, Quality, and Operational Efficiency

**Toni Tripp, Administrative Director
Critical Care & Emergency Services
MemorialHermann Southwest**



A success story related to the change process that occurred with the initiation of a breakthrough plan to relook at the care of the Emergency Department patient. The journey began with a broken process including long patient delays, dissatisfied employees and physicians, and declining reputation in the community. The final hurricane came with a change that surpassed everyone's expectations of success and showed immediate, sustained improvements.

Toni Tripp has been a registered nurse for over 20 years. She spent most of her early career as a staff nurse, manager, and Director at two level one trauma centers.

[See "Toni Tripp" page 2](#)

Meeting Location

Methodist Hospital
6565 Fannin
Houston, TX
Dunn Rio Grande
Conference Room

Valet Parking at
Methodist can no longer
be validated

Click [HERE](#) for detailed
parking information.

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September 18 Program Healthcare Conference 7a to 5p - Intercontinental Hotel Houston

Topics & Speakers

**Healthcare Strategic Planning, Executive Management
& Financial Oversight**

Roger Nauert, CEO of Radius Health System

**Panel Discussion: How Do You Apply Financial Decision-Making Skills to
Your Particular "C" Position?**

Cliff Boyd, Retired Executive

Juanita Romans, CEO, Memorial Hermann Texas - Medical Center Campus

Edgardo Tenreiro, Executive VP and COO, Baton Rouge Health System

Liz Alhand, CFO, First Southwest Company

The Clinical Connection-Why Your Facility Needs Someone Like Me

Christine Longmore, Ancillary Information Coordinator, CHRISTUS St. John Hospital

Healthcare Reform: A Study in Policy, Politics and a Sign of the Times

Susan F. Harris, Partner, Baker Hostetler

Physician + Administrators = Partnership

John Nickens, VP-Physician Services Organization, Texas Children's Hospital

www.hfmatxgc.org

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Coast Chapter**
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Houston, Texas
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Message from the President

By Melissa A. Fisher, Chief Financial Officer
Gulf Coast Regional Blood Center



Melissa Fisher is the Chief Financial Officer for the Gulf Coast Regional Blood Center. She also serves as 2009-2010 President for the HFMA Texas Gulf Coast Chapter.

I am so excited about the opportunity to serve and represent each of the over 780 members of your Texas Gulf Coast Chapter of the HFMA. Thank you for your support and vote of confidence.

In my first newsletter article, I would be remiss if I did not thank Past President, Cindy Price, for her outstanding leadership during 2008-2009. I was with Cindy at the Annual National Institute (ANI) in Seattle as our chapter was recognized for a 100% achievement on the Chapter Balance Score Card. Cindy accepted awards for success in achieving education, membership and certification goals, and two Yerger awards for excellence for our the West Houston Symposium held in November 2008 and for participation in the Region Nine Conference. Congratulations to everyone in the chapter who contributed to our success this year. Thanks to Cindy for her leadership.

We have a full year ahead of us with outstanding opportunities for education on current issues facing the healthcare industry. See this newsletter and the Chapter website at www.hfmatxgc.org for upcoming sessions.

Each year the National Chairman issues a theme for the year. This year's theme is "Making It Count". When I first saw this theme, I thought about the pedometer I started wearing in February when my employer initiated a Wellness Program. As we all know what gets counted and measured gets changed and often improved. Needless to say, I am getting a lot more exercise.

We all have ways to Make It Count everyday as we interact with each other, our peers, employees, supervisors, and most important, our ultimate customer, the patient. We need to make every interaction, resource, and process count in times of challenge. But that is where I see the opportunities. We will find ways to do things even better.

The leadership team of your chapter is Making It Count for you by making all we do for you the best possible. Just a few examples:

- Programming that will give you tools and information to use in your organization now.
- Certification resources to help you become certified.
- Opportunities to participate in committees to grow and develop skills.



How do you want to be involved? Let us know. Your HFMA membership is a valuable resource. Making It Count is up to you. Looking forward to a great year!

Melissa A. Fisher
mfisher@giveblood.org

Toni Tripp

from page 1

In 1996, Toni received her Masters in Nursing and became certified as a Family Nurse Practitioner. The next 9 years was spent working with and Emergency Physician Group overseeing Nurse Practitioners and Physician Assistant for 5 system hospitals. Over the past 3 years, she has worked as the Administrative Director over the areas of Critical Care, Emergency Services, Neurology and Security at Memorial Hermann Southwest. This past year, the Emergency Department transformed itself with a renovation and split plan primarily geared to improving efficiency and quality. The results have been so impressive local, as well as out of state, hospitals have visited to consult with the ED staff about the changes.

Save the Date Calendar of Events

August 21 Monthly Luncheon

11:15a – 1:30p
An ER Success Story
Toni Tripp, Memorial
Hermann Southwest

September 18 Healthcare Conference

Intercontinental Hotel

September 11 Certification Exam

9:00a
Deloitte & Touche, LLP
1111 Bagby, Ste. 4500
Houston, TX 77002

October 15 Monthly Luncheon

11:30a – 1p
The Courage to Lead
George V. Masi, HCHD

October 20 HFMA/MGMA/HCPAs Joint Symposium

November 15-17 Region 9 Conference

New Orleans, LA
www.hfmaregion9.org

November 20 Monthly Luncheon

11:30a – 1p
*The Five Dysfunctions
of a Team*
Bill Beerman, Cardon
Healthcare Network

Regular Luncheon meetings are generally held on the 3rd Friday of each month at 11:30 am. However, please confirm dates/times in advance.

Our regular meeting location is:
Methodist Hospital
6565 Fannin
Dunn Rio Grande
Conference Room

Topics and Speakers subject to change.
Credit Cards accepted.

HFMA LTC 2009

Thanks for the memories...

by Julie Rabat-Torki, Sr. Manager, Corporate Reimbursement
CHRISTUS Health




Julie Rabat-Torki is the Sr. Manager for Corporate Reimbursement at CHRISTUS Health. She also serves as Vice President for the HFMA Texas Gulf Coast Chapter.

I was fortunate to have been invited to participate in this year's HFMA Leadership Training Conference. I went to Fort Lauderdale, with hopes and expectations of learning more about programming and coming away with insight and a deeper understanding of our Chairperson's theme, "Making it Count". Little did I know that I would come away with that and a whole lot more!

During the course of the conference, I spent most of my time in the Program Committee training sessions. Here, I learned how to more effectively plan our Chapter's education events. It was in the general sessions however, where I felt like I gained much more than I had expected. Our new Chairperson, Catherine Jacobson, spoke so eloquently of her vision and how making every single thing we do count was so important to our own future success and that of HFMA. Catherine was very motivating, and really gave me confidence that we have an extremely talented person at our helm.

Tim Sanders spoke on Sunday afternoon; his topic was "Saving the World at Work", giving me visions of Superman flying around the conference room! Tim's message was that we need to view the world from an abundance point of view, rather than a scarcity point of view. During this time of economic hardship, this advice could not have come at a more opportune time, nor could it be more relevant as our Leadership aims to guide our Chapter forward, through the murky waters of uncertainty...or should I say guide our Chapter forward towards blue sky ahead?

Cam Marston spoke about "Four Generations in the Workplace", and it was in this session that I realized we had an abundance of opportunity in our very own Chapter, to engage with our local universities and Student Chapter. I learned that we must establish relationships with our younger generation of members, in perhaps ways that are different from what we are used to. We baby boomers may rule the world at this point in time, but what will the future hold for us if we don't start establishing relationships and working together to share knowledge and experience? I am very hopeful that thinking about this now, and taking action now, our chapter will thrive well into the future, with a group of leaders that will continually take us to a new level.

The last thing I would like to say is that during our two and a half days in Fort Lauderdale, I was honored to spend time with some of our Chapter leaders. We truly have a great group of people, each one blessed with so much talent, intelligence, experience and an amazing degree of integrity. What I realized is that when you spend time with people and try to get to know them, you will most always be very pleasantly surprised. So my advice to everyone is, take the time to get to know as many people as you can at our meetings and functions. I promise; you will be pleased with your new friends! I personally will cherish my new friends and the wonderful memories we will always share... 

New Chapter Members

Oluyinki Adekeye
Hospital Corporation of America

Tracey Akins
U.T. - M.D. Anderson
Cancer Center

Sonali Amodwala
Seton Healthcare
Network

Angela Anderson
Baylor Health Care
System

Jan Anderson
Minninger Clinic

Evangeline Austin
U.T. - M.D. Anderson
Cancer Center

Chris Cadwell
US Oncology Network

Ching-chia Chang

Kim David
Baylor College of
Medicine

T. Pauline Dunglinson,
MBA, MHA
Health Center of SE
Texas

Gloria Glover
Wellstar Health System

Devin Gordon
Texas Children's Hospital

Raghu Havaladar
Memorial Hermann

Christine Hollenberg
Texas Woman's
University

Rosemarie Hontiveros
U.T. - M.D. Anderson
Cancer Center

Troy King
ParrishShaw + Co

Kevin Knowlton

continued page 4

HFMA Job Bank

HFMA Texas Gulf Coast Chapter Job Bank

Contact Dianne Love, PhD at love@cl.uh.edu to post job opportunities and/or to be added to the HFMA e-mail distribution group for future job opportunities.

HFMA National Job Bank

http://www.hfma.org/careers/job_bank_new.cfm

Healthcare Payments Processing in a Revenue Cycle World

By Laurie Mascorro, VP, Healthcare Strategist

Numerous companies, both financial and non-financial, have emerged with a hodge-podge of solutions in an attempt to meet the numerous payment points of entry within most healthcare organizations. Yet, very few companies in the healthcare payments industry truly provide a comprehensive solution that resolves the need for the seamless integration of payments and information on the front-end and as well as the back-end of the billing and payment collection cycles (a.k.a., the revenue cycle).

Healthcare Payments Processing

Let us first define “revenue cycle” and “billing and payment collection cycles” in general terms. The revenue cycle is a term meant to describe the flow of funds beginning with insurance verification and ending with insurance contract management. The billing and payment collection cycles more narrowly define the pieces of the revenue cycle that deal directly with the patient verification and claims submission as well as the processes which include posting of Remittance Advices and their corresponding payments, patient pays, debt collection, and write-offs.

Some financial institutions are in the process of expanding their remittance processing services to allow integration of paper and electronic payments and remittance information on the front-end and back-end of the payment stream. This can include integration of office imaged checks and remittances as well. Meanwhile, merchant processing companies are attempting to provide integrated merchant credit card processing solutions into key points of the revenue cycle. There are different options available typically, but an informed industry expert should be able to recommend possible solutions once they understand your organization’s revenue streams and the organization’s pain points.

What Matters Most with Regards to the Revenue Cycle?

First, know the Revenue Cycle metrics to which you are held accountable. Some examples of financial metrics are as follows:

- Gross A/R vs. Net A/R
- Cash Collections as a percentage of Gross and Net A/R
- Write-offs as a % of Revenue
- Percentage of A/R over 90 days
- Up-front Cash Collections
- Cost to collect each Dollar of revenue

Second, understand your organization’s financial needs:

- Are your days’ A/R a little too long?
- Are you missing deadlines for claim re-submission?
- Are you having trouble getting a handle on zero-pays?
- Are you paying a significant amount of interest on borrowings possibly resulting from unnecessarily delayed collections?

...an informed industry expert should be able to recommend possible solutions once they understand your organization's revenue streams and the organization's pain points.

[See “Payments Processing” page 5](#)

New Chapter Members

continued from page 3

Jessica Kotz

Thong Luu
HCA Healthcare, Inc.

Britt Madden
University Of Texas
Medical Branch

Theresa Mangahis
U.T. - M.D. Anderson
Cancer Center

Juliet McBride
King & Spaulding

Mark McClendon
FTX

Chrystal McFarlen
CompleteRx

Allison Meier
Alliant Healthcare
Solutions

Tiffany Moore
Universal American

Nicole Morales
South Texas Surgical
Hospital

Sonia Moreno
Cardon Healthcare
Network

Terry Reeves
Harris County Hospital
District

Rachel Tindall
BKD, LLP

Juan Torres
Mir Fox Rodriguez, P.C.

Jessica White

Glenn Wiebe
Information Builderse

Kasi Wieding, CPA
Weaver & Tidwell LLP


Curtis Yee
Huron Consulting Group

October 15 Program *The Courage to Lead* George V. Masi, Executive Vice President and Chief Operating Officer Harris County Hospital District

Mr. George V. Masi is Executive Vice President and Chief Operating Officer of Houston's Harris County Hospital District. He has held this position since April, 2005. Prior to being named COO, Mr. Masi served as Administrator for Ben Taub General Hospital, the system's 600 bed flagship teaching hospital.



Prior to joining the Harris County Hospital District in 2001, Mr. Masi served for 27 years as a career officer with the Army Medical Department, rising to the rank of Colonel. Mr. Masi's final military assignment was Commanding Officer for Fort Stewart Georgia's Winn Army Hospital. Earlier assignments include Chief of Staff for the Army's Southeast Regional Medical Command, Fort Gordon, Georgia; Deputy Commander and Chief Operating Officer for Army Hospitals in Virginia and Massachusetts, as well as Battalion Command of a field medical unit. Mr. Masi also taught health care administration with full-time faculty appointment as Assistant Professor with the U.S. Army-Baylor University Graduate Program in Health Care Administration. From 1998 to 2001, Mr. Masi served as the Army Surgeon General's Consultant for Health Care Administration.

Mr. Masi holds graduate degrees from the University of Buffalo, Long Island University and the National Defense University. He is a Certified Healthcare Executive and a Fellow in the American College of Healthcare Executives. Mr. Masi is a Preceptor for graduate health care administration students and serves as faculty with the American College of Healthcare Executive seminar series, speaking widely on the subject of healthcare leadership. 

Payments Processing


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Third, identify the financial staff's pain points:

- Is there a line at the copier for EOBs?
- Are there numerous data entry errors causing collection delays?
- Does your reimbursement by Payer seem a little low?
- Are there multiple workflows for paper and electronic remittance processing?

Fourth, explore the options available to meet the particular needs of your organization at various points within the revenue cycle:

- Patient Verification and Claims Submission
- Patient Payments for Point of Service and on the back-end (Patient Payments)
- Claim/Payment Adjudication
- Coordination of Benefits
- Rejects / Exception Processing
- Denial and Appeal Management
- Refunds
- Payments analysis
- Contract Management

For further information about this article, please contact Laurie Mascorro, VP, Healthcare Strategist at 713.289.5833 or lmascorro@bokf.com. 

Certification News

**Next Exam Date
Friday,
September 11
at 9:00 a.m.**

Offices of Deloitte &
Touche, LLP
Heritage Building
1111 Bagby, Suite 4500

Please contact Victoria
Nikitin at 713.566.2324
or e-mail at
Victoria.Nikitin@hchd.tmc.edu
if you are interested in
additional exam
information.

Certification News:

Attention Members – CHFP & FHFMA Candidates!

If you are interested in attaining certification as a CHFP (Certified Healthcare Financial Professional), which leads to the designation of FHFMA (Fellow in the Healthcare Financial Management Association), now is your opportunity!

The HFMA Texas Gulf Coast Chapter is proud to offer several opportunities for certification exam testing in Houston in 2009. Following is a listing of dates, proctors, and other information regarding the certification exam.

Helpful Information

The Certification Exam Application for Core and Specialties:

https://www.hfma.org/site/certification/exam_application.cfm

The Exam Candidate Handbook:

<http://www.hfma.org/certification/chfp/examapplication/CandidateHandbook.htm>

Study Guides for the Core and the Specialties:

https://www.hfma.org/site/certification/self_study_aids_form_0910.cfm

Please contact Victoria Nikitin at 713.566.2324 or e-mail at Victoria.Nikitin@hchd.tmc.edu if you are interested in additional exam information. Also, please check out National's website at www.hfma.org to get familiar with the application requirements.



A Close Call for the Texas Hospital Lien in 2009

Douglas Turek, President and Chief Operating Officer, Meridian Revenue Solutions, LLC and Managing Shareholder, Turek DeVore, PC.

In the regular session of the 81st Legislature, the Texas Hospital Lien Statute had something of a close call. In the next few paragraphs, I will provide a brief background on the Texas Hospital Lien Statute, a discussion of proposed Senate Bill 747, and the results of the most recent legislative session relating to this bill. I am hopeful that this article will raise awareness about how willing the Texas legislature is to weaken a hospital's ability to file and pursue hospital liens on accident related accounts.

The Texas Hospital Lien Statute¹

In Texas, a hospital has the right to file a lien against the personal injury claim of a patient that has been treated as the result of an accident caused by the negligence of a third party.² This right can be perfected and made enforceable by filing a lien, with the required information, in the county clerk's records of the county where the hospital is located.³ This perfected hospital lien then gives the hospital priority to be repaid out of any proceeds recovered from the patient's personal claim, whether obtained by settlement or litigation.⁴ Obviously, the hospital lien is a key tool in managing the impact of the emergency room on hospital's bottom line.

Senate Bill 747

On February 10, 2009, Senator Carona filed Senate Bill 747 with the Texas Legislature. The history related to and the text of SB 747 can be found at the following site:

<http://www.capitol.state.tx.us/BillLookup/History.aspx?LegSess=81R&Bill=SB747>

This bill would have required a hospital to provide notice to a patient ten (10) days before the hospital files a hospital lien on the patient's personal injury claim. According to the requirements of SB 747, this notice would have to be provided either by: 1) sending a certified mail notice to the patient, or 2) providing the required notice at the time of admission. The hospital would also then have to file an affidavit affirming that the notice had been provided.

See "Texas Hospital Lien" page 7

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Texas Hospital Lien

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The stated purpose of the Bill was to provide notice to patients before a lien was filed, so that a patient could pay the hospital charges before the lien was filed. Language in the Bill, however, stated that the failure of the patient to receive the notice mailed pursuant to the Bill would not affect the validity of the lien.

SB 747 came very close to passing. The Bill was passed in the Senate State Affairs Committee by a vote of 9 in favor and 0 against. On the Senate Floor, the Bill was passed by a vote of 31 in favor and 0 against the Bill.

In the House of Representatives, SB747 received much the same treatment. The Business & Industry Committee passed the Bill by a vote of 10 in favor and 0 against the Bill, with one member being absent. The Bill was never voted on by the House, as a whole, because the regular session ended before the vote could be held. However, there is nothing to suggest that the Bill would not have been passed by the House.

The unanimous support of the Senate and the House Business & Industry Committee came despite organized and vocal opposition from the Texas Hospital Association, as well as numerous hospitals and health systems. This opposition came in the form of representatives from concerned organizations testifying to the House Committee about both the absence of a notice problem and the costly negative impact that would result from the passage of SB747.

There is no record of any witnesses which testified in support of the bill.

The Impact if SB747 Had Passed

If SB747 had passed, there would have been numerous negative impacts on a hospital's ability to use the Texas Hospital Lien as an effective tool to generate revenue. There is no doubt from the changes that were proposed that the passage of SB747 would have cost hospitals money and/or resources in order to continue to utilize hospital liens. In addition, with another large hurdle in the process of perfecting a hospital lien, there would have been lost revenue from liens where the process was not followed to the letter. Based on my experience with hospital liens, any deviation from the lien statute, whether material or not, results in a challenge to the validity of the lien. These challenges result in slower recoveries, decreased reimbursement, and even more allocated resources than should have been necessary.

Even from a patient's perspective, SB747 would have raised costs and lowered recoveries with very little benefit to the patient. The goal was to give notice to patients so they could pay their bill before a lien was filed. However, the proposed bill stated that "[t]he failure of an individual to receive a notice mailed in accordance with Subsection (d) does not affect the validity of a lien under this chapter." The proposed language makes it clear that actual notice to the patient is not even required.

In the end, SB747 was a solution without a problem. In discussing hospital liens with many healthcare financial professionals, not once have I heard that the problem which patients have with a hospital liens include that they did not receive notice before it is filed. Patients are primarily concerned with whether the hospital lien attaches to their property, affects their credit, or interferes with their ability to sell their house. Most patients simply do not like having a lien on their personal injury claim, which SB747 would not have resolved.

The Future of the Texas Hospital Lien Statute

I will be the first to admit that SB747 would not have been the end of the Texas Hospital Lien. SB747 would have made the lien process more difficult, would have caused more contention over the enforcement of certain hospital liens, and would have made the hospital lien less effective in maximizing reimbursement on accident

The stated purpose of [SB747] was to provide notice to patients before a lien was filed, so that a patient could pay the hospital charges before the lien was filed. Language in the Bill, however, stated that the failure of the patient to receive the notice mailed pursuant to the Bill would not affect the validity of the lien.

[See "Texas Hospital Lien" page 9](#)

Is Your Onboarding Process Optimal or AWOL?

By Scott Sette, CPC, President, Kensington Group



Scott Sette, CPC, is the President and founder of Kensington Group, a search firm specializing in leadership positions for the healthcare industry.

My neighbor is an engineer for one of the big oil companies. Recently, he decided it was time for a change and he began interviewing at other organizations. He was offered, and accepted, a new opportunity with another major oil company. This new position was located in Europe, so he had a big move ahead of him. He was so excited about his new position and spoke about it (and the company) with such enthusiasm! However, soon after accepting the job, his excitement started to wane. There were problems popping up every few days – they didn't send him paperwork he needed to fill out, they were late in returning his phone calls when he had a question, and he had no communication with the person who hired him. These issues made him seriously question his decision to work there. In fact, he told me that he almost picked up the phone several times to tell them that he wasn't going to take the job, after all.

Unfortunately, my neighbor's experience is not an isolated incident. Many companies become MIA after an offer has been accepted by a new employee. They feel like the "deal is done." That couldn't be further from the truth. In fact, much of the work has just begun. That is where onboarding comes in. Onboarding is the process of assimilating new employees into your company culture and making them productive members of your team as quickly as possible. Onboarding starts the moment the candidate accepts your offer and continues well into the first year of his/her employment at your organization.

Onboarding is the process of assimilating new employees into your company culture and making them productive members of your team as quickly as possible.

Onboarding can be divided into 3 distinct parts: before the employee starts work, the employee's first day of work, and the employee's first 90+ days of work. Let's look at what you can do to maximize each step in the onboarding process.

Before the employee starts work:

1. Stay in touch with him – The new employee's direct supervisor should call him at least once a week during his notice period. This is a very vulnerable time for your new hire. He is excited, but nervous. He is leaving his comfort zone and going to a new place where he knows no one. All the while, his friends, coworkers, and supervisors are telling him not to leave and, possibly, making him a counter offer. Don't leave him stranded on an island all by himself. Call him at least once a week. Let him know how excited you are to have him joining your team. Ask if there is anything you can do to make the transition easier for him. He will thank you for it.
2. Include him in correspondence – If you are sending emails to the group about any project/issue that the new hire will be involved in, then include him in that email. He will feel like part of your team before he arrives on his first day.
3. Invite him to meetings – Is your group having a meeting about an upcoming project? Are you going to a retreat, a conference, or just getting together for happy hour? Invite your new hire! Building camaraderie with his future co-workers before he starts work will pay you dividends immediately.

Has Your Contact Info Changed?

If you are relocating, changing jobs, changing e-mail addresses or phone numbers, don't forget to update your information on the National HFMA website at www.hfma.org, or e-mail your new contact info to memberservices@hfma.org

Also, please notify the Chapter office of your changes at 713.776.1314 or info@htmatxgc.org

[See "Onboarding" page 9](#)

Onboarding

from page 8

The employee's first day of work:

1. Have her workspace set up – This is easy to do, yet many companies don't do it. I can't tell you how many times I have heard about new employees waiting days (or weeks) to get a computer. This is ridiculous. Have her workspace completely set up and waiting for her on her first day. This includes having the desk cleaned out, computer and phone installed, email address working, and business cards on hand.
2. Take her to lunch – On her first day, your new employee probably spent the morning filling out paperwork and choosing benefits plans. Necessary, but not exciting. Welcome her to your company by taking her to lunch or setting up a group lunch. Her first day of work should be a celebration – treat it as such.
3. Executive introductions – Have the company President (or most senior executive in your office) come by and welcome your new hire to the team. She will appreciate the fact that the President knows her name and took time out of his busy schedule to meet her.

The employee's first 90+ days of work:

1. Have weekly progress meetings – Most companies have a 90-day probationary period. To ensure that your new hire knows exactly what is expected of him, create a list of clear, specific objectives and meet with him weekly to ensure that he is on the right path to achieving those goals.
2. Assign a mentor – Choose an exemplary employee to act as a mentor to your new hire. This mentor should possess the attitude and achievement that you strive to find in all of your employees. The role of the mentor will be to teach the new hire and assist in acclimating him to your company culture. This can be done through a formal process or as informally as meeting over lunch.

When done properly, onboarding is powerful tool for improving retention, productivity, and happiness in your workplace.

Scott Sette, CPC, is the President and founder of Kensington Group, a search firm specializing in leadership positions for the healthcare industry. He has been a successful search consultant for over 13 years. Scott can be reached at 713-629-6161 or scotts@kengroup.com.



Texas Hospital Lien

from page 7

related accounts. However, the most the disturbing aspect of SB747, and its treatment by the 81st Legislature, is that the bill was passed unanimously without any demonstrated benefit to Texans and in the face of intense opposition from the healthcare community in Texas. The only thing that defeated the bill was that the legislative session ended.

I anticipate that SB747 is only the beginning of future attempts to limit and weaken the Hospital Lien. All beneficiaries of the Hospital Lien Statute need to be both vigilant against these attempts and prepared to counter them with facts about the actual negative impacts that could result. This is the real lesson to learn from the Texas Hospital Lien's close call in 2009.

(Endnotes)

1. See TEX. PROP. CODE ANN. § 55.001 et seq.
2. See TEX. PROP. CODE ANN. § 55.002
3. See TEX. PROP. CODE ANN. § 55.005
4. See TEX. PROP. CODE ANN. § 55.001 et seq.
5. The history related to and the text of SB 747 can be found at the following site: <http://www.capitol.state.tx.us/BillLookup/History.aspx?LegSess=81R&Bill=SB747>.



HFMA Texas Gulf Coast Chapter Job Bank

Contact Dianne Love, PhD at love@cl.uh.edu to post job opportunities and/or to be added to the HFMA e-mail distribution group for future job opportunities.

HFMA National Job Bank

http://www.hfma.org/careers/job_bank_new.cfm

Building Reporting to Assist in Managing the Charge Capture Process

By Ed Kerner and Mark Jeziorski

Introduction

The process of obtaining reimbursement for the care provided in hospitals is a complex interdisciplinary one, requiring that people and systems are effectively aligned. Given its inherent complexity, the number and types of problems are voluminous, often occur repetitively, and re-occur even after fixes have been implemented.

In an effort to address the opportunities presented in enhancing its processes, Montefiore Medical Center initiated a charge capture reconciliation management program in 2006. The initial process began with the premise that the vanilla reports being generated out of the legacy patient accounting system were not sufficient for its needs. The immediate first step prior to initiating the program was to assess the requirements and define what data would ultimately be required.

Managing the Charge Capture Process

Managing charge capture is a process that starts with reporting. At the close of each month, Montefiore obtains electronic reports of the volumes, charges and variances customized for each vice president and department administrator's areas of responsibility. Montefiore utilizes a module developed by an external consultant that provides these customized electronic reports. There are separate inpatient and outpatient reports that contain the following data:

- **Executive Summary:** Significant variances at department, registration, plan code and charge code levels. The option exists to drill down to the charge codes that are driving the variances in the registration areas.
- **Department Level:** Historical volumes and charges and the current month's charge variance relative to a four month rolling average at the department level.
- **Registration Level:** Historical volumes and charges and the current month's charge variance relative to a four month rolling average at the registration area level.
- **Plan Codes Level:** Historical volumes and charges and the current month's charge variance relative to a four month rolling average at the plan code level.
- **Historical Usage:** Monthly inpatient and outpatient units at the department level for twelve months plus prior year's monthly average units in graphical form.

These reports are uploaded to the Revenue Cycle intranet site where the vice presidents, department managers and Revenue Cycle department staff can review them. The Revenue Cycle department follows up with the department administrators to discuss the reasons for the significant variances in their areas and works with them to develop and implement the needed corrective actions. The Revenue Cycle department then monitors the charges in areas where corrective actions have taken place to ensure that the problems have been resolved. It also assists in the development of work flows and revisions to departmental processes and systems.

Benefits:

By managing charge capture, Montefiore is able to identify and correct problems that may be affecting cash flow and reimbursement. These problems include:

- Areas not entering charges timely
- Charges not being entered
- Charges not transferring between systems
- Charges being entered and then reversed
- Usage on "inactivated" charge codes
- Implementation of incorrect prices
- Budgeted volumes not being achieved

The process of obtaining reimbursement for the care provided in hospitals is a complex interdisciplinary one, requiring that people and systems are effectively aligned.

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Charge Capture Process

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In addition the use of the monitoring reports helped when merging the charge description master (CDM) from a hospital that was added to the health system. Using the reports enables the identification of problems with the linkages between the two CDMs. Another benefit is the creation of a database of historical volume and charges that can be used for various types of analysis. Finally, the vice presidents and department managers appreciate receiving volume and charge information specific to their areas of responsibility.

Keys to Success

The charge capture management program has evolved since its inception. During that time, Montefiore constantly looked for ways to improve and build add on reporting functionality. Based on Montefiore's experience, a successful program should have the following four key features:

- **Someone needs to take ownership of the program.** The Revenue Cycle department at Montefiore owns this initiative. The Revenue Cycle department works with a vendor to obtain the reports each month, uploads the reports to our internal website, reviews each recipient's reports, follows-up with the recipients and provides assistance in addressing each significant variance. The Revenue Cycle department also takes responsibility for ensuring that any needed follow-up action takes place.

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Thank You to the HFMA Annual Meeting Sponsors

by Jay Patel

This year's annual Gulf Coast Meeting and Conference was held on May 14 and 15. It was a one and half day conference consisting of many speakers with a central theme of surviving the up and coming changes that healthcare is going to face.

As always the conference was made possible by sponsors, several of which had exhibits set up. Gold sponsors with exhibits included Benefit Recovery, Cardon Healthcare Network and Nearterm Corporation. **Benefits Recovery** is a company that works on denied insurance claims for all different types of hospitals and clinics regardless of payer. **Cardon Healthcare Network** helps resolve difficulties that arise with uninsured patients and helps facilities avoid unnecessary costs and reduce expenses. **Nearterm Corporation** provides organizations with qualified interim executives and managers to help stabilize the positions until filled by a permanent employee, and also consults with facilities with their revenue cycle.

BKD, MASH, PNC Financial Services Group were silver sponsors for the event. **BKD** is a company comprised of CPAs and advisors that help clients attain their objectives and look out for the organizations best interests. The **MASH** program provides services with extraordinary skills to assist uninsured patients by use of public benefit programs. **PNC** helps healthcare providers with receivables solutions, they help clients with billing, denial management and also convert paper remittances into electronic form.

Bronze Sponsors include CEX Financial, MemData, The SSI Group, and Acclivity Healthcare. **CEX Financial** provides back office support services and receivable management and collections. **MemData** offers research planning and procurement of capital equipment and their clients enjoy an 18% average savings. **The SSI Group** is leader in healthcare technology; they offer range of provider/payer/physician services for managing the revenue cycle. **Acclivity Healthcare** is a specialized healthcare recruiting and staffing firm that provides Executive Search, Direct Hire, Contract to Hire and Long Term Contract Services.



Member Spotlight: Roger Nauert



Roger Nauert is the co-chair of the Gulf Coast Chapter of HFMA's Newsletter Committee and is not only an accomplished Chief Executive Officer and consultant to healthcare industry executives, but he is also an author of more than 60 consultative publications within the world of healthcare financial management.

A graduate from the University of Chicago Business School and the Northwestern University School of Law, Roger's long and distinguished career has included roles within several governmental entities for the State of Illinois including Assistant Attorney General, Deputy State Comptroller and Chief Counsel for the Legislative Investigating Committee. His work for the State included the policymaking and reform for drug, healthcare, and Medicaid-related issues. Roger's involvement with healthcare became even more intimate as he took on the role of Director of Administration and Finance for the Health and Hospitals Governing Commission which was responsible for the Cook County Hospital System of Greater Chicago. His endeavors subsequently led him into a role as partner at Grant Thornton where he was responsible for planning, developing and managing all company services to the healthcare industry. After spending a few years at Grant Thornton, Roger took on simultaneous roles as both Chief Administrative Officer and CFO of the Detroit Medical Center and also as President of its for-profit business development corporation, DMC Healthcare Systems. Over the next decade, Roger led strategic planning and system development for both the Columbia-Presbyterian Medical Center and The Mount Sinai Healthcare Systems in New York City.

Ultimately, Roger's focus on strategic business planning, system development, operations and finance led him to his most recent role as CEO of Radius Health System where he lends his vast experience and expertise to healthcare executives in a number of areas including effective management services, strategic drive, high quality patient care delivery, expanded clinical capabilities and maximized profitability.

Roger's professional roles have not limited his involvement in many professional organizations over the years including the Healthcare Financial Management Association, American College of Healthcare Executives, The American Hospital Association, and the Medical Group Management Association. Roger is an advanced member of the HFMA and has served on President Richard Clarke's National Matrix. Over the years he has given frequent interviews and commentaries to the news media on noteworthy healthcare events and megatrends.



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Charge Capture Process

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- **Provide each recipient with information specific to his/her area of responsibility.** Each month, the recipients of the reports receive information *specific* to his/her area of responsibility. At Montefiore, each vice president has responsibility for select departments on the inpatient side and select registration areas on the outpatient side. Department administrators have responsibility for one or more departments. The vice presidents receive inpatient information for their departments and outpatient information for their registration areas. The department administrators receive both inpatient and outpatient information for the departments under their control.
- **The issues that need to be addressed should be highlighted and specific information should be provided to enable the recipients to take action.** It is important that the variances that need to be addressed are highlighted so that the recipients of the reports do not have to spend time trying to figure out where they need to focus their attention. It is also important to provide both high level and specific information with regards to variances. For example, it is helpful to know that -\$80,000 of a registration area's total charge variance of -\$95,000 is associated with one charge code.
- **The information should be provided in a user friendly manner.** Recipients need to be able to quickly and easily navigate through the information. The use of electronic reports with menus and point and click features helps greatly.

Conclusion

In order to determine where there are fluctuations in charge capture, it is important to develop reporting tools that can be produced timely, are accurate and most importantly, are user friendly, so they can be reviewed by all affected areas to assist in the determination of where there are known areas for follow up to review operational enhancements. By developing and expanding these reporting capabilities you can effectively manage the charge capture process.

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Oct/Nov/Dec	September 1
Jan/Feb/Mar	December 1
Apr/May/June	March 1

Submit articles (MS Word) or advertising (.jpg or .tif files) to the newsletter editor, **Tim Eng at tim.g.eng@gmail.com**.

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