



Gateway Gatherings

President's Message

Barbara Smallwood
Chapter President



Happy New Year! I hope all your holidays with family and friends were wonderful. As this New Year starts think about getting involved and making the best of you membership.

As we move into 2013 we are starting to prepare for the 2013-2014 fiscal year. Tom Sale has been very busy identifying members who want to take on the responsibilities of being committee chairs and co-chairs. Tom is working on positions that will attend Leadership Training conference (LTC) in April. Tracy Packingham has sent out a call for volunteers. Please let Tracy or Tom know if you want to be put of these amazing chapter leaders, Committee Chairs or co-chair. You should have received a ballot for 2013-2014 membership year.

There is a need to inform the Chapter that we have undergone a change with the Chapter officers. Rebecca Welker our Vice President, made the decision to resign her position. Rebecca has made numerous contributions to the Chapter over the last few years. She has assisted in making our efforts to provide education opportunities to our members successful. The Board has voted that Amy Richter was appointed as Vice President. I wish to extend my gratitude once again to Rebecca for her service and to the Board for their leadership during this transition.

Connie Stimpson has devoted a great deal of time getting the membership directory completed along with her committee. This

will be the last year we print the membership directory. Please note that all names, title, addresses, phone numbers, and e-mail address are pulled directly off the National HFMA data base.

We are on track to submit several applications for many of the accomplishments of our chapter for this year. Karen Schechter and Joe Salmo will be working with each member submitting an application.

Amy Richter and the program committee are very busy working towards successful educational programs. Make sure you check out our upcoming programs and the Spring Conference. Also look for information regarding the Region 8 conference, along with all the amazing programs Amy's committee is working on. Did you know that National HFMA has 70 recorded on-demand webinars? These webinars are FREE to HFMA members. This is a great educational opportunity available to you. Please review the virtual conference announcement also in this newsletter.

Lastly, I would like to thank our members, our sponsors, and our chapter volunteers for all that they do. Our chapter can't be successful without you.

Sincerely,
Barbara Smallwood, President



Inside this issue:

| | |
|--|------|
| Officers, Board Members & Committee Chairs | 2 |
| Sponsors | 3 |
| New Member Profiles | 4 |
| Happy Birthday, John McGuire | 5 |
| Chapter Updates | 6-8 |
| Denial Management | 9-10 |
| MHA Update | 11 |
| Legal Lines | 12 |
| Upcoming Events | 13 |



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From the Editor...

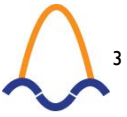
I hope you all enjoy this Winter issue of the newsletter as much as we've enjoyed a few 60 degree weather days in January! Our chapter leaders are ready to start the year off right with several educational events coming your way. Be sure to check out all the details in this newsletter on the upcoming events and get registered. And, don't forget, it's always a good time to be thinking of articles or items you would like to see in this newsletter. Please contact me at anytime if you have comments, questions or ideas , lsuelmann@amdcpa.com. Thank you!

Publication Dates and Deadlines:

Spring Issue

April 15
Deadline for Articles

April 30
Publication Date



Thank You to our 2012-2013 Chapter Sponsors

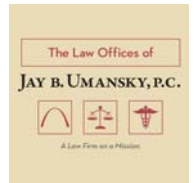
Diamond



Platinum



Gold



Silver



Bronze



New Member Profiles

The Membership Committee is pleased to welcome several colleagues as new members of the Greater St. Louis HFMA Chapter, those that filled out the new member profile will be featured in each newsletter. Please welcome our new members at the next upcoming HFMA event.

Matthew Cipra, The Claro Group

Lisa McQuade

Constance Demetrulias, VHA

Garrick Mueller, SSM

Rock Erekson, Pavilion Services

Colleen Murphy, HCFS, Inc

Frances Jackson, SSM

Lori Norton, Health Management Associates

Nick Koenemann, Marsh

Christopher Renz, Ascension Health

Rock Erekson

Pavilion Services - Chief Executive Officer

Tell us about your job responsibilities:

Pavilion Services is a Management Services Organization based here in St. Louis. It is my job to align the organization to help Doctors be Doctors by providing the planning, implementation and operations of back office functions of medical practices. Growth in this turbulent environment is always challenging but rewarding.

activities. **Music:** Cello **Art:** Water, Oil and acrylic landscapes. **Community/Church:** Service.

Why did you join HFMA?

Networking: The quality people I know who are and have been involved and Education: the dynamic educational programs provided.

Education:

UTAH STATE UNIVERSITY, Logan, Utah
MBA 1985
BS Business Administration with emphasis in Finance and Personnel, 1978

Tell us something about yourself that most people do not know:

I am a Commissioned Kentucky Colonel – This is a service organization based in Kentucky, Certificate signed by the Governor and awarded by the physicians I worked with as I was leaving Kentucky for another opportunity in 1994. This is the same organization which gives the famous Colonel Sanders (ala KFC fame) his Colonel designation; but I do not fry chicken, sorry.

Family:

Wife Joy, Six children and eight grandchildren (this week!)

Hobbies/Interests:

Family: Grandchildren and extended family



Nick Koenemann

Marsh & McLennan Companies, Healthcare Client Executive

Tell us about your job responsibilities:

I am responsible for developing and managing clients in the Healthcare industry. I work with healthcare organizations to analyze hazard, financial, operational, and strategic risks and to develop the innovative solutions that help my clients avoid, mitigate, and/or transfer their risk exposures.

Hobbies/Interests:

Fundraising for charitable organizations, golf, and traveling

Why did you join HFMA?

I joined HFMA to participate in educational programs to continue to build my knowledge in the healthcare industry and network with other members.

Education:

The George Washington University – School of Business, BBA - Finance

Tell us something about yourself that most people do not know:

I have traveled to more than 15 different countries.

Family:

Wife: Erin Koenemann

The Battle Hymn of The McGuire

(to celebrate John McGuire's 65th birthday)
(sung to the Battle Hymn of the Republic)
BY DON STONE

Happy Birthday

MINE EYES HAVE SEEN THE GLORY OF WHAT ONCE WAS JOHNNY MAC.
NO ONE WAS FASTER WITH A QUIP' OR ANSWERING A CRACK.
BUT NOW HE'S SLOWED, RESORTING TO OLD PUNS FOR HIS ATTACK

BUT HIS FEET KEEP DANCING ON

REFRAIN:
GLORY...GLORY...JOHNNY MAC IS 65 NOW
GLORY...GLORY...JOHNNY MAC IS 65 NOW
GLORY...GLORY...JOHNNY MAC IS 65 NOW
BUT HIS FEET KEEP DANCING ON

HE'S REACHED A LIFETIME MILESTONE OR SO WE'VE ALL BEEN TOLD,
I'M NOT SURE WHAT IT REALLY MEANS EXCEPT, HE'S NOW QUITE OLD.
HIS LIFE IS MOSTLY OVER --- NOTHING MUCH LEFT TO UNFOLD

BUT HIS FEET KEEP DANCING ON

REFRAIN (To be sung again here.)

HE'S JOINED A UNIQUE COMPANY INCLUDING MOST OF US
WE'D ALL STAND UP AND WELCOME HIM, 'CEPT STANDING'S SUCH A FUSS.
HIS NEW LIFE GOAL IS SIMPLE --- IT'S TO LIVE TO 65...**PLUS.**

BUT HIS FEET KEEP DANCING ON

REFRAIN (To be sung again here.)

REMEMBER ALL THOSE PARTIES WHERE JOHN DANCED UNTIL THE DAWN.
REMEMBERING IS ALL HE'S GOT 'CAUSE SON, THOSE DAYS ARE GONE.
HE'LL SOON BE REALLY LUCKY JUST TO WALK ACROSS HIS LAWN,

BUT HIS FEET KEEP DANCING ON

REFRAIN (To be sung again here.)

(Last stanza sung REALLY slow)

AND NOW HIS DAYS ARE NUMBERED, JOHN IS NEAR THE EIGHTEENTH HOLE.
HIS CHALLENGES ARE CHANGING AS HIS LIFE STARTS TO UNROLL.
WE'RE PROUD TO SAY WE KNEW HIM WHEN HE HAD BLADDER CONTROL

BUT HIS FEET KEEP DANCING ON....

REFRAIN (Big Finish)





Program/Education Committee 2012-2013

Amy Richter



As we head into the winter months, we would like to point out that our Winter Coding Classes have been restructured to provide more classroom hours for attendees. The new classes have already begun and will run through the 3rd week of April on Tuesday and Thursday evenings. For the 2013-2014 education year, we will be offering three coding classes, Spring 2013, Fall 2013 and Winter 2014. Please watch for the new coding class brochure on our website.

Our December 6th holiday party was held at Sam's Steakhouse. A "no cost" education program was offered prior to the holiday event entitled Communications in a Social World. Heather Meng Schowalter with Summit Marketing presented to the group. The event was well attended and the food/company wonderful.

The January 22nd Revenue Cycle Program was held at St. Luke's Hospital. Vince Koch, VP CSI Financial Services, LLC presented on Increasing Net Recovery and Improving Patient Satisfaction. Dr. Ronald Hirsch, VP Regulations and Education Group with Accretive Health spoke on Bridging the Gap Between Case Management and the Revenue Cycle.

Key programs offered through April 2013: Legislative Update - February 26th, Insurance Payor Panel - March 26th and the Compliance Program on April 25th. For a full calendar listing of our educational events through April 2013, please visit the Greater St. Louis Chapter website at: www.hfmastlouis.org.

HFMA Region 8 monthly webinars continue to run on the 3rd Tuesday of each month from 12:00-1:30 p.m. through April, 2013. Please check our chapter website calendar for details of the monthly webinar topics. We hope you will be able to dial in for these webinars periodically as many of them are of little or no cost to our members.

Also, we participate in conjunction with the Illinois HFMA chapter, in their monthly webinars. These webinars are held on the 2nd Tuesday of each month from 12:00-1:00 p.m. through April, 2013. The topics are posted on our chapter's education calendar on our website.

Also, please don't forget about the many free webinars and downloads through HFMA National's website. Please visit www.hfma.org and click on Education. Our chapter receives education hours for all of our members who access these learning opportunities. Also, please remember to register for HFMA National's Virtual conferences held on February 6th, April 11th, July 17th and October 16th. These are wonderful opportunities for our members to gain free education hours. Please visit National's website for more information.

We hope to continue the momentum as we head into the winter season. Many of the programs we formerly offered in the fall, have been moved to the winter months in 2013, due to scheduling conflicts and/or changes in conference dates. We want to encourage everyone to review the calendar of events to ensure that you take advantage of the many educational offerings that will be held in 2013. We look forward to seeing you at our upcoming events.

Amy Richter, FHFMA, CPA, CGMA

Vice President and Program/Education Committee Chair 2012/2013

Greater St. Louis Chapter Board Director

[Www.hfmastlouis.org](http://www.hfmastlouis.org)

The new HFMA website has been unveiled and is ready for it's members to use! The new design and functionality provides a much better user experience, making your time spent on the site more enjoyable and productive! Some points of interest are: Online Directory, Links to National, Interactive Calendar, Career Center and Event Photos. Thank you Chastity Werner and Jessica Johnson for all your hard work!

Chapter Updates

Chapter Awards Recognition Night: April 18

Theresa Kipper

Awards Celebration Night- Make Your Reservation!

Bravo! Bravo!



It's time for the Greater St. Louis HFMA Chapter to recognize its superstars for the 2012-2013 year. Come to the Fourth Annual Spring Awards Program when we distribute President's Awards, Certified Member Sponsor of the Year, Recruiter of the Year, Committee Member of the Year, Committee Chair of the Year, New Member of the Year and other special recognitions.

We also have a few other surprises you won't want to miss, including the opportunity to win attendance prizes!

April - exact date TBD
Dinner and Drinks
5:00 - 8:00
Favazza's at 5201 Southwest Ave

(Awardee reservations are complimentary.)

For questions, contact [Theresa Kipper](#) or 314-523-8791.

MidAmerica Summer Institute: August 21-23

Tracy Packerham

HFMA Region 8 is proud to announce some of the Highlights for our upcoming Conference held at the Ameristar in St. Charles, MO - Mark your calendars now!

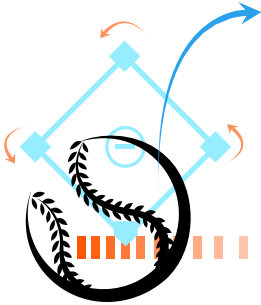
Key Note Speakers:

Darryl Strawberry, 4 World Series Titles - NY Mets
Tony DiCecco, Former Women's Basketball Coach at UNI

Panel Discussion:

The Journey to CEO from CFO - Panel
United Regional Health Care System - Texas
Froedtert Health - Wisconsin
Unity Medical Group - New York

Cardinals Baseball - Cards vs. Braves - Thursday Night



The HFMA Region 8 MidAmerica Summer Institute has established a LinkedIn group to communicate updates on our Region 8 Conference! Please join our group to find out more exciting information about the conference!

HFMA's Virtual Conference

Dear HFMA Chapter Member,

As your Chapter President, I would like to share with you a unique HFMA educational opportunity that has been brought back by popular demand. [HFMA's Virtual Conference](#) includes live sessions, offers all new content, and is **FREE to Members**.

Earn up to 12 CPEs for attending the live presentations. Live dates include February 6, April 11, July 17, and October 16, 2013. Your participation in this event also presents our Chapter with an outstanding opportunity to increase our DCMS educational program hours.

When? February 6, April 11, July 17, and October 16, 2013

What? Access your choice of 12 CPE-eligible live education programs presented by industry leaders – 3 on each day – from the convenience of your home or office.
[View the live conference agenda.](#)

Why? If you attend the live event presentations, you can earn up to 12 NASBA-certified CPE credits over the course of the four days (1 CPE credit awarded for each live presentation attended). Each date offers new education content including a keynote session, a session that presents the latest findings from HFMA's Value Project, and a real-world case study that provides solutions to improve the quality of care and reduce costs.

How Much? It's **FREE** for HFMA members!

Free online content and **no associated travel expenses** are a great combination when all organizational budgets are tight.

Non-member registration is only \$155, which also includes membership for those new to HFMA. Help them take advantage of this educational opportunity.

Where? Visit hfma.org/virtualconference for more information – and to **REGISTER** for this FREE educational event.

Please forward this e-mail to colleagues and/or staff in your organization today! For more information, visit hfma.org/virtualconference.

If you have questions, HFMA's Member Services Center will be happy to assist you at (800) 252-4362, ext. 2 or send an email to virtualhcf@hfma.org.

Sincerely,
Barbara Smallwood
Greater St. Louis President



Denial Management Moves to Front End Denial Avoidance

Steve Chrapla, CHFP
Director 3rd Party Solutions, Avadyne Health

Denial Management has long been identified as the central process to improve cash flow, as well as reduce accounts receivable and write offs, through the management of rejected claims. While this process has been a valuable endeavor over the years, it has been built on the premise that denials are inevitable, and re-work is simply an integral part of the work flow. Now is the time to establish a more effective approach -- eliminate denials, or at least dramatically reduce them; the ultimate way to do this is at the beginning of the process: Pre-Access, and the front end of the Revenue Cycle.

To begin with, there must be recognition that the back end/patient accounting department is not accountable for denials.. While employees in this area re-process the claims, file the appeals, and generate the resulting cash flow, true accountability for a denial resides with the source of the information represented on the claim. Only when these data sources are scrutinized and improved can a denial avoidance program become truly effective. All claim information comes from other source-departments such as:

- admitting physician,
- scheduling,
- registration,
- clinical documentation
- and many others.

These departments, along with the systems that support their functions, are ultimately accountable for denials ;therefore, an analysis of their role in creating denials must be the cornerstone of any effective denial avoidance program.

To put things in full perspective, you must identify the true magnitude of the denials. That means measuring not only how many denials occur, but also the reasons behind the denials: identify the root cause.

To measure the true volume of denials, we must account for *all* claims that are rejected or fail to pass billing system edits. It is critical to avoid measuring only those denials that result in a write off. Denied claims that are re-processed and eventually get paid still need to be accounted for because they required some type of re-work and consume valuable personnel resources. The objective to capturing the true denial rate or volume is to monitor every claim that did not pass an edit, either within the provider's billing system, or within the payer's system, or was an actual claim rejection by the payer. This approach is called the "First Pass Denial" rate (FPD).

Measuring (for the most recent 90 day period) the number of claims that failed an edit or were rejected, then dividing that by the total number of billed claims during the 90 day period, yields the most effective way to capture all claims that require additional handling to get the claim paid.

When you measure this monthly, it provides you with a true FPD rate that can be assessed without being influenced by case mix or dollar-amount of the claim.

First Pass Denial Rate Calculation

of denied claims in a 90 day period / # billed claims in same 90 day period = FPD Rate

Calculate and track FPD Rate monthly based on rolling 90 day period

Understanding the reasons behind the denials, the claims failing to pass billing edits, or payer rejections is also crucial. To get to the root causes, you need to track the specific reasons the claims are delayed or not getting paid. This analysis includes reviewing claim submission reports to identify edit failures as well as payer denial reports and claim EOB's. In addition to EOB's that are zero-pays you must also review underpayments, since they may represent a portion of a claim being denied.



Denial Management Moves to Front End Denial Avoidance

Following the 80/20 rule, you now know where to focus your attention. The key is to design your solution to the root cause at the very beginning of the process and that is where your Front End applications need to be integrated into the solutions. Identify claims failing edits or payer rejections for reasons such as:

- Patient identifier information is incorrect.
- Patient coverage not available.
- Authorization or pre-certification not received.
- Referrals required from primary care physician.
- CPT, ICD-9 codes or modifiers not properly populating the claim.
- Payer contract requirements not followed.
- Non-covered services.

Once root causes are identified, the next step is to bring the area responsible for the data elements into the resolution process on a real-time basis (or as close to real-time as possible). This information can then be used to design process improvements, procedures, and work flows that will prevent future denials. It is critical that the re-design processes are structured to be flexible— flexibility allows for ongoing evaluations and solution maximization to compensate for events such as regulatory changes and new payer contract requirements.

The design of a Denial Avoidance Program must consider the following elements:

- An approach to address both current and retrospective denials from both Front-End and Back-End processes.
- Data and Root Cause identification and analysis of the denials.
- Dashboards and ongoing detailed reporting need to have at minimum:
 - Denial rates as well as dollars written off.
 - Denials per avoidance/service area.
 - Benchmarking of rates and dollars to goals.
- Standardized identification of denials with feedback at every organizational level and clear identification of responsibilities for resolution to include all departments. Access /Coding/UR/Contracting/Reimbursement /Clinical/etc.
- Pre and Point of Service process re-designed that is perpetually optimized to prevent future denials.
- Technology support and work flow management to drive processes and improvements to include:
 - Permanent Back-to-Front Feedback.
 - Work Flows that automatically adapt to changes in reimbursement patterns.
 - Automates entire work steps.
 - Work flow with checklists to ensure work is performed optimally on both Front-End and Back-End.
 - Pre-Service and Point of Service Workflow with alerts based on rules and actual denial outcomes.
 - Event-driven Denial Follow-up Work flow based on historical denial behavior.

This thorough and data-driven approach will move the management of the claim denials to the Front-End and allow for the transformation from Denial Management to Denial Avoidance.

For more information on how to transform your operation from managing denials to avoiding them by integrating the Pre-Access processes please contact Avadyne Health. www.avadynehealth.com

Steve Chapla is Director of 3rd Party Solutions for Avadyne Health and a member of the First Illinois HFMA Chapter. He can be reached at (847) 395-7655.



MHA Update

Medicaid Expansion Supports Hospitals, Missouri's Economy Andrew B. Wheeler, VP of Federal Finance, Missouri Hospital Association

As health care finance leaders, we know that numbers matter. In 2013, Missouri lawmakers will decide whether the state will adopt Medicaid expansion provisions of the Affordable Care Act. Their actions will have broad implications for the state's economy, the ACA's mechanism to offset cuts with coverage and hospitals' revenue streams in the years ahead.

The hospital community is taking the lead in educating Missourians and their elected leaders about the consequences of the choice. First, there's the question of revenue reductions. Hospitals' Medicare revenue streams currently are being reduced through the ACA and the Middle Class Tax Relief and Job Creation Act of 2012. In addition, without a deal on sequestration, hospitals will experience a 2 percent cut in Medicare reimbursement beginning in January. Combined, these reductions amount to \$3.3 billion between 2013 and 2019.

Medicaid disproportionate share hospital payments also are reduced by approximately \$704 million through proposed regulations. In theory, these cuts would be offset in part through the expansion of Medicaid. However, the Supreme Court's decision on the ACA allowed states to opt out of Medicaid expansion, jeopardizing the offsetting revenues.

One way to mitigate the loss of revenue through Medicare and Medicaid disproportionate share hospital reductions is to expand the Medicaid program. Between 2014 and 2020, the federal government will fund the majority of Medicaid costs for individuals eligible through the ACA's expansion — 100 percent in 2014-2017, and incrementally reduced to 90 percent by 2020. State budget officials project that 259,000 adults would enroll in Medicaid in 2014, offsetting much of the costs of the DSH cuts and reducing uncompensated care.

There's additional good news for the state. According to a [study](#) performed by the University of Missouri School of Medicine and Dodson DaVanzo and Associates, the federal expenditure for Medicaid expansion will inject \$8.6 billion into Missouri's economy between 2014 and 2020, supplanting the adverse economic effect of the payment cuts described above. This expenditure will create a total effect (direct, indirect and induced) of an additional \$9.6 billion in value added output in the state — increasing jobs by 24,008 in 2014, increasing payroll by nearly \$7 billion between 2014 and 2020 and increasing the state gross state product by .53 percent. Moreover, Governor Nixon's budget office estimates that the expansion will allow for a state surplus in the early years of expansion and

a break-even Medicaid budget in 2021.

There is a strong business case for the Medicaid expansion. The expansion would create jobs and economic activity, support the stability of the state's Medicaid budget and reduce cost shifting that leads to the "hidden health care tax" that individuals and employers pay. In addition, coverage will contribute to a healthier workforce and a healthier Missouri.

The Missouri Hospital Association is a member of a coalition of providers urging lawmakers to support the Medicaid expansion. However, support isn't exclusively from the provider community. A number of state and regional business groups have endorsed expansion as well.

I encourage hospital finance leaders to weigh-in with their elected officials on Medicaid expansion. Numbers matter. And, without expansion, making the ledger balance will be very difficult.





Legal Lines

Waving Co-Pays and Deductibles - Part Two

Stuart J. Vogelsmeier, J.D., Lashly & Baer, P.C.

Most health care providers have compassion for the sick, injured, and those with chronic conditions. Providers, as a general rule, look for ways to make the lives of patients better. Often, providers consider whether a patient should get some type of discount or assistance with co-payment, deductibles and co-insurance amounts (collectively, I will refer to these payments as “co-pays”). This article is the second of a two part series on waiver of co-pays. Providers have long provided free care or reduced rates to patients such as financially disadvantaged patients to professional colleagues and their families. Part One addressed the waiver of co-pays in the commercial insurance and managed care realm, while Part Two will address Federal and state laws.

Similar to Part One, I will continue to use a simple example that can be applied to a variety of settings, from inpatient hospital settings to individual provider settings. The provider is a Medicare and Medicaid provider. The provider provides a service to patient, and provider’s “charge” for that service is \$100. Both Medicare and Medicaid require collection of a co-payment from the patient. In our example, the provider’s office staff determines that this patient’s co-pay is \$20. In this example, the patient is the parent of a good friend of the provider, and is covered by Medicare. The provider does not know that patient’s financial status, but assumes that in this day and age, that any patient would gladly keep the \$20 in his or her pocket, so the provider tells his office staff to “waive the co-pay”. The provider sends Medicare a bill for the “charge” of \$100, and expects that Medicare will pay the remaining balance of \$80.

The OIG gave guidance on the issue of waiver of co-pays for Medicare patients in a 1994 Special Fraud Alert, and that guidance is still sound in 2013. Routine waiver of co-pays by providers may be unlawful because its results in (1) false claims, (2) violation of the Anti-Kickback statute, and (3) excessive utilization of services paid for by Medicare. The OIG believes that a routine waiver of co-pays is a misstatement of the provider’s actual charge. In our example above, if the provider waives the co-pay, the OIG believes that the provider’s actual charge is \$80, not \$100. Medicare should be paying 80 percent of \$80 (or \$64), rather than 80 percent of \$100 (or \$80). As a result, Medicare is paying \$16 more than it should.

Some providers may think that by waiving the co-pay, they are helping the Medicare patient. The OIG disagrees. Government studies have shown that if patients have some level of financial responsibility for their own care, the patients will be better consumers of

their own health care, and will chose their services because they need them, rather than simply because they are free. Ultimately, the OIG believes, if co-pays are waived, that Medicare will pay for services that are not needed, and there will be less Medicare funds available to pay for truly necessary services.

What are some of the signs that the OIG believes highlight potential unlawful activity:

- Advertisements which state “Medicare Accepted as Payment in Full” or “No Out-Of-Pocket Expense”;
- Collection of co-pays only when the patient has Medicare supplemental insurance;
- Charges to Medicare patients which are higher than those made to other persons for similar services (the higher charges offset the waiver of co-pays);
- Routine use of “financial hardship” forms, where there is no real determination of a patient’s financial condition.

The OIG has stated, however, that co-pays may be forgiven in specific instances of financial hardship. This hardship exception must truly be an exception which addresses a specific patient’s financial circumstances. A good faith effort to evaluate each patient and to collect co-pays must be shown. Consistent with the advice set out in Part One, the general rule of thumb that providers should consider is to waive co-pays only on a case-by-case basis and based on the financial need of a particular patient.

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Stuart Vogelsmeier is a partner with the St. Louis law firm of Lashly & Baer, P.C. Mr. Vogelsmeier regularly counsels health care providers on issues such as Stark Law and Anti-Kickback Law compliance, corporate structure, employment agreements, joint ventures, adding ancillary services to practices, and asset protection. He can be contacted at (314) 436-8349 or at sjvo-gels@lashlybaer.com. The firm’s website is www.lashlybaer.com.

This article is for informational and educational purposes only. Hospitals, individual physicians and other providers should contact their advisors for assistance.

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Greater St. Louis HFMA Events



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| February 6 & April 11 | HFMA National Live Virtual Conference |
| February 19 | Region 8 Webinar: PPS Reimbursement Update Hot Topics 12:00 - 1:30 p.m. |
| February 26 | Live Event: Annual Legislative Update, Compliance Issues and Governmental Updates for 2013 8:00 - 11:00 a.m. - St. Lukes Education Center |
| March 19 | Region 8 Webinar: HHS Elevates HIPAA Enforcement Strategies Providers Need to Know 12:00 - 1:30 p.m. |
| March 26 | Live Event: Insurance Payor Panel 8:00 a.m. - 3:00 p.m. - Bogey Hills Country Club |
| March 28 | Continuous HIPAA Readiness St. Louis & MHA Co-Event |
| April 16 | Region 8 Webinar: Leadership Adapting to the Changing Environment 12:00 - 1:30 p.m. |
| April | Awards Dinner Banquet 5:00 - 8:00 p.m. - Favazza's |
| April 25 | Live Event: Compliance Update 8:00 - 11:00 a.m. - Bogey Hills Country Club |
| May 15-17 | Annual Joint Spring Conference Hollywood Hotel/Casino - Maryland Heights |

Visit the [HFMA Calendar](http://www.hfmastlouis.org) for more information! www.hfmastlouis.org

Board Meeting Dates

February 21, 2013
4:00-6:00 p.m.

St. Anthony's Medical Center
9735 Landmark Parkway, Suite 201
Conference Room #4 - St Louis, MO 63127

Please email Bsmallwood50@yahoo.com if you plan to attend

May 17, 2013

Hollywood Casino/Hotel - immediately following conference

Note: All members are welcome to attend the Chapter Board Meetings.

