

THE BOTTOMLINE

MONTANA CHAPTER HFMA

Volume 4, Issue 4

Fall 2010

Inside this issue:

President's Message	1-2
Save the Dates	2
Newsletter Committee	2
Dusty Leman	3
Fall President's Meeting	4-5
New Members	5
Facebook	5
Chapter Officers	6
Chapter Sponsors	7
Charity	8-10
Virtual Conference	11-14
TRICARE Update	15
Editorial Policy	16

Fall



President's Message

By Donja Erdman
President

Top 10 Reasons to Become a Certified Healthcare Financial Professional

1. You can have the initials behind your name and be like the doctors and nurses at your hospital
2. The certification and \$4 will buy a cup of coffee
3. Gets you into the certification lounge at ANI
4. You get to be a member of an elite group of individuals, 5% of the Montana Chapter is certified
5. You can use it to ask your boss for a raise
6. You don't have to listen to Scott Thorn talk about the benefits of the certification
7. It looks good on a resume
8. Fortune and Glory
9. You have too much time on your hands and studying for the exam is a good way to use that time
10. RESPECT



Ok, so that was supposed to be funny, but I've been told not to quit my day job. It could be why I haven't been offered David Letterman's job yet.

I've been asked, why did you become certified? One reason is to see if I could do it and to prove to myself that I should be in

the job I currently hold. Also, how many times have I told staff, department heads and board members something and a consultant with a suit and briefcase walks in the door and says the same thing and they think it is genius. I think it lends more credibility to what I say and do to those that I work with.

This year HFMA has listened to concerns about the certification program and made some changes. Some of these changes include the current program includes 2 exams, Core and a Specialty Exam (Accounting & Finance, Patient Financial Services, Managed Care or Physician Practice). The new format includes one comprehensive exam. The existing program requires HFMA membership for a minimum of 2 years. The new format requires candidate must hold HFMA membership, no time duration prior is required. Preparation materials are now available online. The costs for preparation materials, examination and application fee have been reduced overall. These are just some of the changes that will become effective the first of the year.

Continued on the next page

President's Message (cont.)

The examination will be delivered via the internet at designated testing sites operated by Castle Worldwide. In Montana they may be taken in Billings, Bozeman, Great Falls, Helena and Missoula.

The current exam is in the second year of a 2 year cycle. All current preparation materials will expire on December 31, 2010. If you are currently in the process of preparing for the exam you should have received a letter from HFMA National explaining your options to complete the process. This information is also available at <http://www.hfma.org/certification/>.

The Montana Chapter Board of Directors created a new Certification Committee, chaired by Scott Thorn. The purpose of this committee is to increase the awareness of HFMA's certification process and the number of certified members in the chapter. This will be achieved through education regarding the process and active recruitment of members to take the certification exam. If you have any questions regarding the certification exam or process, please contact Scott or myself.

Congratulations to our certified members: Bryan Chalmers, CHFP, CPA, Mary Dalton-McKittrick, CHFP, Donja C. Erdman, CHFP, CPA, Judy Lunceford, CHFP, CPC, A. Thomas McKinney, FHFMA, CPA, Tina M. Montgomery, FHFMA, CPA, Greg J. Peterson, CHFP, CPA, Scott A. Thorn, CHFP. It is a great accomplishment.

I encourage you to pursue becoming a Certified Healthcare Financial Professional.



Save the Dates!

2011 Montana Chapter Spring Conference

April 20 – 22, 2011

Gran Tree Inn - Bozeman, Montana

2011 ANI – The Healthcare Finance Conference

June 26 – 29, 2011

Gaylord Palms Resort and Convention Center – Orlando, Florida

Bright Light Gone Way Too Soon



*By Maria Conn
MT HFMA Newsletter Chair*

We are all saddened to learn of the sudden passing of a very special lady, Dusty Leman on Tuesday, Sept. 21, 2010 from a brain aneurism. She worked at Collection Bureau Services and was well-known to everyone who attended medical association conferences. Her smiling face and trade-mark laugh made you feel as if you'd known her all your life the first time you met her. Dusty had the special knack of making every person she encountered feel at ease and the stories flowed whenever she was in a group.



While I did not have the privilege of working professionally with Dusty I was proud to call her my friend. I think one of Dusty's most notable qualities I observed, other than her 1000 watt smile and razor sharp wit, was her ability to put everyone at ease. Over the years I observed her inter-actions with everyone from CEO's and CFO's to clerks and what struck me the most is that Dusty treated everyone the same. It didn't matter to her whether you had initials behind your name or just enjoyed a good conversation and a laugh. Our lives, work-days and conferences will all be a little tamer and a whole lot less interesting with Dusty's passing and our heart-felt condolences go out to her husband Mark and family.



unity and commitment

By Dave Chohon
Region 10 Regional Executive

One thing I saw at our Fall President's Meeting in Hawaii August 29th & 30th was that Region 10 is blessed with a great group of chapter leaders. Each have a very strong commitment to their chapter's success. They are very knowledgeable and determined to achieve the high standards set by HFMA National. Couple these with being creative and the ability to think outside the box and I am very proud of the opportunity to serve as their Regional Executive this year.

I have had the opportunity to attend four Fall President's Meetings and in the past it always seemed that the individual chapter leaders were always looking out for number one and if another chapter had any type of problem, let them figure it out themselves. While we do have our own chapters to lead we are also part of Region 10 and my goal this year is to try to bring a stronger sense of unity to the region. At the FPM this year we tried something new, a group exercise splitting up in groups of three, that is three from different chapters so people became better acquainted with each other. We also encouraged comments, suggestions and praise during the meeting discussions. It was good to see the interaction take place and the different ideas come up as we discussed agenda items. I feel we acted more like a team of leaders rather than a group of individuals thinking only of themselves and their chapters.



Pictured is our group picture from the Fall President's Meeting in Lihie, Kauai, Hawaii.

Commitment is another part of the success factor. I have always felt that if a group, in this case a chapter, selects you as their president and you accept you owe them your commitment 100%. This means to become as knowledgeable as you can of what the position requires and take advantage of learning sessions available to make your roll easier and successful. Commitment can only come from you and for many of us it comes very easily. Through pride and ownership and a little competitive spirit, we only want to do our best. In Region Ten I found all chapter leaders have these qualities and it is truly a great feeling to see the winners in each one of them.

I have had the opportunity to attend two chapter board meetings in our region. I see the same spirit, the same commitment in the board members of each. As you look at your chapter leaders I believe you will also see this commitment but at the same time how willing they are to help others in need. It's called unity. As a team we can accomplish anything. Yes, it takes a little organization too but that comes with the knowledge we've received in the past from HFMA.

We truly have a good group of chapters in Region Ten which make a great Region. Thank you for letting me serve as your Regional Executive this year.

2010 FALL PRESIDENT'S MEETING

By Donald Miller, MT HFMA President-Elect

The MT Chapter of HFMA was represented at the 2010 Fall President's meeting by Donja Erdman, President and Donald Miller, President-Elect. This meeting is arranged by each HFMA region as an opportunity for the presidents and president-elects to discuss chapter and region business as well as plan for the upcoming year and share best practices for successful events. Attendance at the Fall President's meeting is a requirement of HFMA National.

Montana is a member of Region 10 along with our partners from the states of Idaho, Wyoming, Utah, Colorado, New Mexico and Arizona. The meeting was facilitated by our Regional Executive, Dave Chohon (of the Arizona Chapter) and assisted by our Regional Executive-elect, JJ Carmody (from our own Montana Chapter). James Lee (representing HFMA National Board of Directors) and Ed Czopek (representing HFMA National Staff) were also in attendance. The major piece of business conducted was the

Continued on the next page

Welcome New Members

C. Cornwell
Great Falls Clinic
Great Falls, MT

Jacqueline J. Sikoski
Bozeman Deaconess Hospital
Bozeman, MT

Kimberly Suckow
Marcus Daly Memorial Hospital
Hamilton, MT

Tammy B. Wood
Rimrock Foundation
Billings, MT

Margaret M. Dudley
St. James Healthcare
Butte, MT

Members Transferring in From Other Chapters

Marilyn A. Hays
North Valley Hospital
Whitefish, MT

Kelly J. Gallipeau
Northwest Montana Surgical Associates
Kalispell, MT



2010 FALL PRESIDENT'S MEETING (CONT.)

finalization and memorializing of the Region X Operating Agreement for 2011. This document specifies the direction and goals of Region X and is updated annually and endorsed by the Presidents of each Region. In addition, considerable attention is paid to reviewing the DCMS Chapter Requirements to ensure that all chapters in the Region are on track to meet the minimum requirements for the Chapter Balanced Scorecard and membership recruitment and retention. Dave Chohon commended all the Chapters for the excellent work they have done and suggested that each Chapter should prepare a nomination for a Yeager Award to be recognized for their efforts. 2011 will also bring about the Region 10 Conference which will be held in Denver, CO this coming July.

**FIND US ON
FACEBOOK!**
**MT HFMA HAS A
FACEBOOK
PAGE! SIMPLY
SEARCH FOR "MT
HFMA" AND "LIKE" US
TO BECOME A FAN!**

facebook



2010 – 2011
CHAPTER
OFFICERS

Donja Erdman
President
Marcus Daly
Memorial Hospital

Don Miller
President Elect
Community
Medical Center

Scott Thorn
Secretary/Treasurer
Bozeman Deaconess
Hospital

Steve Scharmann
Past President
Bozeman Deaconess
Hospital

Tina Montgomery
Past-Past President
Sidney Health Center

2010-2011
CHAPTER
DIRECTORS

Maria Conn
Monida Healthcare Network

Robin Hill
Community Medical Center

Kim Lucke
Northern Montana Hospital

Mark Nash
Credit Associates, Inc

Linda Nygaard
Northeast Montana Health
Services

Bob Olsen
MHA

Greg Peterson
St. John's Lutheran Ministries

Shar Sheaffer
Dingus, Zarecor & Associates
PLLC

Joe Vachal
Easters Seals-Goodwill
Northern Rocky Mountain

Chapter Sponsors

Diamond Sponsors

Healthcare Outsourcing Network, LLC

Platinum Sponsors

Larson Allen LLP
The MASH Program

Gold Sponsors

Blue Cross Blue Shield of Montana
Eide Bailly, LLP
Montana Facility Finance Authority
Outreach Services
Towne Mailer, Inc.

Silver Sponsors

<i>Agency of Credit Control</i>	<i>Health E Web</i>
<i>Amerinet</i>	<i>J&H Office Equipment, Inc</i>
<i>Array Services Group, Inc.</i>	<i>Med Assets, Inc. (MHA)</i>
<i>ASG Management</i>	<i>Moss Adams</i>
<i>Centron Services Inc.</i>	<i>New West</i>
<i>Credit Associates</i>	<i>Rocky Mountain Health Network</i>
<i>Dingus, Zarecor & Associates PLLC</i>	<i>UnitedHealthcare</i>

Bronze Sponsors

<i>ACS</i>	<i>Mid-South Credit Bureau, Inc.</i>
<i>Allegiance</i>	<i>Recovery Resources</i>
<i>CBB</i>	<i>SSI Group, Inc.</i>
<i>Collection Professionals, Inc.</i>	<i>Tech Time</i>
<i>D.A. Davidson</i>	<i>Winthrop Resources</i>
<i>Emdeon Business Services</i>	<i>Xtend Healthcare Advanced Revenue Solutions</i>
<i>HCFS</i>	

The Growing Charity Challenge

Form 990 and Health Reform

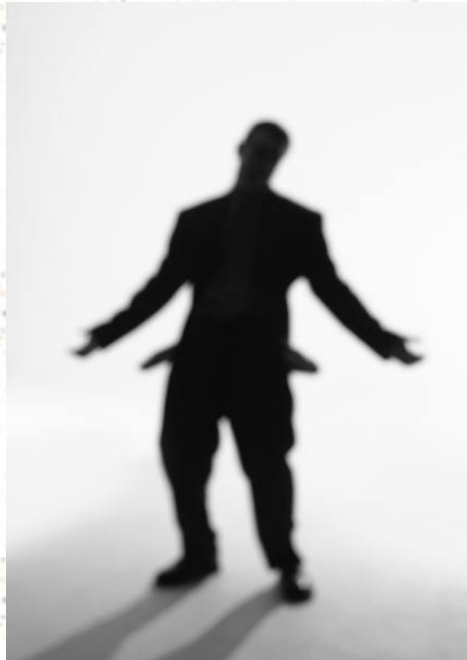
By Steve Levin
CEO, Connance
slevin@connance.com

Providers have made great progress in expanding and developing financial counseling processes over the past several years. Unfortunately, a large number of patients are continuing to fall through the cracks. Many patients meriting financial assistance fail to participate in financial counseling and are instead declared to be bad-debt and sent to collections.

This situation, while disappointing, is taking on new concern with Form 990 filing obligations, in which hospital executives are required to declare the amount of charity they believe they missed by current processes and which ended up as bad-debt. This admission of process breakdown is in addition to documenting the various types of financial assistance delivered and scale of community benefit spending.

It is likely that community groups and consumer advocates will closely study the new information disclosed on the Form 990. They will use this information to form opinions with respect to how well not-for-profit hospitals are delivering on their community responsibilities.

Recently passed health reform legislation is also picking up on this issue, setting expectations for comprehensive financial assistance effort prior to any extraordinary collection activity. How this component of the legislation ultimately is converted into guidelines and operating standards remains to be seen; however, it is hard to imagine that the results will lessen the current anxieties. Similarly, it remains unclear what limits or restrictions the new Consumer Financial Protection Agency will impose.



Size of the Opportunity

Based on research done by Connance and PARO, it is common to find that 20-30% of a provider's bad-debt is from guarantors that would qualify for charity, but slipped through the cracks in the process. This is a meaningful percentage and is sure to attract attention when reported on Form 990.

Of course, the amount of missed charity for any individual hospital varies based on the local market, their specific financial assistance policies, and the financial counseling process in place. Poverty is a local phenomenon.

Root Causes of Missed Charity

Simply working harder under today's standard patient access and financial

counseling processes is unlikely to overcome the missed charity issue. Structural challenges stand between many poor people participating in counseling and properly documenting their eligibility.

Consumers living in poverty have less education and higher illiteracy than the average household. While statistics on illiteracy and poverty are limited, the U.S. Department of Education estimates that, on average, 1 in 5 Americans are functionally illiterate. With this national average, a sizable share of the poor are very likely unable to fill in a basic charity application or even read a charity sign in the emergency room.

People living in poverty often lack stable addresses, are immigrants, or are embarrassed by their situation and prefer to not participate in application processes and announce their plight.

The Federal Reserve estimated that as many as 25% of those living in poverty lack access to traditional "banking" resources such as a savings or checking account. This means they are unable to provide financial documentation and databases of such information will not have their information.

Poverty and Credit Scores

The relationship between poverty and credit scores is an interesting one.

It stands to reason that if people living in poverty lack traditional banking relationships they will also lack a credit score. However, the corollary is not true – just because one lacks a credit

Continued on the next page.

The Growing Charity Challenge

Form 990 and Health Reform Continued

score does not mean they are poor. There are many reasons other than income that will cause an individual to lack a credit score. Consider the situations of students who are just entering the workforce, someone who is newly widowed or divorced, or recent immigrants.

Next, consider that credit scores are really not an income measure but a delinquency measure. They answer the question "is this person likely to repay a new credit obligation?" Poverty is not a question of being overextended or spending more than you make. It is simply a question of income and household structure.

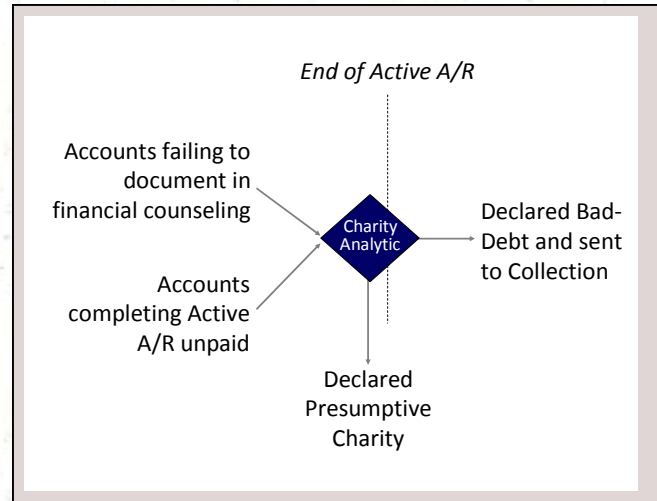
A common example of the difference between credit scores and poverty is an elderly patient living on a fixed income without any property. This patient will often have a bank account and a credit card, which they use sparingly or under tight control so as to never run up a bill they cannot afford. This patient will likely have a solid credit score, but also be eligible for poverty classification based on income. One can contrast this with a middle income consumer who has racked up large bills buying the latest electronics or being overextended on their mortgage. They probably have poor credit scores, but would not meet the charity test for low income.

Presumptive Charity Analytics Leading Solution

Presumptive charity analytics are the leading approach to addressing both day-to-day operational issues of missed charity and Form 990 disclosures. They are a type of predictive model built specifically for identifying accounts eligible for poverty classification. Presumptive charity analytics use publicly available information to predict whether or not that guarantor would have been approved for financial assistance had they participated in the process.

Providers are using predictive analytics to evaluate accounts that fail to document through standard financial counseling processes. Accounts are scored just prior to bad-debt assignment. Those qualifying for presumptive charity are reclassified as such and removed from the bad-debt placement file. Those failing to qualify are declared bad-debt and handled as such.

Using a presumptive charity analytic in this fashion complements the existing financial counseling and patient access processes by addressing recognized breakdowns and barriers. Every account, including those that were



missed by or failed to participate in financial counseling, are reviewed using a proactive, consistent and repeatable process.

This approach also provides a clear pathway for Form 990 submissions. Hospitals are able to reclassify significant bad-debts as presumptive charity, demonstrating a truer view of their community benefit. The estimate of missed charity ending up in bad-debt is reduced to the error rate of the model applied against bad-debt placements. In total, the institution is communicating a comprehensive and proactive effort to identify and aid needy patients, even those unable to speak up. This is clearly on point with newly passed federal health reform legislation.

In order to implement this approach, charity policies need to explicitly note that presumptive charity can be conferred based on a third-party analytic. Similarly, auditors should be apprised of the decision to implement a presumptive analytic. Their input should be incorporated into the process and policies.

Picking a Presumptive Charity Analytic

There are a range of presumptive charity analytics available to identify missed charity eligible accounts. In picking a model, consider the following elements:

Local calibration. Poverty is heavily weighted to local economic circumstances and socio-economic attributes. Better predictive models will be calibrated during

Continued on the next page.

The Growing Charity Challenge

Form 990 and Health Reform Continued

implementation to the hospital's specific community.

How the model handles households without bank accounts and credit files. Credit based models may have challenges with this population. Socio-demographic models are often better able to handle households living in the cash economy.

Information required. Some models require a current address and guarantor social security number for scoring. Understanding differences in data requirements is important as it can have significant impact on Patient Access activities.

Portion of accounts a model cannot evaluate. Better models will have broader coverage, e.g. fewer accounts that are not able to be predicted or assessed. Some models cannot evaluate as many as 30% of self-pay accounts, while others will have issues with as few as 1-2%.

Sliding Scale Calibration. Models differ in the extent to which they can be tuned to a hospital's sliding-scale discount, e.g. the discount offered at different income thresholds.

Acceptance by IRS, Regulators and Other Organizations. With many different vendors offering models, understand the extent to which the model in question has been used in previous filings or been recommended as an effective solution.

Few Simple Steps Solve Growing Issue

Analytics are commonly accessed through simple web-based applications and can be connected to a patient account system through secure file transfer. The system generates a file for scoring and sends it to the scoring website, much the same way patient accounting systems generate bad-debt placement files today. The web-based scoring system picks

up the file, scores each account and sends back a response file. Your patient account system grabs the file and automatically reclassifies accounts based on the score.

Within just a few weeks of selecting a charity analytic an organization can be automatically reviewing accounts as they age out to bad-debt. In some instances it is also possible to review, at initiation, existing bad-debt inventory and execute a one-time financial adjustment for those identified as presumptive charity eligible.

Adopting a presumptive charity analytic is a straightforward, cost effective solution to a problem of significant public concern. It is additive to a great financial counseling and patient access program, closing the loop on patients missed in current routines, incapable of participating, or reluctant to make themselves visible. Your patients win and so does your organization.

About the Author

Steve Levin is CEO and co-founder of Connance. Contact him at slevin@connance.com or visit www.connance.com.

This article relies on material published in "a Form 990 Schedule H conundrum" by Shari Bailey, David Franklin and Keith Hearle, hfm magazine, April 2010. Shari Bailey is VP, Verité Healthcare Consulting, LLC; David Franklin is Chief Development Officer, Connance, Inc.; and Keith Hearle is President, Verité Healthcare Consulting, LLC.



CHECK OUT OUR WEBSITE

For more information about the Montana Chapter of HFMA please visit:

www.mthfma.org

Is your information up-to-date? Please make sure your e-mail address is up to date to continue to receive important information, newsletters, updates, etc., from MT HFMA! Visit www.hfma.org and login and check personal profile

2nd HFMA Virtual Healthcare Finance Conference: December 1 & 2, 2010

HFMA'S VIRTUAL HEALTHCARE FINANCE CONFERENCE

December 1 & 2, 2010

www.hfma.org/virtualconference



Mark your calendars for the second [HFMA Virtual Healthcare Finance Conference](#) beginning with live sessions on December 1-2, 2010. Back by popular demand, all new content and **free** to HFMA members! Non-member registration is \$148.

Don't miss the virtual event of the year! From the convenience of your office, access your choice of 8 CPE-eligible live education programs and 10 on-demand sessions from industry leaders, including:

- HFMA President and CEO Dick Clarke
- HFMA Chair Debora Kuchka-Craig, FHFMA, Corporate Vice-President, Managed Care, MedStar Health Inc.
- 2010 MAP Award Winner Jane A. Berkebile, Vice President, Revenue Cycle, OhioHealth
- Lee B. Sacks, MD, Executive Vice President, Chief Medical Officer, Advocate Health Care/President, Advocate Physician Partners
- Rick Gundling, Vice President of Healthcare Finance Practices; Suzanne Lestina, Director, Revenue Cycle MAP; Chad Mulvany and Todd Nelson,

Technical Directors, HFMA

- Joseph Fifer, FHFMA, CPA, Vice President, Hospital Finance, Spectrum

Find hundreds of products and services in the virtual Exhibit Hall! While you're there, win prizes that will be raffled off daily!

This live virtual event has the look and feel of a traditional conference. Attendees will also have **on-demand access until February 28, 2011.**

The [HFMA Virtual Healthcare Finance Conference](#) beginning with live sessions on December 1-2, 2010 is back with all new content.

The conference is **FREE** to HFMA members! Non-member registration is \$148.

To learn more about this virtual educational opportunity or to register for **FREE**, please visit www.hfma.org/virtualconference.



HFMA Members: Free

Non-Members: \$148 including special membership offer

Continued on the next page.

2nd HFMA Virtual Healthcare Finance Conference: December 1 & 2, 2010 (Cont)

FREQUENTLY ASKED QUESTIONS

Q: What is the HFMA Virtual Healthcare Finance Conference?

A: The HFMA Virtual Healthcare Finance Conference simulates the “look and feel” of an in-person event. The event is FREE to HFMA members; non-members can register for \$148 and receive a special membership offer. It will take place LIVE December 1-2, 2010, 9:00am - 5:00pm CST. Over these 2 days, healthcare finance industry professionals will participate online from the convenience of their home or office computers. They will access live educational events, interact with presenters as well as exhibitors, download valuable collateral, and more! In the Education Hall, attendees may earn up to 8 CPE credits for the 2-day live educational sessions, upon completion of a brief, online evaluation. Conference attendees may also choose from 10 of HFMA’s best pre-recorded sessions from 2010 available for viewing at your convenience. Chapters will receive DCMS educational program hours for all programs their members attend during the live and on-demand events.

For 90 days after the event, attendees may watch or download any of these 18 sessions on-demand, 24 hours a day, 7 days a week!



Q: How does the 2-day live event differ from the post 90-day on-demand event?

A: There are two key differences between the live and on-demand portions of the event. They are:

- 1) the opportunity to interact in real-time with speakers, company representatives, and peers, and
- 2) the ability to earn CPE credits for the 8 live education sessions. CPE credits for 8 live education sessions are only valid for attendees who participate in these sessions *when they are broadcast live* on December 1-2, 2010.

In the LIVE December 1-2 event, attendees will have the opportunity to ask questions of the presenters in each of their Q&A sessions; interact with booth representatives in the Exhibit Hall; meet industry experts and thought leaders; network and share knowledge with peers and other attendees in the event.

In the ON-DEMAND event through February 28, 2011, the Exhibit Hall booths will be active; however, companies may or may not choose to staff their booths during this period. Attendees may still contact a booth representative for follow-up.

Q: Who is encouraged to attend the event?

A: This interactive event is created specifically for healthcare finance professionals and providers. Attendees will meet in a virtual “city” to learn, network, and collaborate in real-time.

Continued on the next page.

2nd HFMA Virtual Healthcare Finance Conference: December 1 & 2, 2010 (Cont)

FREQUENTLY ASKED QUESTIONS

(cont)

Q: How do we register for this event?

A: Please visit www.hfma.org/virtual conference to register. An HFMA username and password is required to enter the registration system. If registrants have forgotten their credentials, the website offers ways to prompt registrants for this information. Registrants can also contact HFMA Member Services (1-800-252-4362, ext. 2) for assistance. A registrant *who is not a HFMA member* will need to register as a non-member (they will also receive a special membership offer). Once this registration is complete, the registrant will need to return to the registration page and enter his/her newly established credentials to enter the registration system.

Q: Will reminders be sent to registered attendees?

A: HFMA will send a registration confirmation email after an attendee has registered from our website. Three reminder emails will be sent to each registrant, (1 week prior, the day before and the morning of the event) from HFMA.

Q: How do registrants enter the event on December 1 -2, 2010?

A: Registrants will need to go to HFMA's event webpage (www.hfma.org/virtualconference) on

December 1-2 and log-in with their HFMA credentials. Once validated, registrants will be given access to the event.

Q: How is HFMA marketing HFMA's Virtual Healthcare Finance Conference?

A: HFMA is sending out a series of emails to its members specifically targeting this event, creating ads for *hfm*, leveraging tradeoff marketing with other associations, cross-promoting in HFMA publications, and maintaining a strong web presence, including a home page announcement. In addition, there will be special marketing initiatives (raffles each day, optional exhibitor booth prizes, etc.) to help drive participants to the Exhibit Hall for both the live and on-demand portions of the event.

Q: What does the event consist of?

A: HFMA's engaging virtual "city" will feature:

- ◆ The Education Hall - where industry thought leaders and experts will deliver 18 education sessions, both in live and pre-recorded formats.
- ◆ The Main Exhibit Hall - where attendees can learn about healthcare finance vendors' products and services, chat with company representatives, and download company collateral.
- ◆ The Resource Library - where attendees can complete their online evaluations for each of the 8 live educational sessions in order to receive CPE credit. Attendees may also access valuable tools, research, whitepapers, etc. on this hall.

Continued on the next page.

2nd HFMA Virtual Healthcare Finance Conference: December 1 & 2, 2010 (Cont)

FREQUENTLY ASKED QUESTIONS

(cont)

The Networking Lounge – where attendees can chat with one-on-one or in groups with industry peers and experts.

Q: Will technical support be available to attendees during the conference? Post conference?

A: Yes. If a registrant has trouble logging in to the event from HFMA's webpage

(www.hfma.org/virtualconference), he/she may contact HFMA's Member Services Group at 1-800-252-4362, ext. 2 for assistance with logging in. Once in the event, attendees will see a "Support" link in the top, right corner of their screens. Clicking on this link will put the attendee in direct contact with a technical support representative from the technology provider. (HFMA Member Services will not be able to assist at this point.)

Q: Who may I contact with further questions?

A: Please feel free to call any HFMA Member Services Representative at 1-800-252-4362, ext. 2 or email your question(s) to virtualhcfc@hfma.org.

We look forward to hearing from you!



**HAPPY
HALLOWEEN**

TriWest Offering Online Claims Correspondence/Webmail

Providers have shared their desire to correspond electronically with TriWest for resolution of claims issues and inquiries and we listened! TriWest Healthcare Alliance introduced two tools for registered providers – online claims correspondence and Webmail. Available from the secure provider portal, these tools allow registered users to electronically submit claims-specific issues and other general inquiries.

Registered users can use online claims correspondence for appeals, claim checks and claim reviews. They will be prompted to enter claims-related information (e.g., a beneficiary's Social Security number and/or claims number). Users also have the ability to electronically upload supporting documentation, if required, to process their claims inquiry, appeal or review.

Webmail allows users to submit inquiries regarding general secure website topics (e.g., User Administration, Personal Profile, and Eligibility) that don't necessarily require an immediate resolution.

Registered users can enter the Secure Message Center from the secure provider portal at www.triwest.com/provider by clicking [Send/View Webmail](#).

*Note: for referral/authorization issues, users should continue to use the TriWest Online Service Center Tool by clicking [Technical Assistance with Submission Requests](#).

To take advantage of these exciting new time-saving features, make sure you are registered for the secure provider portal at www.triwest.com/provider/registration. Registered users can also take advantage of these features:

Verify patient eligibility

Research covered benefits and check referral/authorization and medical review requirements for specific codes

Submit referrals/authorizations online and check their status regardless of how the request was submitted

Submit claims online and check claim status regardless of how the claim was submitted

Download remittance advices

Download claims status reports

Electronic Funds Transfer (EFT) – Coming soon!

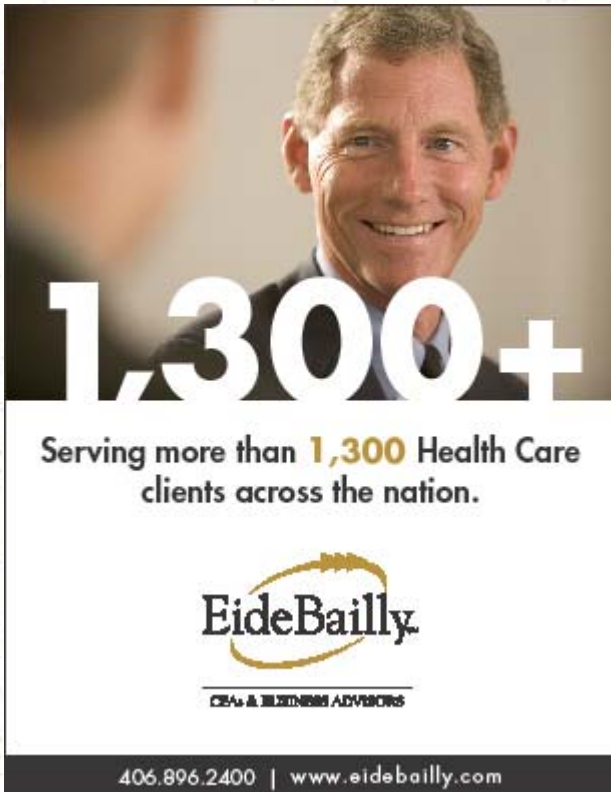


Self-pay
eligibility

solutions
from MASH:
a wellness



Call Marya Marvin at 406.546.1097 ~ www.mashinc.com

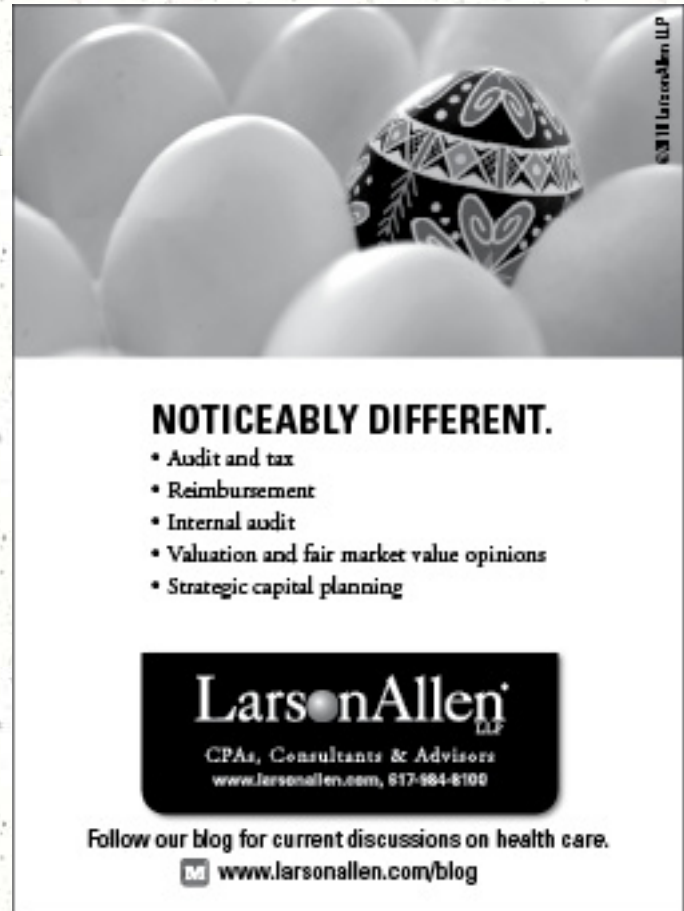


1,300+

Serving more than **1,300** Health Care clients across the nation.

EideBailly
CPAs & BUSINESS ADVISORS


406.896.2400 | www.eidebailly.com

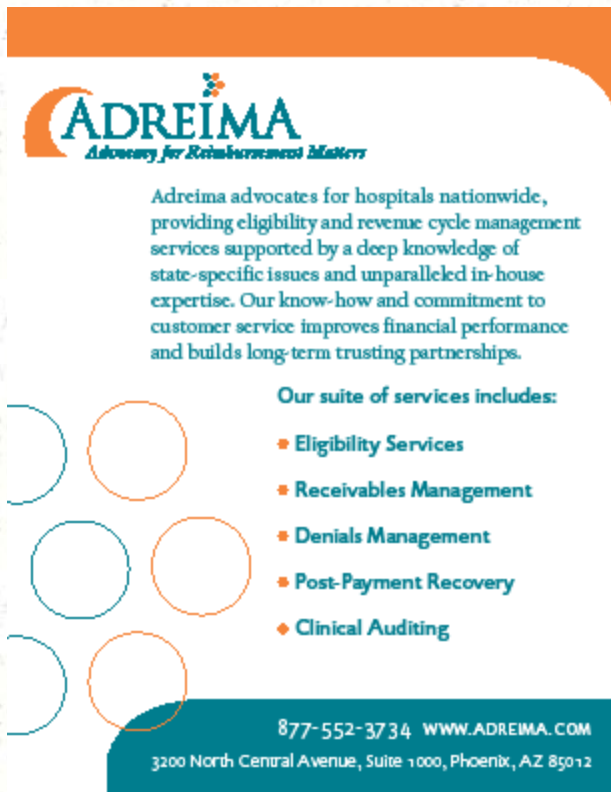


NOTICEABLY DIFFERENT.

- Audit and tax
- Reimbursement
- Internal audit
- Valuation and fair market value opinions
- Strategic capital planning

LarsonAllen
LLP
CPAs, Consultants & Advisors
www.larsonallen.com, 817-984-8100

Follow our blog for current discussions on health care.
 www.larsonallen.com/blog



ADREIMA
Advocacy for Reimbursement Matters

Adreima advocates for hospitals nationwide, providing eligibility and revenue cycle management services supported by a deep knowledge of state-specific issues and unparalleled in-house expertise. Our know-how and commitment to customer service improves financial performance and builds long-term trusting partnerships.

Our suite of services includes:

- Eligibility Services
- Receivables Management
- Denials Management
- Post-Payment Recovery
- Clinical Auditing

877-552-3734 WWW.ADREIMA.COM
3200 North Central Avenue, Suite 1000, Phoenix, AZ 85012

Editorial policy:

Opinions expressed in articles or features are those of the author and do not necessarily reflect the views of the Montana Chapter of Healthcare Financial Management Association or the editor.

The editor strongly encourages the submission of material for publication. The editor reserves the right to edit material and accept or reject contributions whether solicited or not.