The Chili Pepper Express Newsletter

April 30, 2011

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HFMA South Texas Chapter Office
P. O. Box 631206
Houston, TX 77263-1206
713.776.1314 office
714.776.1308 fax
www.stxhfma.org
Chapter Administrators:
Dean & Terry Newton

President's Corner

Brenda Cox
Chapter President
2010-2011

Happy springtime! This is one of my favorite times of the year, enjoying the budding flowers and trees and sunny days. I truly like to see what 'opens up' and begins to grow during this season. Our HFMA chapter has been growing during the early spring season, too!

Through great initiative, our membership committee, in particular Chris Snyder, has helped our chapter 'open up' to members via social networking sites such as Linked in, Facebook and Twitter. It is our desire to begin to share our chapter resources through these newly established networks. If you haven't already, friend us on Facebook, join the group on Linked in and follow us on Twitter in the coming months.

Thanks to our Statewide Program Committee members (John Montaine, David Glazener, Tammie Jackson and Patti Bethke), we just experienced an action packed educational session along with chapter members of Lone Star and Gulf Coast. Close to 400 attendees registered for our successful event.

Our chapter will also experience growth and change by electing new leaders in our officer and board of director elections slated for May 2 through May 12th. Please watch your email box for a message that contains a link to vote on our slate of new officers. These chapter members have 'Stepped Up' to dedicate their time, effort and expertise for our educational and social events. Please participate and show your support by casting your vote in May.

My final action as chapter president is to invite you to our annual chapter meeting in South Padre Island, May 26-27, 2011. We will host an afternoon of sessions on Thursday, followed by a Happy Anniversary happy hour at Louie's Backyard. Friday sessions include information about Accountable Care Organizations, Medicaid updates, and legislative information as well as a panel of experts discussing the relationship between quality and reimbursement. We will also be honoring five past chapter presidents with the Medal of Honor for their hard work and dedication to HFMA throughout their careers.

Please access our website at www.stxhfma.org for details and registration for our annual chapter meeting in South Padre. I hope to see many of you there so that I can say thank you for helping me grow during this past year.

On behalf of our chapter officers and board directors, I remind you that we are here to make your South Texas chapter an essential part of your successful career. It is an honor to serve you,

Brenda Cox, FHFMA
South Texas President

Meeting Calendar

Mark your calendars **NOW** so you won't forget to attend STX HFMA's meetings during the upcoming year. Our scheduled meetings are:

Date	Meeting	Location
May 18, 2011	Social Networking Event at Stonewerks at The Rim	San Antonio, TX
May 26-27, 2011	South Texas Chapter Annual Institute	South Padre Island, TX
June 26-29, 2011	2011 Annual National Institute	Orlando, FL
August 25, 2011	South Texas HFMA/Central Texas ACHE Joint Conference	Austin, TX
November 13-15, 2011	Region 9 Conference	New Orleans, LA

ANI: The Healthcare Finance Conference The 2011 ANI: The Healthcare Finance Conference will be held at the Gaylord Palms Resort and Convention Center, Orlando Florida from June 26-29, 2011.

Chapter Involvement Opportunities: The South Texas Chapter Needs YOU!!

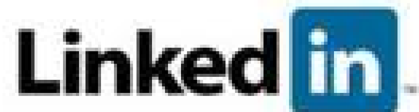
Attention members. Your Chapter desperately needs committed members to serve on key committees:

- **Sponsorship Committee**
  recruits sponsors and coordinates sponsorship activities
- **Certification Committee**
  teaches certification courses and proctors exams
- **Program Committee**
  develops agendas and recruits speakers for the Chapter's meetings
- **Newsletter Committee**
  drafts articles for the quarterly "Chili Pepper Express" newsletter
- **Membership Committee**
  recruits new members and manages social events for the membership

This is a great way to get involved, learn about the inner workings of the South Texas Chapter, make new friends, and position yourself to move up to a senior leadership position. Please contact any of the Chapter's Officers or Committee Chairs for more information. PLEASE VOLUNTEER TODAY!!!

HFMA South Texas Chapter Social Media

How to find and follow us on:



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Type "HFMA South Texas Chapter" in the "People" search box

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Click "Follow"

hfma south texas chapter

healthcare financial management association

2011 Annual Institute

May 26-27, 2011
Isla Grand Beach Resort
South Padre Island, Texas

Featured Speakers

John Hawkins - Senior V.P., Government Relations, Texas Hospital Association | John Hawkins is responsible for managing all aspects of THA's state andfederal advocacy efforts before the Legislature and regulatory agencies. Before joining THA, Hawkins served as a senior policy analyst for the Texas Sunset Commission, where he managed the performance reviews of state agencies. Hawkins also served as a legislative aide in the House of Representatives for two legislative sessions and worked as legislative liaison for the Texas Department of Information Resources for three sessions.

Peggy Deming -Executive Vice President and Chief Financial Officer, University Health System| Ms. Deming has over thirty years of health care experience in health care finance, Federal and State reimbursement, budgeting, cost accounting, decision support, managed care, business plan development and physician services. She has worked in public accounting with two of the National accounting firms and
worked for the Christus Healthcare System prior to joining University Health System. In her current position as Executive Vice President/Chief Financial Officer for the University Health System, she is directly responsible for the fiscal affairs of the Health System and the reporting thereof to the Health System's governing board and County Commissioners.
In addition, Ms. Deming serves as the Chair on the Hospital Payment Advisory Committee, member of the Medical Care Advisory Committee and a Hospital Reimbursement Advisory Workgroup for the Texas Health and Human Services Commission, and is the past Chair of the Board of Examiners of the Healthcare Financial Management Association. She currently serves on the Texas Hospital Association Policy Committees for Hospital Reimbursement Issues and Hospital Billing and Charges.

Cynthia A. Gray - Vice President Finance, Valley Baptist Medical Center - Harlingen, Texas | Mrs. Gray has been worked in the Texas healthcare market since 1998 and has been with the Valley Baptist Health System since 2008. Prior to serving in her current Health System role, Mrs. Gray was the Chief Financial Officer at Valley Baptist Medical Center-Harlingen. Valley Baptist Health System is one of the largest health systems in South Texas with more than 800 beds. Valley Baptist is a not for profit, faith based health system. Mrs. Gray is actively involved in community leadership roles and has previously served with the YWCA, United Way, and Junior Achievement. She is currently serving on several committees of the Rio Grande Valley Livestock Show, Mercedes, TX and, with her husband, as a Director of the Algodon Club, Harlingen, TX. Mrs. Gray is currently serving as a board member of the South Texas HFMA Chapter.

For details and registration information visit www.hfmatexas.org

Several Windows of Opportunity Close, But Options Remain

2011 Healthcare Financing Options

By Tanya K. Hahn

Reprinted with permission from Lancaster Pollard's "The Capital Issue" at www.lancasterpollard.com.

The end of 2010 saw the expiration of a number of options for hospitals seeking financing for capital projects. These temporary measures stemmed from the American Recovery and Reinvestment Act (ARRA) and other Congressional action, and they leave hospitals with yet another shift in the financing landscape that requires re-examination of available avenues.

Build America Bonds no longer exist (though legislation has been proposed to extend them), the higher bank-qualified bond limits authorized by ARRA have reverted to lower levels, and the Federal Home Loan Bank can no longer support tax-exempt hospital financing.

Yet the changes to these options have not left holes behind: rather, they leave a different set of financing options to consider in 2011.

While the loss of the ARRA provisions narrows the financial options available to hospitals seeking funding for capital projects in 2011, there are still ways to get projects done. A good knowledge of all other possibilities will be critical in obtaining required financing at reasonable terms.

Shifting Municipal Hospital Solutions

In 2009 and 2010, Build America Bonds (BABs) provided governmental hospitals with a 35% subsidy on their interest cost. The program was designed to provide an alternative to tax-exempt bonds, which were not – and still are not – providing the interest rate advantage they traditionally have.

In 2011, municipal hospitals in strong communities can try to leverage taxing authority and government relationships to reduce interest rates. They can consider issuing rated or unrated bonds, or pursuing enhancement to improve a credit rating. Some communities may have unfunded general obligation monies that could be applied to a hospital project without a new taxpayer vote. Hospitals seeking new general obligations must be mindful of the time necessary to bring a vote to the ballot; this is generally not an option for projects with a rapidly-approaching start date.

Bond insurance is still available to government hospitals that can back the insurance with a general obligation pledge, though generally the bond insurer will limit the enhancement to hospitals with revenues of over $50 million.

It is critical for hospitals relying on their tax bases to "stress test" their debt capacities prior to issuing bonds or seeking credit enhancement. Evaluate the impact of a material drop in the tax base on the current operations cushion and on the ability to repay the planned debt. In addition, the amount of debt per capita will be a major issue for investors and rating agencies if the project is located in an area where employment opportunities are concentrated among a small number of employers.

Federal Home Loan Bank Credit Enhancement: Taxable vs. Tax-Exempt

The Federal Home Loan Bank (FHLB) consists of 12 independent entities that lend to local community banks. Most are rated AAA. For the past couple of years, the FHLBs have been permitted to credit-enhance a hospital's tax-exempt debt when an unrated or low-rated bank provided a letter of credit. This meant local banks could provide hospitals investment-grade credit enhancement usually available only from larger banks. A local bank's familiarity with a hospital's community impact may make it more willing than a large bank to participate in a project.

In 2011, the FHLB can still enhance hospitals' taxable debt issuances, but not tax-exempt debt. Since fixed-rate tax-exempt debt is not providing the cost break it usually does, the taxable FHLB option is still a good one. Further, taxable bonds require fewer upfront closing costs, and there are fewer restrictions on the use of bond proceeds.

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Several Windows of Opportunity Close, But Options Remain

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This is a lesser-known option that may require investigation and research on the part of the borrower and the local bank, which will have to consider the implications of posting collateral for the letter of credit.

Bank-Qualified Bonds: Lower Limits Encourage Creative Thinking

When tax-exempt bonds are designated bank-qualified, banks can deduct 80% of their cost of buying and carrying them. Banks pass along the savings to borrowers by way of a reduced interest rate. Normally, only $10 million can be designated bank-qualified by any bond issuer in one year, meaning if a municipality had commitments for the full amount of this limit, the hospital would be shut out of funding from that source that year. While ARRA increased this limit to $30 million and applied the limit to the borrower, the limits reverted to normal levels after Dec. 31.

Borrowers can get creative, though, by looking for bond issuers other than the hospital's traditional municipal source. If hospitals can find more than one issuer with bank-qualified capacity, they may be able to combine those sources to overcome the $10 million limit. Hospitals should keep in mind that the more funding sources involved, the more legwork and project management required.

Alternatively, hospitals can consider phasing their projects over multiple calendar years to stay within the $10 million limit. The risk in this scenario is, as always, market movement and changes in interest rates.

Additional Alternatives

Numerous other options are still available in 2011for both municipal and nonprofit hospitals, and they can be used on their own or combined to create an affordable, tailored debt structure.

Federal financing remains a viable option through both the Federal Housing Administration (FHA) and the U.S. Department of Agriculture. The FHA's mortgage insurance program is available for both new construction and, as of 2010, for simple refinances. And in 2011, the USDA offers both its Business and Industry Program and its Community Facilities Program for hospitals in communities of less than 50,000 people for the former and 20,000 people for the latter. These structures provide credit-enhanced debt with amortizations of up to 25 years for FHA and 40 years for USDA. Underwriting standards for these programs necessitate the utilization of a lender familiar with the programs' requirements and limitations who can compile a credit package that accurately describes the hospital's strengths and goals.

Private placement of bonds has been a successful structure for several hospitals despite the markets. This path requires a lender with a firm grasp on local, regional, national and international banks' appetite for purchasing certain types of debt. Lastly, off-balance sheet financing and Real Estate Investment Trusts are also potential 2011 financing alternatives.

Thinking Ahead

The coming year brings numerous challenges. Access to capital will be competitive, particularly given the unusually high number of letters of credit expiring in 2011 and 2012, bringing borrowers to market to seek either extensions or revised debt structures. Some borrowers are in the position of needing to finance in 2011, but they may not be able to access the ideal debt structure at an affordable cost of capital. For these borrowers who must proceed with financing at less-than optimal terms, special consideration should be paid to incorporating flexibility into debt covenants, prepayment penalties and other terms. The borrower may find that paying a higher interest rate is worth the benefit of future flexibility to refinance early. Borrowers may also be able to negotiate smaller periodic enhancement fees, rather than annual fees, to smooth cash flows. While the loss of the ARRA provisions narrows the financial options available to hospitals seeking funding for capital projects in 2011, there are still ways to get projects done. A good knowledge of all other possibilities will be critical in obtaining required financing at reasonable terms.

Lancaster Pollard Investment Advisory Group helps nonprofit organizations identify their true risk tolerance and appropriately manage their portfolios. Contact them at (614) 224-8800 or visit www.chiefinvestmentofficer.com for more information.

40th South Texas HFMA Charter Year Celebration

Thursday, May 26
6:00 pm
Louie's Backyard
2305 Laguna Blvd.
South Padre Island

Networking happy hour with friends and a beautiful bay sunset!

RSVP when registering to attend South Texas SPI at www.stxhfma.org

Register Now for HFMA's 2011 ANI: The Healthcare Finance Conference

Join us in Orlando, Florida June 26-29, 2011 for a powerful line-up of best-practice sessions led by industry leaders and covering important topics such as Reform, Value, Clinical Transformation, Accountable Care, and Revenue Cycle. In addition, multiple networking opportunities and 27.5 CPEs ensure a valuable experience.

Become CHFP Certified

HFMA's CHFP (Certified Healthcare Financial Professional) certification is intended for mid-level healthcare professionals with a minimum of 3-5 years experience. Becoming certified distinguishes you a leader as well as a role model in the healthcare finance community. Earning the CHFP credential enhances your credibility, supports your professional development, demonstrates a high level of commitment to the field, and validates your skills and knowledge.

The CHFP Certification Program is Online January 2011

We've made the process of certification more convenient. Beginning January 2011 the requirements to becoming CHFP certified are:

- Active regular or advanced HFMA membership*
- The title Manager and above or equivalent
- The successful completion of one comprehensive certification exam

Also new for 2011, CHFP preparation and study materials will now be available online.

To learn more about becoming certified, visit **www.hfma.org/certification.**

To review FAQs about the program changes, visit **www.hfma.org/certificationFAQ.**

**The two year HFMA membership requirement has been dropped*

ANI: THE HEALTHCARE FINANCE CONFERENCE

REFORM
VALUE
CLINICAL TRANSFORMATION
ACCOUNTABLE CARE
REVENUE CYCLE

REGISTER NOW

JOIN HFMA AND SAVE ON YOUR REGISTRATION

HIGHLIGHTS AT ANI 2011

- Powerful Keynote Speakers
- Highly rated Featured Speaker Track
- 27.5 CPEs, 82 best practice sessions
- Networking with 400 solution providers in ANI's Exhibit Hall

Waste Not, Want Not

Tuning up the Revenue Cycle for Healthcare Reform

By Victoria Bergmans, MBA, CHFP

Are the people, processes and technology that make up your revenue cycle functions ready to take on healthcare reform? As we are all aware, the Patient Protection and Affordable Care Act includes a mandate that will require 30 to 40 million, currently uninsured individuals, to obtain health insurance coverage. With approximately 95% of the U.S. population covered by private or government administered health insurance in 2015, the revenue cycle will be strained with the anticipated growth and expansion of healthcare demand. At the same time, healthcare delivery systems will be adapting to health insurance exchanges, payment reform initiatives, increased regulation and the transition to ICD-10-CM. It is now more critical than ever to examine and identify less than optimal revenue cycle workflows. Efficient infrastructure and processes, to ensure timely submission of a clean claim, which is paid in full on the first transmission, will be crucial for cash flow.

Lean Manufacturing (Lean) is the perfect tool to actively engage team members to seek out and eliminate waste in the revenue cycle workflow. Lean is often mischaracterized as being a cost reduction strategy when, in actuality, it is a continuous process improvement system, that quite often reduces cost. I was exposed early in my career to the ideas of Dr. W. Edwards Deming, an American statistician and quality guru, whose principles became the foundation of the Toyota Production System (TPS) or Lean. Having attended graduate school in western Michigan, the headquarters for worldwide furniture manufacturers, Steelcase and Haworth, I had the opportunity to gain first hand insight into process improvement methodologies. As a Practice Administrator working in the healthcare sector, I had no idea how much value stream mapping and measurement of outcomes, in the manufacturing sector, would influence my approach to providing financial leadership to healthcare entities.

The main objective of TPS /Lean is to provide the best possible service to the customer through the elimination of all forms of waste. Let's start out by defining waste as anything that adds cost or time without adding value. Defining value is a little more difficult, so for the sake of simplicity, we will use the TPS definition of value, which is defined as something the customer is willing to pay for. The first step in eliminating waste from the revenue cycle is to develop a process map of how the current process **really** flows, starting with patient access through account resolution. Once you have a true depiction of the current process, each activity in the current process is identified as a value adding task or non-value adding task. There will be some non-value adding tasks that are necessary to meet business or regulatory requirements but do not add value. For example, submitting claims electronically through a clearinghouse is a necessary part of the revenue cycle but does not add value to the customer. Sending paper claims directly to the payor, when electronic submission is an option, does not add value to the customer or to the practice and would be considered waste.

• OVERPRODUCTION	• OVERPROCESSING
• WAITING	• UNNECESSARY INVENTORY
• EXCESS MOTION	• DEFECTS/ERRORS/RE-WORKS
• TRANSPORT	• UNDERUTILIZED PEOPLE

So what exactly constitutes waste? Waste is identified as a non-value added task, not necessary for business or regulatory reasons. Lean philosophy breaks waste down into 8 categories. Once team members understand the 8 categories of waste, they can begin to identify and eliminate waste from the revenue cycle workflow.

The 8 categories of waste are:

Overproduction refers to producing work or providing a service before it is required or requested. Examples of overproduction include redundant work, such as entering repetitive information on forms, printing extra copies of documents, and multiple team members performing the same task due to lack of clear ownership of the function.

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Waste Not, Want Not

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Waiting includes anything that interrupts the workflow and causes a delay in the next processing step. Examples include patients waiting to see the provider, insufficient number of software licenses and waiting for charges to be entered in the EPM/EMR. Backlogs and bottlenecks in the process are usually associated with waiting.

Excess Motion is any movement that does not add value or reverses the process flow. Examples include patient registrars walking to the copy machine to make copies of patient information, looking for misplaced documents and inconsistent changing between computer screens when inputting data in EPM/EMR.

Transport waste in the revenue cycle involves less than optimal flow of data and people. Examples include re-entering data between incompatible systems (EPM and clearinghouse), work being passed back and forth for clarification and outdated procedures/lack of clarity.

Overprocessing waste occurs when more steps than necessary, to add value to the customer, are included in the process. Examples include excessive paperwork, gathering irrelevant information and submitting duplicate claims to the payor.

Unnecessary Inventory includes the usual inventory items, as well as inefficient use of time. Examples include outdated forms/manuals, unnecessary e-mail/paperwork, and work in progress (outstanding encounters and discharged but not final billed claims).

Defects/Errors /Re-works are mistakes that were not corrected at the source and require additional attention. Examples include not obtaining the correct patient demographic information, not setting up payors in the clearinghouse and submitting claims to the incorrect payor.

Underutilized People are defined as not using team member skills to their potential. Lean work teams are seen as a resource to be developed and well trained in their functions (1). Examples of underutilization include the supervisor correcting patient insurance information in EPM, management not including the team members responsible for a task when evaluating process improvements opportunities and supervisor not training team members to use the functionality of EPM.

Teamwork and a common focus are essential elements to streamlining your revenue cycle workflow. Lean helps you look at your revenue cycle workflow from a holistic point of view, as opposed to individual steps. By mapping out your current process, you are able to see the interaction between all activities and identify where insufficient processes result in delays, duplication of efforts and errors or "waste." Applying Lean to your revenue cycle workflow will eliminate waste, which will accelerate cash conversion and liquidation of accounts receivable.

References

1. Dibia, I. and Onuh, S. (2010). "Lean Revolution and the Human Resource Aspects." Proceedings of the World Congress on Engineering 2010 Vol III WCE 2010, June 30 - July 2, 2010, London, U.K.

For more information, please contact Victoria Bergmans at 512.517.5074 or victoria@austin.rr.com.

Experience the Value. Value the Experience.

HFMA is committed to being the indispensable professional resource for healthcare financial managers. You can see it in the comprehensive resources HFMA provides to help you take advantage of opportunities for revenue growth and cost control, navigate regulatory compliance issues such as healthcare reform and HIPAA, avoid labor shortages, maximize information technology opportunities, and position yourself and your organization to benefit from the changing economic environment.

You can also see it in the way HFMA provides information. In a given month, visitors to HFMA's website (www.hfma.org) will view more than 300,000 pages of HFMA content. E-bulletins, such as *HFMA's Healthcare Finance Strategies* and *Weekly News*, keep HFMA members informed on current topics, regulatory changes, and what is coming over the next hill.

HFMA's education curriculum includes conferences, seminars, and the Annual National Institute. In addition, distance-learning options include e-learning, virtual conferences, and webinars. HFMA will even bring education programs onsite to organizations, when needed.

The South Texas Chapter is now a LinkedIn Group! Under the direction of Christopher Snyder, the South Texas Chapter has begun a LinkedIn site to enhance member communication and serve as a resource for industry trends and issues. The guidelines for membership are shown below. Join now!

GUIDELINES

Mission Statement: provide HFMA South Texas Chapter members with an exclusive, professional site to exchange quality information without solicitation to gain knowledge of current industry trends and issues.

Eligibility to join site

South Texas Chapter member (provider and vendor)

Vendors must be sponsor of chapter or Texas state-wide

Non-member

Anyone employed by a provider that is in our geographic area

Vendors that sponsor chapter or Texas state-wide

Industry experts that will provide quality information

Keynote speaker candidates for conferences

No vendor solicitation of any kind

Only sharing of quality ideas and articles pertaining to the latest healthcare industry trends and issues

No self-serving objectives

Reoccurrence will result in being removed from site

Vendor campaigns to promote services will be held on a monthly basis

Must be a chapter member and sponsor to be eligible

Editor's Alley

As this is my last issue as editor of the Chili Pepper Express, I would like to thank the membership for their kind (and constructively critical) words over the past two years. I have enjoyed the opportunity to serve the chapter and it has been an educational and enjoyable experience for me.

Christopher Snyder will be taking over as the Chair of the Communications Committee which will include oversight of the Newsletter as well as the new social media offerings. Congratulations and Good luck!

Christopher Janik
christopher.janik@christushealth.org
Newsletter Chair

Robert Husted
RHusted@seton.org
Newsletter Committee

Does the Revenue Cycle Impact the Total Patient Experience?

And

Are Hospitals Missing the Financial Opportunity?

By: Steve Chrapla, Director Third Party Solution at Revenue Cycle Partners

According to Jennifer Robinson, Senior Editor for the Gallup Management Journal, "for over 20 years or so, healthcare organizations have realized providing exemplary medical care isn't enough to engage hospital patients. That's because, from the patient's perspective, excellent medical attention is the least a healthcare organization can offer. Many hospitals recognize this and now focus on the patient experience."

So what is the "Patient Experience"?

The Beryl Institute collaborated with healthcare professionals and practitioners at hospitals around the county to develop a definition.

Patient Experience- *The sum of all interactions, shaped by an organization's culture, that influence patient perception across a continuum of care.*

This statement and effort is so powerful that 93% of healthcare leaders say patient experience is among their top 5 priorities. Additionally, HealthLeaders Media Patient Experience Leadership Survey indicated 45% of healthcare executives see this as a priority 5 years from now.

As consumers spend more and more of their disposable income on monthly health insurance premiums, higher co pays and out of pocket expenses, they are demanding more from their chosen "provider." In addition, the landscape around experience in healthcare is shifting dramatically in part due to the Hospital Consumer Assessment of Healthcare Providers and Systems survey (HCAHPS) and the pending value-based purchasing program that will link payments to clinical care. This will, in the future significantly impact the market basket index, that is used to annually adjust the Medicare Inpatient Payment Rates. The level of reimbursement hospitals receive from their largest payer will be directly tied to the HCAHPS survey. Healthcare economists are advising hospitals with the advent

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Does the Revenue Cycle Impact the Total Patient Experience?

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of healthcare reform and future reimbursement levels, one of their financial objective hospitals will need to achieve is to generate positive returns under government reimbursement policies. This places increased significance on the outcomes of HCAHPS surveys and hospitals will need to take a more proactive step in managing their operations as they are reflected within the survey.

Make no mistake collecting everything that is due is important but realize the collection of an out of pocket patient liability or even one entire patient account balance has far reaching effect on greater future reimbursements.

The HCAHPS survey consists of 27 questions that cover everything from the cleanliness of the patient room, to nurse-patient communication, to pain management. However there are 2 questions, by their nature transcend the entire spectrum of the healthcare delivery system.

- Rate the hospital on a scale from 0 to 10.
- Would you recommend the hospital?

The responses to these questions can definitely be impacted by the administrative processes within the Revenue Cycle. Remember the revenue cycle representatives are usually the last contact with patients upon completion of their healthcare experience. While the time line for the HCAHPS survey requires the survey to be administered within 6 weeks of discharge, there is ability, for a deliberate focus on the patient interactions by the revenue cycle representatives, stressing the organization's culture and responsiveness to assist with the administrative challenges patients deal with, to influence the patient's perception of the hospital. This is not only good business sense from an accounts receivable management position but also allows for a world class customer service environment that is proactively managing the patient's account portfolio. In contrast to an approach that just puts out the fires and is limited to responding to questions and focused only on the immediate collection of a debt. Make no mistake collecting everything that is due is important but realize the collection of an out of pocket patient liability or even one entire patient account balance has far reaching effect on greater future reimbursements.

In fact hospital revenue cycle representatives are the final personal touch points that usually occur between patients and the hospital.

You need to ask these questions.

- Are these touch points/encounters being used to positively support the hospital's mission statement?
- Is there active participation with patients during these encounters to shape the hospital's reputation and brand?

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Does the Revenue Cycle Impact the Total Patient Experience?

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The answer to these questions all center around how to guide the patient's journey through the healthcare reimbursement maze to find the most appropriate solution for the patient's situation. This journey can be accomplished through the use of specific tools that focus on enhanced communications and a comprehensive resolution of the patient's account. By using people-driven, technology supported services you can achieve a high level of patient satisfaction. Through this satisfaction you can enhance both patient and physician loyalty to the hospital.

Remember your reputation matters and what your patients are saying is crucial and these experiences are still to be formed long after the patient leaves the hospital.

The loyalty of these patients can unlock huge future potential revenue sources. The patient life time revenue value is the amount of revenue a patient can expect to generate for a hospital over their lifetime if they choose to utilize the same hospital for all the medical needs. With the impact of consumerism in healthcare this lifetime revenue value is becoming an important part of hospital's reputation management process and strategic marketing initiatives.

What are things you need to do to maximize the revenue cycle impact on the patient experience as well as protect your future patient lifetime revenue potential?

- Educate all employees of the patient experience initiatives especially the revenue cycle representatives and their impact on the outcomes.
- Create an environment that fosters patient loyalty as a critical outcome.
- Design a patient centered revenue cycle process that is focused on customer service excellence while resolving all patient concerns.
- Integrate HCAHPS survey completion within the patient revenue cycle communication process.
- Utilize technology to support the customer service function with call centers personnel trained and motivated to achieve established goals.
- Insure all third-party service providers are fully supporting your mission and your initiatives to enhance the patient experience.
- Explore social media sites to communicate your message and encourage patients to be positive spokes persons for your organization.
-

Remember your reputation matters and what your patients are saying is crucial and these experiences are still to be formed long after the patient leaves the hospital. That is why revenue cycle operations are critical to effective Total Patient Experience initiatives.

Revenue Cycle Partners, a division of Avadyne Health provides customer service solutions for hospitals nationally that improve profitability while enhancing the Total Patient Experience. Call Steve Chrapla at (847) 395-7655 to learn more about our Patient Experience and Reputation Management programs and how they can assist your organization.

South Texas Chapter-Key Contacts

Chapter Officers

President
Brenda Cox, FHFMA
Practice Manager for Pathology Groups
Pathology Resource Consultants
Phone: (512) 496-9989
bcox@onr.com

Vice President
Tammie Jackson
TransUnion
Phone: (281) 610-0802
tljacks@transunion.com

Treasurer
Sandra Melendez, FHFMA
Pharmacy Business Manager
Valley Baptist Medical Center
Phone: (956) 389-6094
Sandra.strickland@valleybaptist.net

President-Elect
David K. Glazener, CPA
Controller
Central Texas Medical Center
Phone: (512) 753-3677
David.glazener@ahss.org

Secretary
Jeannine Ruffner
Vice President
HealthTexas Medical Group of San Antonio
Phone: (210) 731-4848
Jeannine.Ruffner@healthtexas.org

Past President
John T. Montaine, MBA, FHFMA
NHPN
jtmontaine@sbcglobal.net

Directors and Chairs

Director
Lorenzo Olivarez, Jr., FHFMA
South Texas Health System
Phone (956) 388-2126
loreno.olivarezjr@uhsrgv.com

Director
Jimmy Mendez
CHRISTUS Health
Phone: (210) 321-8008
jimmy.mendez@christushealth.org

Program Chair
David K. Glazener, CPA
Central Texas Medical Center
Phone: (512) 753-3677
David.glazener@ahss.org

Director
Patty McCarroll
University of Texas Health Science Center
mccarroll@uthscsa.edu

Director and Sponsorship Chair
M. Glen Boles, CHFP, FACHE
Valley Baptist Med Center Brownsville
glen.boles@valleybaptist.net

Program Co-Chair
Tammie Jackson
TransUnion
Phone: (281) 610-0802
tljacks@transunion.com

Director and Newsletter Chair
Christopher S. Janik, MBA, CHFP
CHRISTUS Spohn Health System
Phone: (361) 881-3704
Christopher.janik@christushealth.org

Director and Sponsorship Co-Chair
Cipriana Zamora
Doctors Hospital at Renaissance
Phone: (956) 362-3069
c.zamora@dhr-rgv.com

Director and Founders Contact
Robert J. Scofield, Jr., CPA
San Antonio AirLife
Phone: (210) 233-5802
bob.scofield@txairlife.com

Director
Wesley Fountain, CHFP
St. Davids South Austin Hospital
wes.fountain@stdavids.com

Membership Chair
Clint D. Owen
Cymetrix
Phone: (409) 724-1675
Clint.owen@cymetrix.com

Certification Chair
Lenora Johnson, CHFP
University Health System
Phone: (210) 394-1521
durango500@sbcglobal.net

Other Happenings:

“Other Happenings” is where we will list educational and networking opportunities in collaboration with other HFMA Chapters, primarily the Gulf Coast and Lone Star Chapters here in Texas. We will work in conjunction with the Newsletter Chairs from these Chapters to provide you with as many educational opportunities as possible.

Lone Star Chapter HFMA Events:

A full schedule of Lone Star events can be found at

http://www.lonestarhfma.org

Lone Star Summer Institute | Annual Meeting
Dallas, Texas
Thu, May 19th 2011, 07:45

HFMA Lone Star Chapter Summer Institute | Annual Meeting
May 19 to 20, 2011
La Cima Club
5215 North O'Connor Rd. | Irving, Texas

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