



# Gateway Gatherings

## President's Message

**Amy Richter**  
**Chapter President**



Greetings Fellow HFMA Members!

Fall is here and our committees are busy putting together a terrific lineup of programs, networking and other social events.

HFMA National sent a survey to all membership in October. Please take the time to complete your survey as it is very important to our chapter. We thoroughly discuss the membership satisfaction survey with the chapter Officers, Directors and Committee Chairs. We welcome your thoughts and ideas and we strive to help you get the most out of your membership. We are listening to your comments, and at your request, have added new programs and networking events this year.

In the summer, our chapter held our Mini Leadership Training Conference, with a focus on strategic planning. Three major strategic initiatives were discussed. The first was our need to focus on partnering with other organizations (in addition to other HFMA chapters) in bringing programs to our members. We held a joint conference with Leading Age of Missouri in September and a program with MO ACHE in October. More joint events are scheduled in the upcoming months with MGMA, HBA and also MO ACHE. Our goal is to increase our overall membership's participation in our education programs. We will continue to offer the popular programs requested by our members, as well as adding new programs on "hot" topics in the healthcare industry. Congratulations to Jeff Morgan, our Program Committee chair in working tirelessly to set up these new educational programs.

Our second initiative, which is also in line with one of HFMA National's strategic goals, is to focus on our early careerists/student membership. We have more than doubled our student membership over the last couple of years. Our goal is to identify early careerists as they transition from students to the workforce and focus on what their needs are and

how our chapter can assist them in making a smooth transition to their roles in the healthcare industry. We have developed working relationships with several universities in the Greater St. Louis area and have held several student events to explain the value of HFMA as they begin their careers. We welcome the new ideas we have gained from our relationships with our student members. We have several early careerists now chairing and/or serving on several of our chapter committees. A big thank you to Chastity Werner and her networking committee on putting together all of the upcoming events for the 2014-2015 year.

Our third initiative is to improve our communication processes. We have streamlined our communications to our members and ensured that the monthly calendar of events is updated as far out as possible with all networking, program and other event dates, for your planning purposes. We realize that many of you have experienced budget cuts within your organizations and that every education dollar is important. We want to offer you the best choices in meeting your educational needs. We have added many free webinars this year to also assist you in obtaining education without any travel costs. We hope you find the diversity of topics engaging.

Thank you for your continued support of our Officers, Directors and Volunteers. The Greater St. Louis chapter members and leaders are truly exceptional. A special thank you to our chapter sponsors, who allow us to continue to offer quality educational programs to our members.

In closing, I would like to wish all of you well as the holiday season approaches. Enjoy your family and friends and take time out for yourself. We all need a break from the hectic pace we keep in the healthcare industry. I look forward to seeing each of you at our upcoming programs and networking events. If you have any questions or concerns, please do not hesitate to contact me or any of our Officers and Board Directors.

**Amy Richter**  
**President 2014-2015**  
**Greater St. Louis Chapter**

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*From the Editor...*

Greater St. Louis HFMA has been busy throughout the summer. We had the Fall President's Meeting in Chicago, our golf outing here in St. Louis and the Region 8 Conference also here in St. Louis. Not only are these great educational events, but they are great relationship building opportunities as well. Be sure to check out the events page for upcoming educational sessions and social gatherings to get to know your fellow HFMA members better. As always, I welcome any feedback or suggestions for the newsletter, please don't hesitate to contact me. Thank you again to those that contributed to this issue of Gateway Gatherings and Happy Holidays! [lsuelmann@anderscpa.com](mailto:lsuelmann@anderscpa.com).

Publication Dates and Deadlines:

[Winter Issue](#)

**January 9**  
Deadline for Articles

**January 30**  
Publication Date



# Thank You to our 2014-2015 Chapter Sponsors

## Diamond



## Platinum



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# 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.



## **Michael B. Capizzi** **RelayHealth, Area Vice President of Sales**

**Tell us about your job responsibilities:**  
I manage a national territory and team of sales directors that provide Pre-Service solutions and tools to health systems.

**Education:**  
MBA, Health Care Administration, Webster University, St. Louis, MO

**Family:**  
Wife Jaime, 3 sons – Luke (16), Dom (7) and Ollie (2); 2 dogs – Sako and Ranger

**Hobbies/Interests:**  
Run, Bike, Swim and spending time with my

family; we love to walk along South Grand, visit all the unique restaurants and enjoy Tower Grove Park.

**Why did you join HFMA?**  
To give back and become more involved in the industry.

**Tell us something about yourself that most people do not know:**  
I'm in a white collar world, but mostly enjoy working with my hands; gardening and working in the yard that doesn't have a single blade of grass!



## **James Igo** **API Healthcare (A GE Healthcare Company), Client Executive**

**Tell us about your job responsibilities:**  
As Client Executive, I collaborate with current/prospective clients to drive operational efficiencies through software automation. API's Workforce Optimization platform mitigates complex workflows and captures vital operational costs that create a financially stronger organization.

**Education:**  
Bachelor of Science, Missouri State University

**Family:**  
My wife, two daughters, and I live in St. Charles County.

**Hobbies/Interests:**  
Enjoy many outdoor activities, golfer, avid hunter, and fast-tracking children's soccer.

**Why did you join HFMA?**  
My interest to get involved with HFMA is to expand my industry knowledge, gain better understanding of current challenges within the health-care industry, and networking opportunities.

**Tell us something about yourself that most people do not know:**  
Although a St. Louis resident, I'm a devoted Kansas City Chief's fan.

## New Member Profiles

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### Robert Royer, CPA

Missouri Baptist Medical Center, member BJC HealthCare, Sr. Financial Analyst

**Tell us about your job responsibilities:**

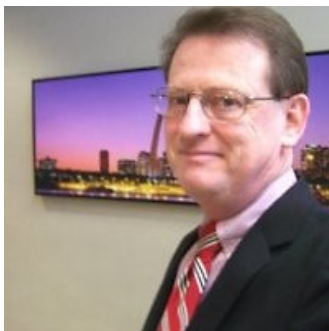
Responsible for analyzing data and financial performance to support strategic and ongoing decision making.

**Education:**

BS Accounting from Webster University. MBA in progress.

**Why did you join HFMA?**

In a rapidly changing healthcare environment, I am always looking for quality educational opportunities that address today's challenges. HFMA has some of the best webinars and publications available. HFMA does an excellent job at presenting relevant, detailed content without overwhelming my inbox!



### Michael R. Smith

The Audit Group, Inc. (TAG), Director of Marketing & Communications

**Tell us about your job responsibilities:**

My work days include a variety of challenging projects with a terrific company and a wonderful group of skilled, creative people. This communications and marketing role supports a fast growing healthcare company that helps hospitals find savings and make process improvements in their supply chain and accounts payable areas. I do a lot of writing at TAG: RFP responses, sales presentations, a weekly email column (*TAG Insight*) on Accounts Payable tips for healthcare professionals, social media posts, and client-specific best practices reports. Because TAG is a large, small company in our niche there's also a fair amount of "perform other duties as required" in my role. The job is interesting and requires flexibility, people skills, time management, organization, and a healthy sense of humor to keep project balls in the air and hand each off smoothly when it's time.

**Education:**

B.A. English, B.A. Communications; University MO-St. Louis.

However, my real education was 25+ years in field and national account sales, and sales directing, for publishing companies coupled with freelance news reporting for state and regional publications.

**Hobbies/Interests:**

I enjoy bicycle fundraising tours (usually 50-100+ miles) to benefit those who struggle with health or life issues.

**Why did you join HFMA?**

I joined to improve my understanding of healthcare and for networking opportunities.

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

No present I've received tops the one on my fourth birthday: I got a baby sister.



# Chapter Updates

## Programs Update

Jeff Morgan

Hello from Programs Committee- We are off to a great start to this year's educational calendar. We have added several new webinars in the last 3 months. We welcome all members and sponsors that have available presentations to share as a webinar to submit for consideration. Contact me directly with your topic, speaker bio, and associated attendee learning objectives.

One of my goals this year was to partner with other leading healthcare trade organizations to expand our opportunities for a more diverse educational calendar and I am happy to announce that we have done this with four organizations: LeadingAge of Missouri, MGMA of St. Louis, St. Louis Women's Healthcare Business Association, and St. Louis Association of American College of Healthcare Executives .

- We hosted our first conference in September with LeadingAge of Missouri- They are the top organization for long-term and continuum of care and there were over 200 people in attendance.
- We are hosting our first conferences with St. Louis Association of American College of Healthcare Executives this month and next- They are the top healthcare organization for executives.
- We are working with the St. Louis Women's Healthcare Business Association for a joint conferences in Q1- They are a leading organization for promoting women's leadership in healthcare.
- We will be joint sponsoring and hosting an event in March with MGMA of St. Louis- The leading organization for physician financial management and accounting.
- In addition to these new conferences, we will also be hosting our annual payer panel, annual regulatory and compliance update conference, and we will be responsible for programs for the Spring conference in May.



**Amy Richter and Howard Wasdin**

## REGION 8 CONFERENCE



**Al Hrabosky and Tracy Packingham**



**John McGuire and Teri Reger**





# Chapter Updates

## Fall President's Meeting

Fall President's Meeting was held in Chicago Sept. 21-23. HFMA National presented their strategic goals and all 68 HFMA chapters met within their regions to discuss best practices and chapter goals for the upcoming years. Greater St. Louis, along with the other Region 8 chapters enjoyed a Cards/Cubs game at Wrigley Field



Photos courtesy of Stephanie Hultman

## Sponsorship Updates

Jeff Morgan

BIG thanks to all our chapter sponsors. We had a record breaking year for two years in a row in number of sponsors and total sponsorship dollars. On behalf of the Chapter Officers, Board of Directors, the Committee Chairs, and the Members, THANKS FOR YOUR SUPPORT!



### Renewing members include:

Diamond Level: Accenture and MDS(Medical Data Systems)  
 Platinum Level: Anders, BJC, Passport Health, and SSM Healthcare  
 Gold Level: BKD, Craneware, Jay Umansky, Kramer & Frank, MedAssist, Parallon, PNC Bank, and Triage Consulting Group

Silver Level: Account Resolution Corp, Berlin-Wheeler, Cardon Outreach, and Commerce Bank  
 Bronze Level: MRS (Medical Recovery Specialists) and MSCB (Mid-South Credit Bureau)

### New members include:

Diamond Level: McKesson- RelayHealth  
 Platinum Level: St. Anthony's Medical Center  
 Gold Level: Adreima, Conifer Health Solutions, Hospice of Southern Illinois, and SIEMENS  
 Silver Level: ProAssurance

### Please contact our Sponsors:

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## Region 8 Connection



### Tracy Packingham

Greetings Fellow HFMA Members!

It is hard to believe kids are back in school, football season is officially started and fall is setting in. Fall brings change – change of colors, temperatures, sporting events, etc. The Officers and Leaders of our Region have continued to “Lead the Change” in each of our chapters. It definitely showed at the 2014 Mid America Summer Institute as it was another phenomenal event. We heard from a several participants and thought I would share a couple comments:

*“HFMA Region 8 Mid America Summer Institute delivered a program second only to HFMA ANI when it comes to healthcare education. The presenters were extremely knowledgeable and the mix of topics was well suited for today’s challenges in the industry. Great job! “*

*Greg Johnson, CEO - Advanced Radiology*

*“HFMA Region 8 Mid America Summer Institute education was top notch and the events that were planned and pulled together were awesome!”*

*Rita Blasius, CFO / Assistant Administrator - Avera St. Benedict Health Center*

It takes a TEAM to make this happen and we have an amazing group of dedicated individuals. The continued support of so many keeps our chapters and region successful. 2015 Mid America Summer Institute planning has already started and we are looking forward to hosting this event in Minneapolis, MN on August 26-28.

This is my favorite time of year for a variety of reasons. But one particular reason is I absolutely love football and watching the TEAMS work together to accomplish a WIN each week. The President and President Elects had a very successful Fall President’s meeting at the end of September in Chicago, IL. We discussed best practices, how we can achieve the goals and meet the needs of our memberships. I am confident that we will have a WINNING season (2014-2015) as we have an outstanding TEAM.

I know summertime is always very busy, but now that the seasons are changing, why not put HFMA back on your calendar? Please take the time to get involved and get the most out of your membership.

Thank you for the continued support of all of our officers, directors, volunteers and members – you are all what makes Region 8 exceptional. Please feel free to contact me with questions or comments any time. My telephone number is 314-570-3580 and my email address is [tracy@triageconsulting.com](mailto:tracy@triageconsulting.com).

**Tracy Packingham**  
Regional Executive  
HFMA Region 8



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**Search St. Louis HFMA in the Groups search bar and join the conversation!**



## Educational Corner

### Correct the Top 5 Hidden Areas for Financial Waste in the Hospital P2P Cycle

John Weiss, CEO, The Audit Group, Inc.

Hospitals and health systems are squeezed today on one side by the rising costs for goods and services, and on the other by decreased revenue and reimbursements. Health leaders seek solutions to these financial pressures by becoming more efficient and reducing costs.

A report in Healthcare Cost Containment, published by the Healthcare Financial Management Association, says that finance and materials management leaders should pay attention to five overlooked areas in the procurement-to-payment process that cause financial waste.

#### Leverage Contract Data for Savings in Mergers and Acquisitions

In the massive process of blending organizations it's easy to overlook savings opportunities each party and the new entity offer. Examine agreements, contracts, and item price lists *from each health system entity* to discover vendors' best terms. Research each entity because it's not unusual for one in a healthcare system to get better pricing than its siblings. Leverage that data and the buying power of the new organization for better terms for all entities throughout the health system.

#### Establish an Effective Returned Goods Process

Lack of communication and follow-up between departments create an ineffective returned goods process. For example, when returns information isn't inputted to a system that notifies Accounts Payable to anticipate credits—and pursue them, if necessary—funds are lost. An effective process allows each unit touching a return to see its status and corresponding credit. Also, the process should stipulate which department manages each returns aspect to ensure credits are received and applied.

#### Review and Reduce Shipping Costs

An active contract that places freight costs on the vendor doesn't guarantee it always works correctly. A quarterly audit of invoices exposes whether the health system has unnecessarily paid shipping charges. If it has, the organization can seek reimbursement from the vendor. A freight audit is also useful when the health system is accountable for freight costs. Knowing the spend on freight costs allows contract managers to use the data to negotiate shifting freight expenses to suppliers. Ask vendors whether free freight programs exist for purchasing the same item(s) differently, such as in product bundles.

#### Capture Discounts, Rebates, Trade-In Credits

Similar to ineffective returned goods processes, the lack of a proper tracking program for vendor promotions results in lost dollars. Purchasing agents and contract managers should inform AP of discount, rebate, and trade-in offers so savings can be anticipated and recovered.

#### Reduce Data Keying Error

Manual data input situations are ripe for errors. Keying '5' instead of '6' changes an invoice number. That potentially sets up a duplicate payment an ERP system won't catch when it detects the payments for the incorrectly keyed invoice, then the subsequent correctly keyed invoice number, as two separate transactions. Keying mistakes also happen from poor photocopies and slightly illegible faxes: An upper case 'o' is mistaken for zero—again, changing an invoice number. The solutions are getting the best copy—a pdf version, for example—and staff training. Instruct staff to use extra care in document processing to avoid confusing similar looking characters, including:

I (In some type fonts this could be number one, lower case L, or upper case i.)

S and 5

2 and Z

6, G, and 8

The full HFMA article, "Identifying Supply Chain Disbursement Errors and Reducing Waste," is available online at <http://theauditgroup.com/images/HFMA%201013%20JW%20article.pdf>.

*John Weiss is CEO of The Audit Group, a healthcare consulting firm that helps hospitals and large healthcare systems identify financial waste in the procurement to purchasing cycle, recover fund losses to vendors caused by error or oversight, and improve processes to avoid future financial loss.*



## Educational Corner

### Front-Line Perspectives on Price Transparency and Estimation

Brian Workinger, Craneware

**Taking steps toward increased price transparency and charge consistency may be daunting for hospitals and health systems, but it is a task that cannot be put off. Five best practices can serve as an effective starting point.**

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#### At a Glance

To establish a meaningful, effective, and understandable pricing strategy that improves business performance, hospitals should adopt five best practices:

- Furnish patients with estimates prior to providing care.
- Ensure the pricing structure is rational and defensible.
- Make pricing not only visible, but also understandable.
- Understand how much it costs the organization to provide services.
- Establish a proactive approach to maintaining margins.

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There is confusion among healthcare consumers about how to obtain clear, understandable pricing information. The differences among healthcare charges and prices and the widespread variations in service, quality, and outcomes all are shrouded in an air of uncertainty and complexity. The all-too-common result is misunderstanding.

This issue is at the core of the HFMA price transparency initiative's efforts. HFMA convened a task force of leaders from throughout health care to develop guiding principles and recommendations for improving price transparency. The task force also recommended best practices for sharing reliable information on healthcare prices with consumers. Its efforts were based on the premise that "all Americans, regardless of their insurance status, should be able to receive accurate price estimates from a reliable source; that transparency should help people make meaningful price comparisons ahead of service."

Today, there is immense pressure around pricing transparency and charge consistency. Given the competitive healthcare marketplace and changing economic landscape, there is strategic value in offering consumers access to understandable, market-appropriate service pricing and in establishing greater charge consistency across healthcare organizations and markets.

First, let's define what price means in the context of this article. This article is written for healthcare finance managers to address questions of how to set appropriate pricing for their healthcare service lines and chargeable supplies. Clearly, consumers and people other than healthcare finance managers have different perspectives on the word price. For example, consumers might consider price to mean their out-of-pocket cost after their insurance has paid its negotiated contracted amount to the hospital or healthcare provider organization. Similarly, an insurer might think of price as the amount the health plan has agreed to pay for an insured patient's care to a hospital or healthcare provider organization. This article, however, speaks to hospital and health system finance managers responsible for establishing market-competitive, defensible pricing for their organizations to help them sustain success in serving their patient communities. In this context, the words price and charge are interchangeable.

#### Best Practices

By adopting the following five best practices, a healthcare organization can begin to establish a meaningful, effective, and understandable pricing strategy that improves business performance. These best practices are based on experiences in working with one in four U.S. hospitals and insights from more than 400 strategic-pricing engagements.

*Furnish patients with estimates prior to providing care.* Estimation is about preventing the shock factor—not only for patients, but also for hospitals. Informing consumers of what they can expect to actually pay for their healthcare services offers them the clarity they need to plan payment. With the Centers for Medicare & Medicaid Services (CMS) releasing raw charge data to the public, it behooves hospitals, health systems, and health plans to put the CMS data in perspective and provide contextual information that patients need to make informed choices.

Ultimately, the hospital or provider organization is responsible for ensuring its services are priced appropriately and defensibly, while the payer is responsible for how the services get paid. (This is true whether the payer is a health plan, an employer, an uninsured individual, or a county that subsidizes payment for its indigent patients' health care.)

For an example of how raw charge data causes confusion, suppose Hospital A and Hospital B both charge \$10,000 for a specific hip replacement DRG. The actual payment amount will vary by the payer's contracted rate with the specific hospital organization. A consumer looking only at raw charge data might think the procedure will cost the same at Hospital A and Hospital B. Yet the preferred rate that each hospital has negotiated with the specific health plan or payer will determine whether Hospital A or Hospital B will actually have the lower cost and what the cost will be for that hip replacement procedure. And a patient may choose a more expensive facility if he or she perceives quality, education, and safety are more effectively delivered.

***This article appeared in the September issue of hfm. To continue reading the full article, please visit the [HFMA website](#).***





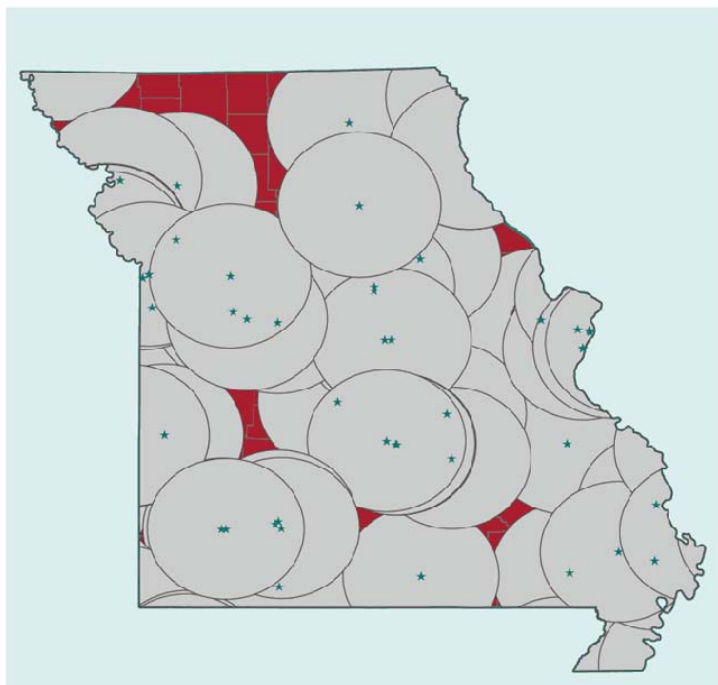
## MHA Update

### Federal Advocacy

**Andrew B. Wheeler, MBA, CHFP, Missouri Hospital Association**

Federal advocacy is becoming even more vital to health care professionals throughout the country as Congress continues to use the hospital Medicare reimbursement as a piggy bank to fund legislative actions. On Sept. 9 and 10, 44 Missouri hospital and health system executives, hospital governing board members and medical staff participated in a Missouri Hospital Association Federal Advocacy Team trip to Washington, D.C. The theme for this year's trip was hospitals' need for [stability, predictability and fairness](#) as they try to develop and implement short-term and long-term plans in a bipolar political environment. White papers were prepared for [Recovery Audit Contractor issues](#), the need for [RAC reform and appeals settlement](#), calling for [wage index reform](#), asking for the repeal of the [Massachusetts wage index manipulation](#) and the need for continued congressional support of the [340B drug discount program](#).

In addition, the recently passed [Veterans Access, Choice and Accountability Act of 2014](#) was discussed. This was the first discussion of the issue with members of Missouri's congressional delegation, and they found the analysis useful. The law is designed to alleviate the backlogs, long travel and wait times for some veterans accessing care through the Veterans Administration system. Under the law, veterans who have wait times of at least 30 days, or live more than 40 miles away from a VA clinic or hospital, may access health care through a non-VA provider. MHA plotted out a 40 mile radius from VA facilities and clinics in Missouri, demonstrating the very few areas where the bill would offer new opportunity for veterans to seek care outside of the VA system. In most areas, veterans would still need to wait 30 days to receive care at a private provider. MHA is advocating for a better definition and to refine the act so it benefits more Missouri veterans.



MHA distributed hospital profiles by [state](#), [rural](#), and [critical access hospitals](#), as well as provided a rural hospital profile for each congressional district ([district 3](#) – Luetkemeyer, [district 4](#) – Hartzler, [district 5](#) – Cleaver, [district 6](#) – Graves, [district 7](#) – Long and [district 8](#) – Smith). In 2013, the average operating margin for Missouri's hospitals was 3.2 percent. Ninety-three hospitals are operating with a zero percent or positive operating margin, while 59 are operating with a negative operating margin. Missouri is supporting the local economy by providing more than \$7.3 billion in salary and benefit payments, providing \$1.17 billion in uncompensated care and \$2.5 billion in community benefit. The advocacy themes behind the profiles highlight the significant reductions in Medicare and Medicaid disproportionate share payments through 2019.

Federal policies continue to shape health care finance and delivery. As a result, federal advocacy will remain an essential component of health care leaders' effort to support and strengthen their organizations, and the communities they serve.



## Legal Lines

### Payment for Referrals: It's Still Not a Good Idea

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

The old axiom “You can’t pay for referrals” is still alive and well. As most of the readers know, the Anti-Kickback statute makes it a criminal offense to knowingly and willfully offer, pay, solicit, or receive “remuneration” to induce or reward referrals of items or services reimbursable by a Federal health care program. By its terms, the Anti-Kickback statute places criminal liability to parties on both sides of an impermissible transaction. Remuneration, for the purposes of the Anti-Kickback statute, includes the transfer of anything of value, directly or indirectly, overtly or covertly, in cash or in kind.

Recently, the Office of Inspector General of the Department of Health and Human Services (“OIG”) issued an Advisory Opinion (Advisory Opinion No. 14-06) under which it determined that a specialty pharmacy’s proposal to pay local retail pharmacies a fee for “support services” that the local pharmacies would provide in connection with the patient referrals to the specialty pharmacy could potentially generate prohibited remuneration under the Anti-Kickback statute. The proposed arrangement in the opinion indicated that in many instances, a patient is prescribed a specialty drug and may present it at the patient’s local pharmacy which does not have the capability to fill the prescription. In such cases, the specialty pharmacy proposed to enter into a contract with local pharmacies to help these patients obtain their specialty drugs from the specialty pharmacy.

Under the proposed arrangement, the local pharmacy would be required to provide various support services to the specialty pharmacy (i.e., gathering patient and prescriber demographic information, informing patients on specialty drug access at the specialty pharmacy, obtaining patient consent to forward the specialty drug prescription to the specialty pharmacy, transferring the prescription to the specialty pharmacy, and providing ongoing assessments on subsequent refills, including transmitting any changes regarding the patient’s medication regimens to the specialty pharmacy). The specialty pharmacy would pay the local pharmacy “fair market value” for these support services on the initial fill and each subsequent refill, including those situations in which the drugs were payable by a Federal health care program.

The OIG examined the arrangement and stated that the Anti-Kickback statute was implicated, and that the arrangement presented more than a minimal risk of fraud and abuse. The OIG stated that “per-fill fees” paid to the local pharmacy on the basis of each prescription for specialty drugs referred by the local phar-

macy to the specialty pharmacy are “inherently subject to abuse”, because of the direct link between the referrals by the local pharmacy to the specialty pharmacy. The OIG also noted that even if there are legitimate purposes involved in this type of arrangement, the Anti-Kickback statute is violated if one purpose of the arrangement is to induce referrals of Federal health care program business. “There is significant risk that the per-fill Fees would represent compensation for the Local Pharmacies generating business, including Federal health care program business, rather than solely compensation for bona fide, commercially reasonable services.”

Although an Advisory Opinion cannot be relied upon by parties other than those requesting the opinion, this Advisory Opinion is instructive for all health care providers because of the basic principles examined. If one purpose of an arrangement is to compensate a party for the referrals of Federal health care program business, that arrangement violates the Anti-Kickback statute. Additionally, the mere recitation of one or more “legitimate” services does not save an arrangement that is intended to induce referrals. This Advisory Opinion serves as a good reminder to health care providers that suspect arrangements cannot be “dressed up” to pass Anti-Kickback muster.

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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 the Stark Law and Anti-Kickback Law compliance, joint ventures, corporate structure, professional services agreements, ancillary services, regulatory compliance, reimbursement, group purchasing, technology agreements, and telemedicine. He can be contacted at (314) 436-8349 or at [sjvogels@lashlybaer.com](mailto:sjvogels@lashlybaer.com). The firm’s website is [www.lashlybaer.com](http://www.lashlybaer.com).*

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

# Greater St. Louis HFMA Events



November 5	Joint Conference with Missouri Hospital Association
November 6	Revenue Cycle Webinar Series Medical Necessity Best Practices to Reduce Outpatient Denials and Compliance Risks 11:30 am - 12:30 pm
November 11	McMahon/Illini Chapter Webinar
November 18	Region 8 Webinar - ChargeMaster Update
November 19	Happy Hour - Tucano's Brazillian Grill 4:30 - 7:00 pm
November 20	Joint Conference with MGMA of St. Louis
December 1	Holiday Party - Ritz Carlton 4:30 - 7:00 pm
December 9	McMahon/Illini Chapter Webinar
December 16	Virtual Conference 2014
December 16	Region 8 Webinar
January 12	Coding Class - St. Luke's Hospital 6:00 - 9:00 pm - Every Tuesday and Thursday
January 21	Happy Hour - Granite City Brewery 4:30 - 7:00 pm
January	Revenue Cycle
January	Regulation/Compliance/Risk and Ethics Update
February	Legislation Updates

Visit the [HFMA Calendar](#) for more information!

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 hfma 2014 - 2015

## Board Meeting Date

November 20, 2014  
4:00 - 6:00 pm  
St. Anthony's  
9735 Landmark Parkway, Suite 201  
St. Louis, MO 63127

All members are welcome to attend, but RSVP is required.  
Please RSVP to Amy Richter, [arichter@hospice.org](mailto:arichter@hospice.org)