



Gateway Gatherings

President's Message

Thomas Sale
Chapter President



Dear HFMA Members of the Greater St. Louis Chapter,

Welcome to the first edition of our newsletter for this year. As I start down the path of

my president's year for 2013-2014, I want to begin by expressing my gratitude for the opportunity to serve at this level. In addition, I would like to thank my predecessor, Barbara Smallwood, and before her Tracy Packingham for their leadership and guidance in making the Greater St. Louis Chapter such an amazing organization. I look forward to continuing their efforts with the support of this year's leadership team: Amy Richter, Brian McCook, Connie Stimpson, Craig Kalman, the Board Directors, and Committee Chairs / Co-chairs. We have such a wonderful group of volunteers.

Our HFMA 2013-2014 National Chair, Steve Rose, has chosen "Whatever It Takes" for this year's HFMA theme, which was kicked off at ANI. In the healthcare industry, quitting is not an option. Successful professionals and top performing organizations find a way to surpass the challenges that we face to come out on top by doing Whatever It Takes. Leaders perform with this attitude engrained in them in their everyday lives, both professional and personal. Let us continue to be a part of the solution in forming/molding our

healthcare of the future by doing Whatever It Takes.

At ANI this year, the Greater St. Louis Chapter won awards in Education and Certification, along with several Yerger awards for areas of outstanding achievement. Make no mistake, every one of you affects this success with each hour of education you participate in, every satisfaction survey you complete, every new member you sponsor, and any committee you volunteer on. Please challenge yourselves to take ownership of your chapter this year by participating on a committee. Everyone that has volunteered attests to the ROI, getting more in return than the effort they put in through personal growth, networking, and friendships formed.

In closing, I would like to thank our wonderful sponsors. Without our business partners, we would not be able to provide the level and quality of programs and events that we do. May all of our members be as generous with their time in volunteering as our business partners have been with their monetary sponsorships. I am so excited and look forward to the year ahead.

Tom Sale
President, 2013-2014
Greater St. Louis Chapter of HFMA



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From the Editor...

Thank you to all of those that contributed to this issue of the newsletter. I think you'll enjoy several educational articles and pictures from various HFMA events. I hope the recent Mini LTC has you energized on how to get involved with HFMA and generated some new ideas for this chapter year. Remember, it's always a great time to get involved in a committee, please reach out to a fellow member for more details. This is also a great time to be thinking of articles or items you would like to see in the newsletter, please contact me at anytime if you have comments or questions or ideas, lsuelmann@anderscpa.com. Enjoy!

Publication Dates and Deadlines:

Fall Issue

October 15
Deadline for Articles

October 31
Publication Date



Thank You to our 2013-2014 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.

Robin Sumner
Mercy

Kevin Kinsella
Amerinet, Inc

Collin Suttie
Berkley Medical

Rick Radford
Premier Surgical Institute

Tineen Hinton
SSM Healthcare

Tineen Hinton

SSM Healthcare, Corporate Supervisor Government Follow-up

Tell us about your job responsibilities:

Staff of 36 responsible for all Government Payer Reimbursement

Education:

Master's Degree in Education
Bachelor's Degree in Business Administration

Hobbies/Interests:

Cooking and Reading

Why did you join HFMA?

To obtain useful information in regards to Healthcare and network with people within the same industry.

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

I am not a quiet person although most perceive that.

Derrick Weisbrod

Sudora Computer Services, Healthcare Technology Consultant

Tell us about your job responsibilities:

In addition to my role of business development, other job responsibilities include: developing HIPAA policies and procedures for Health Care Customers, performing HIPAA audits, software vendor selection and implementation services for EMRs, and performing computer networking, server and desktop support services.

Education:

B.S. in Computer Science and M.A. in Computer Resources and Information Management from Webster University, St. Louis, MO

Certificate in Executive Studies of Management and Leadership from the Sloan School of Management at Massachusetts Institute of Technology

Family:

Married and proud parent to our adopted family of two dogs and two cats.

Hobbies/Interests:

Paddling, Hiking, Fishing, Brewing Beer and Producing Wine.

Why did you join HFMA?

I joined HFMA to better connect with other HealthCare professionals and expand my knowledge base to better understand the financial challenges and opportunities facing Health-Care entities.

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

I go on an average of 30+ floats trips on various streams and rivers annually and log more than 350 miles in an average season. While that's not surprising to most people, the fact we float January through December always throws colleagues and friends for a loop!



Program/Education Committee 2013-2014

Brian McCook

We kicked off the 2013/2014 educational year with our “Joint Spring Conference” with the Show-Me Missouri and Greater St. Louis chapters on May 15-17. We had a great turn out at Harrah’s Casino in Maryland Heights, MO, thank you to everyone who attended.

We are looking forward to the Fall Joint Conference with the Show-Me, Greater St. Louis and Heart of America chapters which will be held in Kansas City at the Adams Pointe Conference Center on October 23, 24 and 25. We anticipate many attendees due to the venue change for this year’s conference. The brochure and vendor fair packets will be posted to the chapter website in August.

Key programs offered through December 2013: Not-for-Profit Seminar - Episode of Care on September 3, ICD-10 full day seminar on September 26, the Financial Leaders Program on November 26, and the annual holiday party in December. For a full calendar listing of our educational events through, please visit the Greater St. Louis Chapter website at: www.hfmastlouis.org.

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, new for 2013 will be a Region 8 conference held here in St. Louis. The dates are August 21 – 23 and the event will be held at Ameristar Hotel and Casino in St. Charles. Please mark your calendars now so you don’t miss out on this great educational opportunity.

Brian McCook, CPA
Program Chair
bmccook@anderscpa.com

Jessica Johnson,
Chastity Werner
and Tom Sale



Mini LTC

Amy Richter

The Greater St. Louis Chapter held its annual Mini-LTC (Leadership Training Conference) on Friday, July 19th at Bogey Hills Country Club in St. Charles. This workshop is held to educate members on our chapter and also allow our committees to prepare for the upcoming year. We are pleased to have the Region 8 Executive-Elect, Tracy Packerham as a member of our chapter. Tracy provided an Overview of HFMA National and an update on the Region 8 activities. Barb Smallwood, Past President for the 2012-2013 HFMA year spoke on the chapter’s accomplishments this past year, the awards the chapter received at ANI and also recognized active members who played a role in achieving these awards. The chapter received the following awards for 2012-2013: Hottum Award for Educational Performance Improvement, Silver Award of Excellence for Certification, two Individual Chapter Helen M. Yerger Special Recognition Awards for the 60th Diamond Anniversary Event and Website Redesign, and a Multi-Chapter Yerger for the Region 8 Leadership Communication Network. Tom Sale, current President for the 2013-2014 HFMA year, spoke about our chapter’s plans for the new year and future succession planning. Amy Richter, President-Elect reviewed the Chapter Balanced Scorecard (CBSC) and explained the importance of achieving the goals set by HFMA’s Regional Executive Council. Committee Highlights/Updates followed with each key committee chair/co-chair briefly presenting on the committee’s importance to the chapter and goals for the 2013-2014 year. The day closed out with breakout sessions to discuss ideas for the upcoming year and then a round table sharing of what was discussed with everyone present.

Amy Richter
President-Elect 2013-2014
HFMA Greater St. Louis Chapter



Barb Smallwood, Celine Wehmeier, Connie Warnat, Connie Stimpson,
Craig Kalman, Jill Amos and Jeff Morgan



Chapter Updates

Golf Outing - September 16



Dawn Crump

Monday, September 16th 2013

Bogey Hills County Club
1120 Country Club Rd
St Charles, MO 63303

Sponsorship opportunities and team discounts available.

For more information or to register click [HERE](#).

For more information contact:

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August 21-23, 2013

Ameristar Hotel & Casino,
St. Charles, MO

Speaker Highlights



hfma region 8
healthcare financial management association

Darryl Strawberry

4 World Series Titles, New York Mets

Neal Petersen

Award winning author, round-the-world solo racing yachtsman, international speaker

Tony DiCecco

Former Women's Basketball Coach at UNI

The Journey to CEO from CFO, Panel

Phyllis Cowling, FHMA, CPA, President and CEO

United Regional Health System—Texas

Catherine Jacobson, FHMA, CPA, President and CEO

Froedtert Health—Wisconsin

Joyce Zimowski, FHMA, CPA, President and CEO

Unity Medical Group—New York

Facilitated by: Joseph Fifer, FHMA, CPA

President and CEO, HFMA National



Connect with us on LinkedIn for the latest conference updates!

<http://www.linkedin.com/groups?gid=4789118&mostPopular=&trk=tyah>

Chapter Updates

ANI

Barbara Smallwood

HFMA's Greater St. Louis Chapter Receives National Awards for 2012-2013

Our Chapter worked very hard this year to serve its members. In doing so we achieved several awards. Thanks to all of our members.

During the 61th Annual Chapters President Dinner and Meeting at HFMA Annual National Institute in Orlando. The Greater St. Louis Chapter was awarded:

- The HFMA **C. Henry Hottum** for Educational Performance Improvement.,
- Award of Excellence for **Certification** Silver
- **Region 8 Multi-Chapter** for HFMA Region 8 Leadership Communication Network.
- **Helen M. Yerger Special Recognition Award** for Innovation for our Diamond Anniversary Event and Member Communication for our Website Re-design

Thank you to everyone who made this possible and an amazing year.

Enjoy the summer!

Sincerely,
Barb Smallwood
Past-President
HFMA Greater St Louis Chapter





Region 8 Connection



Randy Hoffman

HFMA greetings!
My name is Randy Hoffman and I am honored to introduce myself as your Region 8 Regional Executive for the June 2013 through May 2014 chapter year. I am a member of the Nebraska Chapter as well as your representative on the HFMA Regional Executive Council.

The primary responsibilities of the Regional Executives, from the eleven regions, are:

- To serve as the primary volunteer and policy liaison between the chapters and HFMA National;
- To assist chapter leaders in serving members;
- To foster dialogue and effective communications between national HFMA and the individual chapters;
- To represent the needs and interests of chapter leaders to the HFMA Board and management, and
- To encourage chapters to collaborate and help other chapters.

I would like to extend a sincere thank you to my predecessor, Mike Dewerff, for his service as our Regional Executive this past year. He enthusiastically represented our region and has set the stage for our continued success!

Tracy Packerham from the Greater St. Louis Chapter is the Regional Executive-Elect for Region 8. I am excited to be working with Tracy! She already has been instrumental in the planning of the Mid-America Summer Institute (the first Region 8 conference), which I hope to see you all at on August 21-23 in St. Louis.

During the week of April 22, 2013, your chapter leaders attended the Leadership Training Conference (LTC) in Anaheim. LTC enables your elected leaders and various committee chairs to receive the training needed to fulfill their responsibilities. I have always found LTC to be energizing and very rewarding. It really sets the tone for the upcoming year. I encourage you to support your leaders and their goals for the June 2013 through May 2014 chapter year. How can you do this? It can be as simple as attending chapter meetings, attending national meetings or volunteering for a committee. Based on my experience, you will get more out of it than what you put into it. That is one of the many great things about HFMA.

This year's Chairman's Theme is "Whatever it Takes". I have had the privilege of working with each of your chapter Presidents over the past year and have already seen them practicing this theme. Your chapter leaders have you, the members, in mind when they develop their chapter goals. As Regional Executive, I look forward to assisting your chapter in a successful year! Thank you for the opportunity to serve Region 8, the best region in HFMA! I look forward to working alongside your chapter leaders and meeting many of you. My telephone number is 402-330-2660 and my email address is rhoffman@seimjohnson.com. I welcome your questions and comments at any time!

Randy Hoffman
Region 8 Executive



Join Us on LinkedIn!

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

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. The only live date remaining is October 16, 2013. Your participation in this event also presents our Chapter with an outstanding opportunity to increase our DCMS educational program hours.

When? October 16, 2013

What? Access your choice of 6 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 6 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.

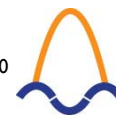
Where? Visit hfma.org/virtualconference for more information – and to **REGISTER** for this FREE educational event.

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 virtualhcfc@hfma.org.

Sincerely,
Tom Sale
Greater St. Louis President





Educational Corner

Preparing for a Practice Valuation

Michael D. Morhaus, CPA/ABV/CFF, ASA, CVA, Anders CPAs + Advisors

Why a Valuation

A hospital's need for a valuation of a medical practice can arise for any number of reasons. Most often, a valuation is needed when the hospital is purchasing a medical practice from a physician or a group of physicians. It is also common that an entire practice is sold to a buyer who would prefer to buy an existing practice with the necessary medical equipment and patient base rather than build a new practice from the ground up. Hospitals, however, have to be in compliance with federal Anti-Kickback Statutes as well as federal Stark Laws. In sum, these statutes prohibit health care providers from paying consideration for referrals of federal health care services.

In such instances it is common that one or more of the involved parties will want an independent valuation of the medical practice. In order to estimate the fair market value of a medical practice, a valuation analyst must hypothecate a transaction where a willing buyer and a willing seller are both operating under the assumption they know the same relevant facts. In the healthcare arena, these "relevant facts" not only include an in-depth understanding of the products and services offered and the revenue and expenses of the practice, but it also includes an understanding of the regulatory environment. This environment not only includes the Internal Revenue Code, it also includes the Stark Law and Anti-Kickback Statutes as previously discussed.

The Valuation Process

In order to be prepared for the valuation process, it is important to anticipate some of the areas that may be explored by the valuation analyst. One of the first tasks to be undertaken is the appraisal of the tangible assets of the practice by a qualified appraiser. These assets typically include the office furniture, computer hardware and the medical equipment. The value of these assets typically sets the "floor" of a practice's fair market value since it does not include any intangible value associated with the cash flow or earnings of the practice.

Understanding the Revenue

Another undertaking of the valuation analyst is to gain an understanding of the types of services and products and how practice revenue is generated. Depending on the practice, practice revenue can be generated from a variety of personnel, services, payer sources and even products. A full understanding of this landscape is necessary. In order to gain this understanding, the valuation analyst will typically request financial statements and tax returns, a list of revenue by service code, a chart of accounts, and historical revenue by payer source.

Coding Analysis

In order to further assess these revenues and the accuracy of their reporting, a coding analysis may be necessary. However, such an analysis is not always feasible due to time-consuming nature of the exercise, the lack of reliable information or even the refusal to even provide the information. The feasibility of this analysis will greatly depend on the type of practice. A valuation analyst's comfort with the accuracy and reliability of the historical coding procedures may have an effect on any estimates of value.

Benchmarking the Practice

Simply put, benchmarking a practice is an attempt to see how it financially compares to industry peers. The benchmarking process is a valuable exercise even outside of the valuation arena. It allows the *valuation analyst* to assess the risks and benefits associated with investing in the practice. Likewise, it allows a *physician or practice manager* to measure performance, assess weaknesses and improve the efficiencies of the practice. Some of the key indicators looked at in a benchmarking analysis include:

- Reimbursement per procedure code: Average net collections over procedures.
- Average revenue per patient: Monthly collections over total visits in month.
- Average cost per patient: Total expenses over total visits.
- Days in accounts receivable: Accounts receivable over average monthly charges/ 30.
- Procedures per FTE physician.
- Physician Relative Value Units (RVUs) per physician.
- Physician compensation.

One source for industry or peer data is available in the annual MGMA Cost Survey and Performance and Practices of Successful Medical Group Reports.

Understanding Compensation

The largest expense of a medical practice is often the compensation of the physicians. In order to properly estimate the value of a medical practice, the physician compensation should be compared benchmarking data. The goal is to arrive at a normalized physician compensation level to a level of "Fair Compensation." In essence, the goal is to adjust this compensation to a level that a non-owner would get paid based on their production within the subject practice.

Typical production metrics include RVUs, patient encounters, procedures, gross charges, collections and hours worked. RVUs are widely assumed to be the most appropriate measure of production or compensation. The purchasing entity must be sure that any compensation agreements with the selling physician(s) do not include any value scribed to previous or expected ongoing referrals, as set forth in the federal Statutes previously discussed. Accordingly, is also common for hospital to conduct a detailed review of the physician compensation agreements in conjunction with the purchase of the medical practice.

Conclusion

Although a valuation of your medical practice may seem overwhelming, it is often a valuable tool to assure that you are getting the right price whether you are buying a practice or selling a practice. By working closely with the valuation analyst, you can assure a smooth process as well as gain a better understanding of how to properly assess a medical practice.

Mike is a partner in the Forensic and Valuation Services group at Anders CPAs + Advisors. For questions about this article, contact Mike at 314.655.5525 or mmorhaus@anderscpa.com.



MHA Update

Federal Legislation and CMS Proposed Rule Updates

Andrew B. Wheeler, MBA, CHFP

As the weather warms up and summer begins, this is an indicator that it is time for the Centers for Medicare & Medicaid Services to issue proposed rules updating each Medicare payment mechanism. This year's updates include many controversial topics that will influence hospital operations throughout the state.

The proposed inpatient prospective payment system updates will have a relatively neutral reimbursement effect on Missouri. As a state, IPPS payments are expected to increase \$537,000 on a revenue base of \$2.6 billion, or .02 percent. This payment increase does not take into account the 2 percent reduction caused by sequestration. The hospital readmission penalty significantly decreased for Missouri between federal fiscal year 2013 and the proposal for FY 2014, ensuring the neutral effect on payments. Without this work, the state would have seen a net reduction in payments.

The IPPS updates also include revisions to the Medicare disproportionate share calculation and methodology, admission and medical review criteria for inpatient service guidance, documentation and coding adjustments, and changes to quality reimbursement programs.

The long-term hospital PPS also will realize a relatively modest rate increase of \$65,000 on a revenue basis of \$83 million, or 0.1 percent. This rate change does not take into account the 2 percent sequestration adjustment. The updates included changes to the LTCH quality reporting program, the "25 percent threshold" rule and chronically ill criteria.

Payment rates for inpatient rehabilitation facilities will increase in aggregate by \$3 million on a revenue base of \$133 million, or 2.3 percent. The increase stems from the marketbasket update and changes to the wage index and labor-related share. This rate change does not take into account the 2 percent sequestration adjustment. This year's proposed rule updated the case mix group weights, revised the "60 percent rule" code list and quality measures.

CMS recently released the proposed rule to decrease Medicaid disproportionate share payments, which will take effect in FY 2014. The proposed rule decreases the national pool of DSH payments by more than \$13 billion between 2014 and 2020.

An issue brief from the Missouri Hospital Association describes changes for the [IPPS and LTCH](#), [skilled nursing facility](#), [IRF](#), [hospice](#) and [Medicaid DSH](#) changes.

MHA coordinated a regional wage index initiative with a consulting firm and received very good participation from Missouri hospitals. The regions consisted of St. Louis, Kansas City and rural areas. The project yielded strong increases to the wage index, comparing the "as filed" cost report data to the "proposed rule". MHA applauds the efforts of the hospitals that participated in this effort.

On the federal legislative front, MHA continues to encourage Congress to reform the Medicare audit program. In March 2013, Reps. Sam Graves, R-Mo., and Adam Schiff, D-Calif., introduced the [Medicare Audit Improvement Act of 2013](#). Since then, 81 co-sponsors have signed as supporters of the bill, including Missouri Reps. Vicki Hartzler, Billy Long, Blaine Luetkemeyer and Ann Wagner. In addition, Sens. Roy Blunt, R-Mo., and Mark Pryor, D-Ark., introduced a companion bill in the Senate, S. 1012. MHA applauds the leadership and support from the Missouri congressional delegates who support this effort.

WHATEVER IT TAKES



Legal Lines

School-Based Health Centers Grow in Popularity

Lisa O. Stump, J.D. and Stuart J. Vogelsmeier, J.D., Lashly & Baer, P.C.

The recent delay the commencement of the “employer mandate” provisions of the Affordable Care Act (“ACA”) has many commentators predicting the impact of this delay on employers, providers, and the uninsured. One tangible impact of the ACA that has already been felt is the expanded support for School-Based Health Centers. The Health Resources and Services Administration (“HRSA”) of the U.S. Department of Health and Human Services reports that over \$175 Million has been awarded to over 470 School-Based Health Centers in 2011-2012. HRSA estimates that these grants will increase the number of students who will receive health care services at School-Based Health Centers to over 1,614,000. Additionally, as recently as July 3, 2013, the U.S. Department of Health and Human Services awarded School-Based Health Centers in the states of Indiana and Washington additional funding to facilitate student identification and enrollment in Medicaid. Eighteen states, including Illinois, direct state funds for School-Based Health Centers. Over 2,000 School-Based Health Centers operate nationally, according to National Assembly on School-Based Health Care census data. About twenty percent of School-Based Health Centers receive funding through the HRSA Health Center Program. Given the growth in School-Based Health Centers, providers should become aware of the issues related to the development and operation of such facilities.

What Are School-Based Health Centers? Although there is no uniform definition of a School-Based Health Center, these centers are typically offices within or on the grounds of a school. School-Based Health Centers typically offer the one or more of the following services:

- Primary medical care
- Mental and behavioral health care
- Dental and oral health care
- Health education
- Substance abuse counseling
- Case Management
- Nutrition education

Students are treated at School-Based Health Centers for acute illnesses, including the flu, and chronic conditions, such as asthma. School-Based Health Centers typically emphasize preventive services, and often offer dental, vision and hearing screening. School-Based Health Centers are typically operated in some type of arrangement between the school, and a community health organization such as a hospital, local health department, or physician group.

What are the legal issues involved in the development and operation of a School-Based Health Center?

- Determination of whether the school will be the actual provider of services (in Missouri, a school

district may become a Medicaid provider), or whether the school will contract with an existing provider to operate the School-Based Health Center.

- Contractual or lease arrangement between the provider/operator of the School-Based Health Center and the school. If the School-Based Health Center is located in a public school, state statutes regarding leasing of public property must be considered.
- Contracts with the individual providers, such as primary care physicians or nurse practitioners.
- Arrangements with lab facilities regarding basic diagnostic test, such as strep tests.
- State law consent issues regarding medical care. Most of the patients will be minors (under age 18). In Missouri, parental consent is generally required for the medical care provided to minors, except that Missouri law clearly allows a minor to consent to his/her own treatment for pregnancy, venereal disease, and drug or substance abuse treatment.
- Federal privacy rules under HIPAA protecting a patient’s individually identifiable health information”.
- Enrollment of the School-Based Health Center or the individual providers as Medicaid providers, and with commercial payors.
- Meeting state licensing regulations in states, such as Illinois, in which School-Based Health Centers are specifically regulated. This may include reviewing the limitations on the types of services (e.g., primary and preventive care, early periodic screening, diagnostic and treatment)
- Review of state law regarding the ability of School-Based Health Centers to provide contraceptive devices or drugs, or whether referrals for such contraceptive devices or drugs can be made to other practitioners.
- Obtaining professional liability, general commercial liability, premises liability, and workers’ compensation coverage for the School-Based Health Center and its providers.
- The Family Educational Rights and Privacy Act (“FERPA”). FERPA protects that privacy of parents and students by controlling access to, and release of, information held in students’ “educational records”. Given that many School-Based Health Center funding sources want data to support the theory that providing health care services in the school setting improves student outcomes, the potential release of educational records needs to be planned properly.

Continued on next page

Legal Lines

School-Based Health Centers Grow in Popularity

Lisa O. Stump, J.D. and Stuart J. Vogelsmeier, J.D., Lashly & Baer, P.C.

- Application of the Americans with Disabilities Act or the Individuals with Disabilities Education Act in relation to health care services provided at School-Based Health Centers, including whether translators are required for students with limited English proficiency who are treated in the School-Based Health Center.
- State laws regarding background checks for health care workers must be examined.
- Review of policies regarding visitors to the School-Based Health Center.
- If the School-Based Health Center is located on public school property, Federal discrimination laws would likely apply to the School-Based Health Center.
- State laws regarding child abuse reporting would mostly likely apply to a School-Based Health Center.

School-Based Health Centers address many of the barriers to health care services for school-aged children. Some studies have concluded that School-Based Health Centers reduce emergency room visits. Although there are a number of legal issues involved in the development of a School-Based Health Center, those issues may be viewed as necessary steps, rather than as obstacles.

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Lisa O. Stump is a partner with the St. Louis law firm of Lashly & Baer, P.C. Ms. Stump is Chair of the Firm's Government Practice Group, and she advises public agencies, including public school districts, on governance, contracts, and the use of public funds. She can be contacted at (314) 436-8344 or at lostump@lashlybaer.com. Stuart Vogelsmeier is also a partner with 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 sjvogels@lashlybaer.com. The firm's website is www.lashlybaer.com.

Greater St. Louis HFMA Events



August 21 - 23

Region 8 Mid-America Summer Institute
Ameristar Hotel/Casino - Maryland Heights

September 3

Live Event: Not-for-Profit Seminar - Episode of Care

September 16

Annual Golf Tournament
Bogey Hills Country Club

September 26

Live Event: ICD-10 Seminar

October 23-25

Annual Joint Fall Conference

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

Board Meeting Dates

Thursday, August 15, 4:00-6:00 pm
St Luke's Hospital
Institute for Health Education - Conf Rooms 1 & 2
232 S. Woods Mill Rd
Chesterfield, MO 63017
RSVP to Tom Sale, ThomasSale1@aol.com

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

WHATEVER IT TAKES