Dear HFMA Members:

As I near the completion of my Presidency with the Kentucky Chapter of HFMA I can’t help but reflect on the progress we have made over the last year. Each year the President’s goal is to advance the chapter and leave it a little better for the next generation. Although successful in this progression, I still believe there are many strategic challenges the chapter will need to address in the ensuing years.

I would like to take a moment to address a few of these challenges that can be influenced by your actions as members or volunteers. A few of these challenges are:

1. Increased provider participation
2. Utilization of technology to provide affordable and accessible education
3. Preparation for healthcare consolidation

Delving a little further into these subjects, I think it is important for everyone to understand the intricacies of what we are up against as an organization. Chapters across the nation are experiencing declines in provider participation at the board level and representation at educational sessions. Despite the balanced demographics of our chapter, we still have only about 25-35% provider turnout at our events. Providers claim they are dealing with reduced budgets and limited time to attend educational meetings, but as leaders if we are not receiving education on changes in healthcare, then who is? Education is a priority and if leaders are not making the time, then they should be inspiring others within their organization to go in their place, as they will be the future leaders of healthcare.

With advancements in technology, the affordability to conduct education sessions through tools such as webinars is more and more relevant every day. So as a chapter, how can we leverage technology while still providing the ability to network and provide benefit to our sponsors? This is a delicate subject as we need meetings that promote interaction and involvement of our sponsors. The chapter relies very heavily upon our sponsorship dollars and if we did not provide access to our providers through networking, the chapter would not be able to survive.

Finally, how can we overcome the changes occurring in healthcare through consolidation? Many other states have already encountered numerous mergers and acquisitions in hospital systems and are experiencing declines in attendance and membership as changes occur. When this situation arises, many jobs become regionalized and little significance is placed on attending educational meetings. This problem will only get worse as healthcare continues to evolve.

Despite these challenges, the Kentucky chapter is as strong as it has ever been and is poised for another great year in 2014-15. This is a direct result of the supporters and volunteers within HFMA. None of this is possible without your contributions. On behalf of the entire chapter, we thank you for your dedication and loyalty to the Kentucky Chapter.

In parting, I sincerely hope that I have given HFMA at least a portion of the benefit it has provided to me. This has truly been a great experience, both personally and professionally, to serve you and the chapter. I would like to thank you for trusting me to lead the chapter over the last year. Rest assured the chapter is in great hands for years to come. Through great leadership we will approach these challenges head-on and overcome any hurdles that stand in our way.

Scott Reed, CPA
President 2013-14 / KY HFMA
president@hfmaKY.org
(502) 629-8333
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EDUCATIONAL POLICY
Opinions expressed in articles or features are those of the author and do not necessarily reflect the view of the Kentucky Chapter, the Healthcare Financial Management Association, or the Editor. The Editor reserves the right to edit material and accept or reject contributions whether solicited or not. All correspondence is assumed to be a release for publication unless otherwise indicated.

EDITORIAL MISSION
We support the mission of the Kentucky Chapter by serving as a key source for individuals involving in or interested in the financial management of healthcare.

PUBLICATION OBJECTIVE
This magazine is the official publication of the Kentucky Chapter HFMA and is written and edited principally to provide members with information regarding chapter and national activities, current and useful news of both national and local significance, information about seminars and conferences, and networking with colleagues, and to serve as a forum for the exchange of ideas and information.

ARTICLE SUBMISSION
We encourage submission of material for publication. Articles should be typescript and submitted electronically to the Editor by the deadlines listed below. The Editor reserves the right to edit, accept or reject materials whether solicited or not.

DEADLINES
FALL NEWSLETTER: 1st Wednesday in September
WINTER NEWSLETTER: 1st Wednesday in December
SPRING NEWSLETTER: 1st Wednesday in March
SUMMER NEWSLETTER: 1st Wednesday in June

“'It is our objective over the next year to take KY HFMA to a whole new level by doing whatever it takes.'
Nonprofit hospitals are in a new era of compliance, with reporting obligations now inextricably tied to an organization’s tax-exempt status. Two recent notices from the IRS attempt to provide more clarity for hospital leadership.

Internal Revenue Code (IRC) Sec. 501(r), which sets forth requirements nonprofit hospitals must meet in order to maintain federal tax exemption under IRC Sec. 501(c)(3), was created with passage of the Affordable Care Act (ACA) in 2010. More than half of all hospitals in the United States are nonprofit. Thus, IRC 501(r) will have a significant impact on the manner in which health care will be provided in the local community and across the country.

Charitable Care, Community Benefit

In 1956, the IRS standard for tax exemption required hospitals to provide charity care to the extent of their financial ability. “Community benefit” was first articulated by the IRS in 1969. While charity care remained an important component, hospitals were required to expand efforts and promote health to a class of persons broad enough to benefit the community. The standard remained essentially unchanged until 2009 when the IRS introduced a new Schedule H to supplement financial data collected from all tax-exempt organizations. Enactment of the ACA presented another opportunity to expand and clarify federal community benefit requirements, establishing criteria related to the assessment of community health needs; financial assistance policies; and hospital charges, billing and collection practices.

IRC 501(r) provides that a hospital organization will not be afforded tax-exempt treatment under 501(c)(3) unless the hospital meets requirements of 501(r)(3) through (r)(6):

• 501(r)(3) requires a hospital organization to conduct a community health needs assessment (CHNA) every three years and implement a strategy to meet those needs.

• 501(r)(4) requires a hospital organization to establish a financial assistance policy (FAP) and a policy related to emergency medical care.

• 501(r)(5) limits amounts charged for emergency or other medically necessary care that is provided to individuals under the hospital’s FAP to not more than the amounts generally billed to insured individuals.

• 501(r)(6) requires reasonable efforts to be made to determine whether an individual is FAP-eligible before engaging in extraordinary collection actions.

There is considerable guidance from tax and legal professionals regarding the nuances and best practices for complying with the requirements of 501(r), including the dynamic nature of the CHNA process and the need for its conclusions and responses to be thoroughly documented.

NOTICES, PROPOSED REGULATIONS AND PROCEDURES

Implementation of 501(r) has not been without challenges and the IRS has attempted to resolve a wide variety of issues through notices and publication of proposed and temporary regulations. It is in the absence of statutory guidance that proposed regulations offer organizations the best instruction on compliance. Most recently (i.e., on Dec. 30, 2013), two more notices provided guidelines for affected organizations. Notice 2014-2 confirmed that tax-exempt hospital organizations may rely on proposed regulations under 501(r) before final regulations are published. Notice 2014-3 provided correction and disclosure procedures for certain failures to meet the requirements under 501(r).

With the issuance of Notice 2014-2, nonprofit hospitals are provided a clear methodology for compliance with 501(r) based on the proposed regulations dated June 26, 2012 and April 5, 2013. For the earlier guidance, information...
was provided on the requirements for charitable hospitals relating to financial assistance and emergency medical care policies, charges for emergency or medically necessary care provided to individuals eligible for financial assistance, and billing and collections. CHNA requirements were covered in April 2013 along with a discussion on the related excise tax and reporting requirements for charitable hospitals as well as consequences for failure to satisfy 501(r). The 2013 proposed regulations also specified that failure would be excused (i.e., no loss of tax-exempt status), if a hospital corrected and disclosed errors and omissions promptly after discovery.

Most tax-exempt hospitals were required to meet the CHNA requirement set forth in 501(r)(3) by the end of 2013. As for those organizations that made a good faith effort to comply by the deadline, issuance of Notice 2014-2 on Dec. 30 might be considered anything but timely. Fortunately, Notice 2014-3 includes a proposed revenue procedure allowing nonprofit hospitals to maintain favorable tax treatment when failure is neither willful nor egregious.

**A ROAD MAP FOR HOSPITALS**

The proposed correction and disclosure procedures of Notice 2014-3 provide a road map for organizations seeking to excuse one or more failures as long as action begins before the hospital is contacted by the IRS concerning an examination. Correction includes the following four principles:

- **Attempt to restore affected persons to the position they would have occupied had the failure not occurred.**
- **Take action reasonable and appropriate to the failure.**
- **Make the correction as quickly as possible after discovery.**
- **Establish or modify policies and procedures to prevent similar failures from recurring.**

Disclosure on Schedule H of Form 990 for the tax year in which the failure is discovered requires:

- A description of the failure, including its type, location, date, number of occurrences, number of persons affected and dollars involved, along with the cause of the failure and practice and procedures in place prior to the occurrence.
- A description of the discovery, including how it was made and timing.
- A description of the correction made, including the method and date of corrections and whether affected persons were restored.

- A description of the practices and procedures, if any, that were established or modified or an explanation as to why no changes were needed.

The IRS states that correction and disclosure does not create a presumption that failure was not willful or egregious. However, correction and disclosure in accordance with the proposed revenue procedure will be considered as a factor and may serve as an indication that failure was not egregious or willful.

It is important to note that minor and inadvertent omissions and errors due to reasonable cause will not be considered a failure to meet a requirement of 501(r), if corrective action is taken promptly after discovery. By contrast, a failure to meet the CHNA requirements of 501(r)(3) subsequently excused as a result of appropriate correction and disclosure actions may still result in the imposition of an excise tax.

**501(R): A SHIFT IN EMPHASIS**

The IRS continues to focus on activities and policies of nonprofit hospitals while capturing information to ensure compliance with the ACA. However, many of the provisions of 501(r) were effective for tax years beginning after the date of enactment. As such, and without final rules and regulations, the challenge for affected organizations has been to avoid failure. A recent notice confirms several proposed regulations can be relied upon for compliance pending the publication of final regulations or other applicable guidance. Another new notice proposes procedures to correct and disclose failures to comply with the requirements of 501(r).

Policy analysts predict loss demand by uninsured patients for free and discounted hospital care as the ACA is implemented. The anticipated result is greater resources at nonprofit hospitals to focus on community benefits. The entire industry is shifting from managing illness to promoting wellness. Nonprofit hospitals, in return for retaining favorable tax treatment, are expected to contribute by creating and expanding public and community health initiatives throughout the communities they serve. 501(r) appears to be the tool by which the shift from an emphasis on charitable care to community benefit will be accomplished.

Gerald M. Suvacki is a senior vice president with Lancaster Pollard. He manages the Southeast region and is based in the firm’s Atlanta office. He may be reached a gsuvacki@lancasterpollard.com.

**HYPERLINKS:**

The passage of the Affordable Care Act established four new federal requirements for tax-exempt hospitals under section 501(r) of the Internal Revenue Code. They include:

- Conduct a community health needs assessment (CHNA) every three years and adopt an implementation strategy to meet needs identified in the assessment.
- Adopt a written financial assistance policy that includes eligibility criteria, methods used to calculate charges, applications for assistance, and actions associated with billing and collections.
- Limit charges for services to FAP-eligible patients to levels equivalent to amounts generally billed for insured patients.
- Make reasonable efforts to determine an individual’s eligibility for financial assistance prior to extraordinary collection actions.

What’s New Under 501(r)?

Don’t Miss the 2014 Hospital-Owned Physician Group Study.

Dean Dorton is following its 2013 report on physician group integration with a 2014 study delving deeper into key issues, including what constitutes a true integration process, how to address underperformance, and payer mix/physician compensation issues.

Survey participants are provided with early access to the report, and are eligible for a customized review of their operations compared to overall results.

To participate, or for any questions, please contact Gary Ermers at germers@deandorton.com.

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David Kottak
Mary McKinley
David Tate

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May 8 - 9, 2014
KHA 85th Annual Convention
May 8 at 5:00 PM - May 9 at 2:45 PM
Lexington Convention Center
430 West Vine Street
Lexington, KY 40507

May 16, 2014
Special Advocacy Event for Kentucky 340b Hospitals
8:30 AM - 2:30 PM
UK College of Medicine
138 Leader Avenue
Lexington, KY 40506

Safety Net Hospitals for Pharmaceutical Access (SNHPA), along with the Kentucky Hospital Association and the Kentucky chapter of the Healthcare Financial Management Association, invite you to a complimentary forum covering critical issues relating to the federal 340B drug discount program. We are pleased that the Honorable Congressman Andy Barr (KY-6th) will join us from 10:00-10:45 AM to provide a first-hand perspective on key legislative matters impacting Kentucky hospitals.

REGISTER BY MAY 12 - go to hfmaky.org

May 28, 2014 - May 28, 2014
Kentucky Society of CPA’s Healthcare Conference
7:30 AM - 4:00 PM
University of Louisville Shelby Campus
9001 Shelbyville Road
Louisville, KY 40222

Registration will be handled through the KY CPA website. KY HFMA members are eligible for the KYCPA rate!

8.0 CPE’s

May 31, 2014
2013-2014 Corporate Sponsorship

May 31, 2014
More information to come.

June 22, 2014 - June 25, 2014
Annual National Institute
Las Vegas, NV
More information to come.

July 24, 2014 - July 25, 2014
Summer Institute
Marriott Downtown
280 W Jefferson Street
Louisville, KY 40202

Book a room with HFMA’s discounted rate. The reservation deadline is June 25, so please be sure to reserve room now!!

HFMA Hotel Reservation Link at hfmaky.org

Parking will be available at the hotel at a rate of $15/day.

October 23, 2014 - October 24, 2014
Fall Institute
Embassy Suites
1801 Newtown Pike
Lexington, KY 40511

To make a reservation, please call: 1-800-EMBASSY and reference the organization “Healthcare Financial Management Association - KY Chapter” to receive the discounted room rate of $152.95.
Looking for a little more creativity, challenge, and growth opportunity in your workday? Didn’t think it was possible? Might be time to reconsider.

At Signature HealthCARE, our team members are permitted – no, encouraged – to employ their talents and abilities to solve problems. Our culture is built on three distinct pillars: Learning, Spirituality and Intra-preneurship. But this isn’t just hollow corporate slogans. Each pillar has its own staff and initiatives, ensuring that our unique culture permeates the entire organization.

Oh, by the way, we’re an elder care company. Our mission? To radically change the landscape of long-term care forever.

We’re currently hiring for the position of Staff Accountant at our home office in Louisville, KY. If this sounds like the right fit for you, please apply!

**EMPLOYER:** Signature HealthCARE

**POSITION TITLE:** Staff Accountant

**SUMMARY**

Responsible for recording, balancing and analyzing assigned general ledger accounts. Prepare financial statements, reports, and detailed reconciliations. Maintains all Gl financial transactions for assigned facilities in accordance with federal and state regulations, and generally accepted accounting principles.

**JOB REQUIREMENTS**

- **Bachelors degree in Accounting or related field required.**
- **Minimum of two (2) years related experience in accounting role; healthcare background preferred.**
- **Knowledge of GAAP accounting.**
- **Proficiency in account reconciliation and balancing required.**
- **Experience with accounting software; Great Plains preferred.**
- **Must possess excellent mathematical skills including budget/variance reporting and statistical analysis.**
- **Effective verbal and written English communication skills.**
- **Demonstrated intermediate skills in Microsoft Word, Excel, Power Point and Outlook, Internet and Intranet navigation.**
- **Highest level of professionalism with the ability to maintain confidentiality.**
- **Ability to communicate at all levels of organization and work well within a team environment in support of company objectives.**
- **Customer service oriented with the ability to work well under pressure.**
- **Strong attention to detail and accuracy, excellent organizational skills with ability to prioritize, coordinate and simultaneously maintain multiple projects with high level of quality and productivity.**
- **Strong analytical and problem solving skills.**
- **Ability to work with minimal supervision, take initiative and make independent decisions.**
- **Ability to deal with new tasks without the benefit of written procedures.**
- **Approachable, flexible and adaptable to change.**

**PHYSICAL AND SENSORY REQUIREMENTS:**

- **Moderate physical activity:**
  - Requires handling of average-weight objects up to twenty five (25) pounds.
  - Standing and/or walking for more than four (4) hours per day.
  - Bending and/or stooping for more than one (1) hour at a time.
  - Function independently, and have flexibility, personal integrity, and the ability to work effectively with stakeholders and vendors.

**CONTACT**

Hollye Odle, Director of Talent Acquisition
Signature HealthCARE, LLC
502.568.7886 • Office: 502.558.0806 • Cell: 502.259.0148
Name: Jim Morris
Hometown: Louisville, KY
Title: VP Finance – Baptist Health Louisville & La Grange

Company / Organization:
Baptist Healthcare System Inc

College/University attended and Degree:
Bellarmine University; Bachelor of Arts in Accounting

Career History:
Deloitte & Touche LLP 1980-1985; Baptist Health 1985 - present

What are the greatest challenges of your job?
Balancing the needs of the organization with the limited resources available, from the employee level to executive management

What is the most fulfilling aspect of your job?
Knowing you are working for an organization that makes a difference in somebody’s life.

Professional Memberships and Associations:
HFMA, AICPA, KyCpa

Community involvement activities or associations:
Finance and Audit Committee Chair; Spalding University; Church of the Ascension

What was your first job?
Cook at Famous Recipe Fried Chicken

What are your top three passions?
1. Family
2. Golf
3. UL Sports

Cats or Cards? Cards?

Favorite Restaurant: J Alexanders

Favorite Vacation destination: Any beach related location

What is one interesting fact about you that most people don’t know?
I was awarded the 2013 Bellarmine University Accounting Alumnus of the Year

What are your hobbies or favorite activities?
Golf and UL Basketball and Football

What would your fantasy job be - whether you’re qualified for it or not?
Golf Professional

Do you use social networking: Facebook, Twitter, etc?
No

Do you have any shopping weaknesses?
No - I rarely shop.

What do you do for stress relief?
Exercise or play golf.

Favorite TV Show: College Basketball

What do you listen to in the car?
Classic rock or sports talk radio

When you were a kid, what did you say you wanted to be when you grew up?
Doctor
name: Jim Morris
hometown: Louisville, KY
title: VP Finance – Baptist Health Louisville & La Grange
Company/organization: Baptist Healthcare System Inc
College/University attended and degree: Bellarmine University; Bachelor of Arts in Accounting
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Hospital-Owned Physician Group

What's New Under 501(r)?

The passage of the Affordable Care Act established four new federal requirements for tax-exempt hospitals under section 501(r) of the Internal Revenue Code. They include:

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- Adopt a written financial assistance policy that includes eligibility criteria, methods used to calculate charges, and procedures for determining an individual's eligibility for financial assistance.
- Conduct a community health needs assessment (CHNA) every three years and adopt an implementation strategy to meet needs identified in the assessment.

What's included in the eligible group?

- FAP-eligible patients:
  - Patients at risk of financial crisis
  - Patients who have difficulty paying for services
  - Patients who are eligible for Medicare or Medicaid

Regulations for FAP-eligible patients:

- Establish a written financial assistance policy
- Maintain proper documentation
- Keep communication open
- Have a program in place

Physicians who perform services for FAP-eligible patients:

- Limit charges
- Implement policies for financial assistance
- Keep communication open
- Have a program in place

Registration Information:

- Call us in Louisville at 502.581.0435
- Visit our website: www.deandorton.com
- Learn more about our round-the-clock commitment to ideas focused on the health care industry.

You'll experience ideas that help you improve performance, reduce risk, lower costs and stay in Kentucky HFMA or one of our more than 200 professionals.

Work face-to-face with one of the three past presidents of the Kentucky HFMA:

- David Tate
- Mary McKinley
- David Kottak

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WHAT DOES IT TAKE TO MAINTAIN THE CHFP AND FHMA CREDENTIALS?

In the previous three KY HFMA newsletters, we discussed why and how to become a Certified Healthcare Finance Professional and a Fellow of HFMA. Maintaining certification is easy....

HFMA members who have earned either the Certified Healthcare Financial Professional (CHFP) or Fellow of HFMA (FHMA) designation must maintain their certification by meeting two basic requirements:

- Remain an active HFMA member in good standing
- Complete 60 contact hours* in eligible education programs every three years. *A contact hour is 30 minutes of continuous programming, excluding meals, breaks, or social activities.

REPORTING YOUR ACTIVITIES

You must show evidence of maintaining your CHFP or FHMA designation every three years. Your three-year reporting period ends on May 31 of the “good through” year shown in your member record and begins on June 1 three years prior to your “good through” year.

Failure to meet the maintenance requirements by May 31 of the “good through” year will result in removal of your designation on September 1 of the “good through” year. The designation must then be re-earned by successfully completing the required certification exams and meeting the other requirements for certification. Please note that failure to renew your HFMA membership can also lead to removal of your designation.

It is your responsibility to self-report your education activities using the online reporting tool. The only activities that do not need to be self-reported are activities sponsored by HFMA National for which you have received CPE credit.

CHFP/FHMA MAINTENANCE FAQS

Q: How can I view my current CPE/EDU points?
A: You can access reports for current activities and all historical points using this online tool. You will need your HFMA user name and password to log in; once logged in, scroll down to access your reports. Points are shown as CPE and EDU points.

Q: I attended a day-long seminar. How do I calculate contact hours for this event?
A: First, add up the total length of the seminar. Next, subtract the time for breaks, meals, and social events. Finally, divide the total by 50. Example: 60 minute seminar / 50 = 1.2 contact hours. This is your total number of contact hours for the event. Note: Do not round this number down/up.

Q: Can I mail in hard-copy documentation of my attendance at an event?
A: No. Education activity must be reported using our online reporting tool. You should, however, maintain in your own files documentation of eligible events you have attended for at least one year past the end of your certification renewal date.

Q: I recently attended an event sponsored by my local HFMA chapter. Do I need to report my education hours for this event?
A: Yes. The only events that do not need to be self-reported are activities sponsored by HFMA National for which you have received CPE credit. It is your responsibility to self-report your education activities for all other activities, including attending chapter-sponsored events, proctoring a certification exam, etc.

Q: I've recently retired from my position. Do I still have to meet certification maintenance requirements?
A: Yes. The only events that do not need to be self-reported are activities sponsored by HFMA National for which you have received CPE credit. It is your responsibility to self-report your education activities for all other activities, including attending chapter-sponsored events, proctoring a certification exam, etc.

Please remember, if your employer does not cover the cost of a study guide, the KY HFMA chapter will be happy to purchase one for you. If this applies to you, please have your member number handy and contact Cindy Sharp at 812-849-5690 or csharp@hfma.org. The KY HFMA chapter will also pay for the cost of the exam when you pass if your employer doesn't reimburse you.
HOW TO PROGRESS IN A LEADERSHIP ROLE WITHIN HFMA:

1. Get involved – become a volunteer
2. Tell someone your interests
3. If you have a specific skill set to one of the roles, let someone know
4. Be proactive and present at HFMA meetings and stay involved
5. Make a commitment
HFMA of Kentucky thanks the following sponsors who have made this year’s newsletter possible:

PLATINUM SPONSORSHIP

Augusta Healthcare
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is more and more relevant every day. So as a chapter, how leaders of healthcare.

the time, then they should be inspiring others within their

have only about 25-35% provider turnout at our events.

Despite the balanced demographics of our chapter, we still

the board level and representation at educational sessions.

3. Preparation for healthcare consolidation

1. Increased provider participation

I would like to take a moment to address a few of these

still believe there are many strategic challenges the chapter

next generation. Although successful in this progression, I

is to advance the chapter and leave it a little better for the

great leadership we will approach these challenges head-on

trusting me to lead the chapter over the last year. Rest assured

to serve you and the chapter. I would like to thank you for

been a great experience, both personally and professionally,

15. This is a direct result of the supporters and volunteers

Despite these challenges, the Kentucky chapter is as strong as

hospital systems and are experiencing declines in attendance

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