How Will Quality Metrics Impact a Hospital’s Credit Rating? pg 4

Member Spotlight: Julie Kottak pg 7

KY HFMA Summer Institute Info pg 10

A New Paradigm for Technology pg 13

HFMA Region 4: Kim Coker pg 16
Dear HFMA Members:

While a new chapter year is upon us, I want to take a moment to look back to recognize and thank Scott Reed, our immediate Past President, for his leadership and dedication to our chapter. Over the past year, our chapter has continued to grow and improve the HFMA experience for our membership. Scott’s passion about HFMA is one of the many reasons why our chapter continues to grow, and we have all benefited from his efforts on our behalf. Thank you, Scott, for your years of contributions and efforts to our chapter and for helping to grow our chapter to be one of the best in the nation.

In the new chapter year, there remains a tremendous amount of opportunity in the healthcare industry. Those opportunities bring frustration, challenges, and difficulties that will require everyone to work with greater efficiency and effort in order to come out ahead on the other side. HFMA is here to help you do exactly that, with resources available at the local and national level to be there with you as a resource to lean on as you tackle those opportunities.

How will this occur? There’s no magic to it at all. It’s all about you. You’re already making an impact in your organization, and you can make an impact across our healthcare industry in Kentucky from where you are today. It’s pretty simple really. Get involved. Whether by volunteering, attending events, speaking, networking, or engaging with others to share issues and ideas, it really doesn’t matter. With all of us collaborating from every corner of the state, leaning on and depending on each other, we will have a much greater impact on our industry now and in the years to come.

Everyone is busier than ever, and it can be difficult to set aside time to be involved or to come to events. I want to challenge you to think differently about that. If you don’t get involved today, you’re going to be busier than ever tomorrow. This will never change until you do something about it. Now’s the time!

Kari Cornicelli, the 2014-15 HFMA National Chair, has chosen the theme of “Leading the Change” to challenge us to lead the change. It is up to all of us to lead the change, not only in our organizations, but across the industry. As this chapter year unfolds, I encourage you to consider how you can pay it forward, at our organizations and through HFMA. This will help ensure that the healthcare industry can continue to be a challenging, fun, and vibrant industry for years to come.

Don Frank
President 2014 - 15 KY HFMA
president@hfmaky.org
(859) 578-6858
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EDITORIAL 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 typeset 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
How Will Quality Metrics Impact a Hospital’s Credit Rating?

By QUINNEN HARRIS, Lancaster Poland

Which ratings matter most to hospitals? The number of groups evaluating and awarding top grades to health care organizations is growing. Consumers can pick from the government’s website Medicare Hospital Compare or a handful of assessments from private and nonprofit organizations, such as U.S. News and World Report, Consumer Reports, Truven Health Analytics, and the Joint Commission, among others. Hospital ratings vary widely as each rater uses a different methodology that can provide vastly different results.

As the Affordable Care Act’s (ACA) provisions are implemented, quality metrics will become a bigger agenda item in a hospital’s board room. Medicare’s quality incentive program has sent a large signal to other insurers and the health care industry at large with its risk-based contracts to achieve quality and cost targets via incentives, or in some cases, financial penalties. Additionally, both payers and purchasers have stepped up their demand for high-value health care with the start of mandated insurance changes this year. Those agencies and organizations that rate hospital performance are paying particular attention to the sea change and currently are determining how to incorporate quality measurements into their methodologies.

Evolving Credit Ratings

In the near future, quality measures could impact a hospital’s cost of capital as health care reform focuses on transitioning from a fee-for-service to a fee-for-value model, with hospitals expected to take on risk and deliver measurable quality of care. From a capital markets perspective, the ability to access capital at low rates and competitive terms often depends on the evaluation that matters most to investors—the investment grade rating assigned to the bond issue by one of three credit rating agencies (CRAs). The group, often dubbed the Big Three, consists of Moody’s Investors Service, Fitch Ratings and Standard & Poor’s.

Traditionally, each CRA has its own criteria and methodology, with varying degrees of transparency, to determine a hospital’s credit rating. Key quantitative categories include credit profile ratios for liquidity, profitability and capital structure. Qualitative (nonquantifiable information) factors, such as the economy, local market demographic, competition and the strength of a hospital’s management and board, also impact an organization’s credit assessment. (Suggested Read: “Making the Grade: Choosing the Right Rating Agency”, The Capital Issue, Fall 2011.)

However, CRAs are in the process of determining what quality indicators matter going forward, particularly in regards to Medicare’s evolving incentive programs, and how to apply those metrics in their evaluations.

Adding Quality to the Mix

Medicare’s inpatient quality incentive program, known as Hospital Value-Based Purchasing (HVBP), is part of the Centers for Medicare & Medicaid Services’ (CMS) three-prong effort to use Medicare’s payment system to improve clinical outcomes, patient safety and experience. HVBP uses the hospital quality data reporting system, previously developed for the Hospital Inpatient Quality Reporting program, to assess quality based on peer comparison and year-over-year improvement through value-based quality incentives. Additionally, Medicare’s Hospital Readmissions Reduction Program and Hospital Acquired Conditions Penalties work alongside HVBP to further drive clinical outcomes, patient safety and patient experience.

For about half of those hospitals participating in the HVBP program the financial impact is negligible, according to Kaiser Health News and NPR. These organizations are gaining or losing less than a fifth of one percent of what Medicare otherwise would have paid. Others are experiencing greater spreads. Overall, more hospitals were penalized. Last October CMS raised payment rates for 1,231 hospitals while reducing payments for 1,451 hospitals, with the average penalty greater than the previous year. It is important to note that critical access and certain specialty hospitals are exempt from the HVBP program.

As mentioned, the amount of reimbursement at risk currently is small; however, the combined penalties of all three Medicare quality programs could add up to as much as 5.5% for providers that do not toe the line. It’s very apparent that CMS is indicating to the marketplace that quality is important and other payers will follow Medicare’s lead. Therefore, it should be expected that investors will begin incorporating quality indicators into
their evaluation processes.

Erik Carlson, a health care management expert based near Omaha, Neb., believes a value-based system will be adopted in due course. “Quality will increasingly drive decision making in the health-care industry and have a financial impact,” Carlson said. “This will be further magnified as Medicare patients are likely to increase as a percentage of hospitals’ payer mix due to the aging population.”

CONSIDERING QUALITY MEASURES
Rating agencies will be collecting supplemental information from hospitals for specific data points measuring quality for some time before giving value-based measures explicit weighting in their rating process. For now, they recognize that hospitals providing a high quality level of care are likely to be more profitable, have stronger balance sheets than their average peers, invest more in technology and take a long-term view for results.

To get an impression of how CRAs are dealing with the evolving environment of quality metrics, let’s look at two—Moody’s and Fitch:

Moody’s Investors Service—Moody’s introduced six new indicators in a 2013 report to more accurately capture the changing payment and care models. Moody’s will use the following to measure demand:
- Unique patients: the number of people who received care at the hospital in a 12-month period, both inpatient or outpatient.
- Covered lives: the number of people within the community for which the hospital is responsible along the continuum of care—either through exclusive contract, the hospital-owned health insurance plan, an ACO contract or through an ACO-like structure provided by Medicare, Medicaid or other commercial payers.
- Employed physicians: this figure serves as a predictor of referrals. (Incidentally, hospital doctors better utilize electronic medical records and coordinate care, which the rating agency recognizes this trend as a credit positive.)

For reimbursement risk, Moody’s will initially focus on the following indicators initially:
- “All-payer” readmission rate: This measurement of patients covered by other insurers will include readmissions within 30 days of discharge, no matter the diagnosis, unless it is a part of the plan of care.
- Risk-based revenues: hospitals currently with or in the process of obtaining a Moody’s credit rating will need to annually provide data on the type of reimbursement methodology used in its contracts. Risk-based revenues will include new reimbursement models, such as bundled payment and pay-for-performance. Moody’s will use this metric along with traditional forms of payment, such as DRGs, per diem and capitation in its evaluation.

Fitch Ratings—Although the rating agency already considers quality metrics in its criteria and credit analysis, it’s assessing if hospital boards and senior staff are giving quality sufficient attention in the transition to a fee-for-value model. As part of its credit evaluation, Fitch reviews scores from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), the first national standardized survey of patients’ perspectives of hospital care. The scores, which are posted on the CMS website, are used to determine value-based reimbursement and readmissions bonuses and penalties. Additionally, Fitch asks hospitals to estimate potential future Medicare rate penalties related to HCAHPS or readmissions as well as provide data on the level of patient revenues that are “at risk” for quality performance under their payer contracts.

In evaluating creditworthiness, Fitch recognizes that tracking and reporting quality and safety indicators will impact a provider’s reimbursement and competitive positioning, which are key credit factors. The rating agency will review a hospital’s publicly available quality scores, which may include readmission rates and value-based purchasing metrics, as well as its overall commitment to establishing a culture centered on delivering safe, high-quality care. According to Fitch, it focuses on IT investments in its assessments and asks hospitals to report on meaningful use, ICD-10 readiness and their Health Information Management Systems Society (HIMSS) level. Overall, the rating agency focuses on consistent improvement across industry standards and results.
compared with competing hospitals as part of a broader analysis on clinical strategy and competitive positioning.

In assessing quality measures for hospitals, credit rating agencies will be gauging whether a hospital has the clout (scale) to deliver the metrics when needed along with each’s own mix of quantitative and qualitative indicators. Not all hospitals will be at the forefront of innovation and new health care strategies because of their size and scope; however, all providers should focus their efforts in developing an informed leadership, expanding access and, especially, improving quality and the patient experience. To remain competitive, hospitals should implement best practices on a large scale and manage costs to keep pace with reimbursement cuts. Finally, when looking to access the capital markets, hospitals need to be familiar with the credit evaluation process, how ratings are evolving in the new normal and be prepared to benchmark themselves to investment-grade medians.

Quentin Harris is a vice president with Lancaster Pollard in Lawrence, Kansas. He may be reached at qharris@lancasterpollard.com.

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 payor 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.

www.deandorton.com
Embracing a routine refresh cycle utilizing lease financing is an essential strategy for health care organizations to achieve the Triple Aim. Organizations must make a strategic commitment to keeping technology current to remain competitive and, ultimately, to survive.

A strategic commitment to technology and its increasing importance in health care today starts with rethinking the way we view equipment. The budgeting for technology in this era involves a new paradigm for how we acquire and maintain equipment.

### Total Cost of Ownership Breakdown

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### Conclusion

It is time to rethink the paradigm about how to acquire and maintain equipment. By embracing lease financing, healthcare organizations can easily refresh equipment to keep the useful life and maintenance coverage significant, reducing support and out-of-warranty maintenance costs. This strategy enables organizations to:

- Reduce indirect costs: Technology is a rapidly changing commodity with a short useful life; aligning the term with the lease will cost less than purchasing the equipment outright.
- Lower acquisition costs: Low, fixed payments made over the lease term will allow hospitals to experience savings from the depreciation of assets (a tax-shield). Leasing is the only tool hospitals do not experience the tax savings created by the depreciation of assets.
- Manage life cycle: Leasing is not a decision based on whether or not you use the equipment but the time you want to manage the life cycle of your equipment.

Unlike traditional for-profit businesses, non-profit organizations partake in leasing because they do not have the bandwidth to keep equipment up to date. Leasing is a strategic financing method organizations can use to manage the life cycle of their equipment.


### Works Cited

- www.fahf.com
As health care organizations pursue the Triple Aim vision, they need to explore every facet of their care delivery systems. Reliance on technology, the vehicle for reform, requires organizations to take a fresh look at how they view technology assets. This paper briefly explores a new paradigm for technology acquisition and lifecycle management that aligns with improving patient care, reducing health delivery costs, and improving population health.

An Old Strategy in a New Environment

Historically, most health care organizations viewed technology like an emerging nuisance—with reluctant providers preferring pen and paper. Technology equipment was not regarded with the same esteem as equipment used to deliver direct patient care, nor could a direct line be drawn to the bottom line. Therefore, in many health care organizations, an efficient and cost-effective strategy was never developed to acquire and manage the lifecycle of technology, resulting in costly maintenance and repairs over time.

What Has Changed?

HITECH and the PPACA have created an environment where technology is critical in improving patient care, enhancing the patient experience, and reducing health delivery costs. Electronic Health Records (EHR) utilization incentives and penalties are directly tied to an organization’s financial performance. New regulations and new technology require new strategies. While holding on to outdated technology may have been an option in the past, employing this strategy today will hinder performance, competitiveness and the bottom line.

What Makes This So Different?

2014 is a pivotal year in health care:
- Decreases in reimbursements
- Technology incentives drying-up
- Introduction of insurance exchanges
- Unpredictable government regulations (ex: ICD-10)

These changes are decreasing cash flow, aging accounts receivables, and challenging even the largest and strongest institutions. This is the new normal; health care organizations are trying to become comfortable with being uncomfortable.

A New Paradigm for Technology

You Can Do This!

30-Day Ab Challenge

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TRY THIS RECIPE!

SWEET POTATO BROWNIES

Believe it or not these actually taste pretty good and are kid approved!!

INGREDIENTS

1 LARGE sweet potato or two small ones
3 eggs whisked
1/4 cup of coconut oil melted
(you can find at the grocery store near the other oils)
1/3 cup raw honey
1/4 teaspoon vanilla extract
3 tablespoons coconut flour
2 tablespoons unsweetened cocoa powder
1/4 teaspoon baking powder
1/4 teaspoon of cinnamon
1 cup dark chocolate chips

INSTRUCTIONS

1. Bake the sweet potato, preheat oven to 425°, puncture the sweet potato with a fork let it cook for 25-30 mins until it is soft (fork goes in really easy)
2. Once sweet potato is done, peel it and mash it up in a bowl and turn oven down to 350°
3. Now add wet ingredients: eggs, coconut oil, honey, and vanilla in the bowl and mix it.
4. Then add dry ingredients: coconut flour, cocoa powder, baking powder, cinnamon, when all mixed together add chocolate chips
5. Pour into greased (I just use Pam) 8x8 pan
6. Bake for 30-35 mins until center is cooked
7. Let cool and enjoy.....Your kids won’t even know they are eating sweet potatoes!
Kentucky Chapter gives back . . .
during the summer institute on July 24-25 we are asking all members to bring in school supplies that will be donated to the home of the innocents back to school drive. Please bring in a minimum of $5 worth of school supplies on Friday, July 25th and in exchange you can wear jeans!

Sample of items needed:
- glue sticks
- hand sanitizer
- Kleenex
- mechanical pencils
- pencil sharpeners
- pocket folders
- index cards
- flash drives
- protractors
- colored pencils
- paper clips
- pocket dictionary
- washable markers
- compass
- black pens
- red pens
- composition notebooks
- calculator
- highlighter
- pencil case that fit in binder
- scissors
- and crayons

Thank you!
During the Summer Institute on July 24-25
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Please bring in a minimum of $5 worth of school supplies on Friday, July 25th and in exchange you can wear jeans!

SAMPLE OF ITEMS NEEDED
Glue sticks, hand sanitizer, Kleenex, mechanical pencils, pencil sharpeners, pocket folders, index cards, flash drives, protractors, colored pencils, paper clips, pocket dictionary, washable markers, compass, black pens, red pens, composition notebooks, calculator, highlighter, pencil case that fit in binder, scissors, and crayons
Happy Anniversary!

35 YEARS
Edward A Erway
Heather M. McDavidt

30 YEARS
Ronald J. Farr

25 YEARS
John C. Bradford
Tom Marshall
Michael D. Rutland
James M. Schmuck

20 YEARS
Russell S. Ranallo

15 YEARS
Judy S. Mansur
Neal Thomas

10 YEARS
Shawn Adams
Robert C. Bostin
Cheyey A. Davidson
LaDonna Dezer
Bill J. Leachman
Kim C. Posadas
Scott Reed
Jason Schulted
John E. Watercutte
Christopher M. Wilson

5 YEARS
Anthony Allen
Kathleen M. Haeley
Marlene B. Helmikamp
Julie A. Jones
P. Daugherty Murphy
Lori R. Pettit
Jennifer M. Stone
Debra Toomey
John B. White

1 YEAR
Shawn M. Barthel
Lester J. Rolbingr
John Campbell
Damian Canterini
Allie Danks
Mike Dixon
Robert R. Feldbauer
Judy Fisher
Robert E. Foster
JC Gibson

Shawn Hamilton
Nolan K. Kapp
Matt Kuene
Jenna Markowitz
Marie Mingus
Nicholas P. Shipley
Geoffrey R. Speicher
Stephanie Terryu
Seth Thomas
As health care organizations pursue the Triple Aim vision, they need to explore every facet of their care delivery systems. Reliance on technology, the vehicle for reform, requires organizations to take a fresh look at how they view technology assets. This paper briefly explores a new paradigm for technology acquisition and lifecycle management that aligns with improving patient care, reducing health delivery costs, and improving population health.

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**WHAT HAS CHANGED?**

HITECH and the PPACA have created an environment where technology is critical in improving patient care, enhancing the patient experience, and reducing health delivery costs. Electronic Health Records (EHR) utilization incentives and penalties are directly tied to an organization’s financial performance. New regulations and new technology require new strategies. While holding on to outdated technology may have been an option in the past, employing this strategy today will hinder performance, competitiveness and the bottom line.

**WHAT MAKES THIS SO DIFFERENT?**

2014 is a pivotal year in health care:
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- Introduction of insurance exchanges
- Unpredictable government regulations (e.g. ICD-10)

These changes are decreasing cash flow, aging accounts receivables, and challenging even the largest and strongest institutions. This is the new normal; health care organizations are trying to become comfortable with being uncomfortable.
It is time to rethink the paradigm

A strategic commitment to keeping technology current is essential for health care organizations to achieve the Triple Aim, remain competitive and, ultimately, to survive. Embracing a routine refresh cycle utilizing lease financing enables you to:

- Lower acquisition costs by using low, fixed payments made over the lease term, which will cost less than purchasing the equipment outright.
- Reduce indirect costs: technology is a rapidly changing commodity with a short useful life; aligning term with useful life and maintenance coverage will significantly reduce support and out-of-warranty maintenance costs.
- Stay current and flexible: as technology changes, health care organizations can easily refresh equipment to keep pace with innovations in technology.

Leasing is not a decision based on whether or not you use your cash. It is a strategic financing method organizations use to manage the life cycle of their equipment.

Untapped savings

Unlike traditional for-profit businesses, non-profit hospitals do not experience the tax savings created by the depreciation of assets (a tax-shield). Leasing is the only tool that will allow hospitals to experience savings from the tax-shield. In a true lease, the leasing organization is able to depreciate the equipment, resulting in tax savings that will pass through to the health care organization.

Conclusion

Budgeting for technology in this era involves a new paradigm for how we acquire and maintain equipment. The solution to technology management challenges facing health care today starts with rethinking the way we view technology and its increasing importance in our pursuit of the Triple Aim. Organizations must make a strategic commitment to technology and create an environment that is able to adapt to change.

Total Cost of Computer Purchase

The data presented in the graphs is based on a 2009 study sponsored by Intel Corporation.

Works Cited

Timothy Merz and Ronnie Nembro.

www.fahf.com

The data presented in the graphs is based on a 2009 study sponsored by Intel Corporation.
WE WELCOME OUR NEW MEMBERS!

Patrick Church  Yuehan Guo, CPA  Larry Cundiff
Kyle Taylor  David Halcomb  Amy Holliday, CPA
Lauren Tungate  Stacey Tenbarge
Joe Rayome
Jessica Williams
The primary responsibilities of the Regional Executives are:
- Serve as primary volunteer and policy liaison between the chapters and HFMA National;
- To assist chapter leaders in serving the members;
- To foster a dialogue and effective communications between national HFMA Board 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.

A special thank you to my predecessor, George Bayliss, for his service as our Regional Executive for this past year. He worked very hard for each chapter within our region and set the stage for continued success.

I am very excited to be working with Tom Henderson from the Virginia/DC Chapter who is the Regional Executive-Elect for Region 4 and your chapter leaders. During the week of April 26, 2014, your chapter leaders attended the Leadership Training Conference (LTC) in Maryland. LTC provides the tools to prepare your elected leaders to receive training in order to fulfill their responsibilities. LTC is a very rewarding experience and energizers your leaders for the upcoming year. I encourage you to support your leaders and the goals they have set for the June 2014 through May 2015 chapter year. You can help them by attending a meeting, being an involved member in membership or volunteering for a committee. I have found the more you put into HFMA the more you get out of it. Ask your leaders what you can do to help your chapter succeed.

Over the last year I have had the privilege to work with your chapter Presidents. We have 5 great chapters within our region and I look forward to working alongside your chapter leaders and meeting many of you. Thank you for the opportunity to serve Region 4 and I look forward to assisting your chapter in a successful year! 😊
Medicare / Medicaid Compliance

profitability and capital structure. Qualitative categories include credit profile ratios for liquidity, determine a hospital’s credit rating. Key quantitative methodology, with varying degrees of transparency, to consists of Moody’s Investors Service, Fitch Ratings and matters most to investors—the investment grade rating competitive terms often depends on the evaluation that perspective, the ability to access capital at low rates and measurable quality of care. From a capital markets model, with hospitals expected to take on risk and deliver on transitioning from a fee-for-service to a fee-for-value hospital’s cost of capital as health care reform focuses in the near future, quality measures could impact a eVolVing Credit ratings

How Will Quality Metrics Impact a Hospital’s Credit Rating?
By QUINTIN HARRIS, Lancaster Pollard

The number of groups evaluating and awarding which ratings matter most to hospitals?

As the Affordable Care Act’s (ACA) provisions are paying particular attention to the sea change and currently for high-value health care with the start of mandated payors and purchasers have stepped up their demand for contracts to achieve quality and cost targets via incentives, and the health care industry at large with its risk-based incentive program has sent a large signal to other insurers in a hospital’s board room. Medicare’s quality lead. Therefore, it should be expected that quality is important and other payers will follow much as 5.5% for providers that do not toe the line. It’s As mentioned, the amount of reimbursement at risk for high-value health care organizations is growing. Consumers can pick from the government’s top grades to health care organizations is such as U.S. News and World Report, Consumer Reports, assessments from private and nonprofit organizations, growing. We are advocates.

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EDITORIAL MISSION
We support the mission of the Kentucky Chapter by serving as a key source for individuals involved 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 typewritten 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.
Dear HFMA Members:

As the year unfolds, I encourage you to consider how you can pay it forward, at our organizations and through HFMA. This will bring frustration, challenges, and difficulties that will require everyone to work with greater efficiency and effort in order to contribute and efforts to our chapter and for helping to grow our chapter to be one of the best in the nation.

Everyone is busier than ever, and it can be difficult to set aside time to be involved or to come to events. I want to challenge each other, we will have a much greater impact on our industry now and in the years to come.

If you don't get involved today, you're going to be busier than ever tomorrow. This will change. It is up to all of us to lead the change, not only in our organizations, but across the industry. As this chapter and ideas, it really doesn't matter. With all of us collaborating from every corner of the state, leaning on and depending on

Don Frank
president@hfma-ky.org