

# NEWSCAST

Metro NY HFMA

Fall 2021

Volume 51, Issue 3

## ANNUAL CHAPTER GOLF CLASSIC



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# PRESIDENT'S MESSAGE

This year marks HFMA 75<sup>th</sup> year of promoting the profession and practice of healthcare finance. As I am writing this, I am on a plane flying out to Minneapolis, MN for the 2021 HFMA Annual Conference which is being held November 8<sup>th</sup> – 10<sup>th</sup>. Yes, an in-person event with the option of participating virtually– the “Hybrid Model” as it is being called. Is this the new norm?



The past 18 months or so have been a trying time for all industries across the region. The healthcare industry like most learned to persevere, adapt, and pivot as the landscape changed. As businesses and people’s way of life began to slowly open, a new strand of the Covid -19 virus emerged known as the Delta variant. New surges of cases were being reported in July and August of this year. Which led you to think are we in for another shut down? I am glad to say that has not occurred. Although I am on a plane to Minneapolis, I still must wear a mask and proof of vaccination is required to attend the conference – the new norm!

I am proud to say the Metro NY Chapter of HFMA, through the effort our Chapter leaders and volunteers, has been on the forefront of adapting to the ever-changing landscape. We have been able to provide timely, quality educational material to our members via webinars and virtual conferences. Following the lead of our National Organization, Metro New York will return to an in-person Annual Institute, to be held at the Marriott Uniondale on March 16th and 17th 2022. So, save the date and yes proof of vaccination will be required to attend.

2020 is now in the history books as a turbulent year for the industry. And as it turns out, 2021 has brought its own brand of ups and downs. The Chapter recognizes the challenges our members and Corporate Sponsors are facing as they navigate through these uncertain times and is thankful for their continued support and commitment to the Chapter and the HFMA mission. With Thanksgiving having just passed it’s a time to reflect on all that we are thankful for; I am thankful for my Faith, Family, and Friends (plus my dog Frankie).

A special thank you to Alicia Weissmeier for another outstanding edition of Newscast.

On behalf of the Executive and General Board of Metro NY, we wish all of you a healthy and peaceful holiday season and wish you the very best for 2022.

God Bless,

*Sean P. Smith*

President



# EDITOR'S MESSAGE

As you read this edition of Newscast, fall is upon us, the leaves will have turned their amazing shades of gold, orange and red, the dog days of summer are over and we are unfortunately still wrestling with all the changes the COVID 19 pandemic continues to bring. I continue to search for words to adequately express how I am feeling at this time and keep coming up with *I'm done*. BUT I can't be done, I won't be done and the only thing left is to continue to push forward!



Our Chapter and Newscast continue to adapt to the reality of our current state of affairs. We had the opportunity to honor Diane at her Past President's Dinner and a special insert was included in the last edition of Newscast in case you missed it. It was a great evening and the photos really captured the uniqueness and fun of the night. We are still playing catch up as we have not had the opportunity to honor Donna, so we do have that to look forward to in the coming months.

Unlike last year, the Chapter was able to once again host a golf outing and are pleased to be able to share the photos from the well-attended event. A great time was had by all. The weather was perfect and the laughs rang out on the course. We invite those of you who were unable to attend to share the fun of the day through the photo spread included in this edition.

We aim to continue to provide relevant educational content to our members through webinars in this time of remote learning. We hope you will find the articles in this edition of Newscast relevant to issues you are all facing due to current impacts on hospital finance.

With each edition of Newscast we hope that the content meets your expectations as members. We welcome hearing from you and although we don't have a letters to the editor feature in Newscast, we would love to begin one. Please feel free to drop me a note, write a letter, author an article or send in a photo to be considered for publication in the next edition of Newscast.

I hope that a wonderful and happy Thanksgiving was had by all. As we head into the holiday season, sincere wishes for a happy and healthy end to this year and start of the new year.

Alicia  
aweissmeier@millermilone.com



# CHAPTER OFFICERS AND BOARD OF DIRECTORS

## OFFICERS 2021-2022

President	Sean P. Smith, CPA, FHFMA
President-Elect	Catherine Ekbohm, CRCR
Vice President	Andrew R. Weingartner, FHFMA
Treasurer	Shivam Sohan, FHFMA
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## BOARD OF DIRECTORS

### **Class of 2022**

Leah Amante	Susane Lim
Robert Braun	Robin Ziegler
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### **Class of 2023**

Daniel Corcoran	Laurie Radler, FHFMA
James Linhart	Alicia A. Weissmeier, Esq., FHFMA
Nick Rivera, CPA, FHFMA	

## PAST PRESIDENTS

2019-2020	Diane McCarthy, CPA, FHFMA
2018-2019	Mario Di Figlia, FHFMA
2017-2018	Maryann J. Regan
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2014-2015	Wendy E. Leo, FHFMA
2013-2014	David Evangelista
2012-2013	Palmira M. Cataliotti, FHFMA, CPA
2011-2012	John I. Coster, FHFMA

## EX-OFFICIO

All Past Presidents of the  
Metropolitan New York Chapter, HFMA  
Bea Grause, R.N., J.D.,  
President, Healthcare Association of New York State  
Kenneth E. Raske,  
President, Greater New York Hospital Association  
Wendy Darwell,  
President & CEO, Suburban Hospital Alliance of  
New York State

## **Newscast Committee**

### EDITOR:

Alicia A. Weissmeier, Esq., FHFMA

### COMMITTEE MEMBERS/CONTRIBUTORS:

Marty Abschutz, CPA, CGMA  
Wendy Leo, FHFMA  
Sean Smith, CPA, FHFMA  
Robin Ziegler

## **Metro NY HFMA Newscast Winter Schedule**

**Electronic Publication Date**

**2/5/22**

**Article Deadline for Receipt by Editor**

**1/29/22**

# 2021-2022 CORPORATE SPONSORS

## PLATINUM

Betz-Mitchell Associates, Inc.  
BKD CPAs & Advisers  
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DCM Services	Third Party Reimbursement Solutions, LLC
Mullooly, Jeffery, Rooney & Flynn, LLP	

# CHAPTER NEWS

## IMPORTANT DATES

### Upcoming Webinars

December 15, 2021 12:00 pm	MEDICAID 101
December 16, 2021 12:00 pm	OFFICE MEDICAID INSPECTOR GENERAL OMIG- DISCUSSION ON NYS MEDICAID PROGRAM
January 14, 2022 12:00 pm	ACCOUNTING AND FINANCIAL REPORTING UPDATE
January 28, 2022 12:00 pm	PROVIDER RELIEF FUND UPDATE; SINGLE AUDIT/UNIFORM GUIDANCE UPDATE REQUIREMENTS
February 11, 2022 12:00 pm	PHILANTHROPIC LANDSCAPE AMID COVID-19 AND ENDOWMENT UPDATES
February 25, 2022 12:00 pm	TAX UPDATE AND SCHEDULE H

### Educational Seminars and Institutes

TBD	ECONOMY OUTLOOK
February 24, 2022	ANNUAL REIMBURSEMENT UPDATE
March 16-17, 2022	JOSEPH A. LEVI 62ND ANNUAL INSTITUTE
October 7, 2021 Long Island Marriott	MEDICARE SERIES – PART 4



**HFMA Seminars provide timely, in-depth strategies and metrics to help you keep pace with the healthcare finance topics you care about the most. View all upcoming HFMA Seminars and register at [www.hfma.org/seminars](http://www.hfma.org/seminars).**

# WELCOME NEW MEMBERS

*Included in your HFMA Membership*

## EDUCATION + NETWORKING

Connecting with your HFMA chapter means you have access to a community of local members for support, knowledge and networking.



*From all of us at MetroNY, Welcome.*

# NEW CHAPTER MEMBERS

## The Metropolitan New York Chapter of HFMA Proudly Welcomes the Following New Members!



*By Robin Ziegler, Membership Committee Chair*

MetroNY HFMA is pleased to welcome the following new members to our Chapter. We ask our current membership to roll out the red carpet to these new members and help them see for themselves the benefits of HFMA membership. Encourage them to attend seminars and other Chapter events. We ask these new members to consider joining a Committee to not only help the Chapter accomplish its work, but to expand their networks of top notch personal and professional relationships. See the list of MetroNY HFMA Committee Chairs, along with their contact information, listed in this eNewsletter.

### **JULY 2021**

LATOYA O'GERE  
NYC Health & Hospitals  
Corporation

VICKY PAN  
AABR, Inc.

RICHARD MCMULLEN CHFP  
ProHEALTH Care

JESSE VALENTINE CRCR  
New York City Health  
& Hospitals Corp

PIYALI CHAUDHURI  
CSBI

LAUREN DI CAIRANO  
Columbia University

CORRIE BLATT  
Mount Sinai Health System

ANYA SATCHELL CRCR  
Brooklyn Hospital Center

WILLIAM ZDEBLICK  
Jacobs

STEPHAN CARLSON  
One Brooklyn Health

JASMINE TYSON

### **AUGUST 2021**

HAROLD GARTNER  
KM2 Solutions, LLC

ANAGHA NAYAK  
KPMG LLP

TENZIN LHAKYI  
Optimum Healthcare IT

ANGELICA GONZALEZ

ANNA KARAVANGELAS  
Columbia University Irving  
Medical Center (CUIMC)

KANDIS CAMPBELL

FATIMA PARWANA  
JZANUS LTD

JOSEPH PINTO  
JZANUS LTD

ELEFThERIA ANASTASIA KORESI

SHANE O'CONNOR  
Huron Consulting Group

CHRISTOPHER BROWN

VIOLET TAWADROUS  
Jamaica Hospital Medical  
Center

CHRISTOPHER TAMULONIS  
Northwell Health

ALEXANDRA CONWAY  
KPMG LLP

KRISTIN PERRI  
PricewaterhouseCoopers LLP

### **SEPTEMBER 2021**

BEVIN MATHEW

KATHERINE SANTIAGO  
NYU Langone Medical Center

GERARDO SPINOLA  
Memorial Sloan-Kettering  
Cancer

GAYLE WEISS  
MediSys Management, LLC

BRIAN LATORRE  
Automation Anywhere

KATY MARTINEZ  
PricewaterhouseCoopers LLP

JULIE LETTIERI  
Visiting Nurse Service of  
New York

RICHARD EINWECHTER  
New York Presbyterian  
Hospital

### **OCTOBER 2021**

ILEANA CARILLO  
City University of  
New York-Lehman College

NAFEESA HUSSAIN MOTI

ABBY MADISON PHREESIA

MASSIEL ORTIZ ADEC  
Innovations Healthcare

MICHELE PETHERICK  
Theradynamics Rehab  
Management

SIMONE BAUGH

JOHN MANCUSO CRCR  
Montefiore Medical Center

GABRIEL POMERANTZ  
NYC Health & Hospitals  
Corporation

DANIEL VANVORST  
Zwanger-Pesiri Radiology  
Group

NAVINDRA UMADAS  
ProHealth Care

ANNA SHAFEROVA  
BKD, LLP

LINDSAY MERSEREAU

NICOLE RIMSHNICK  
Flatiron Health

NINA PICCOLO

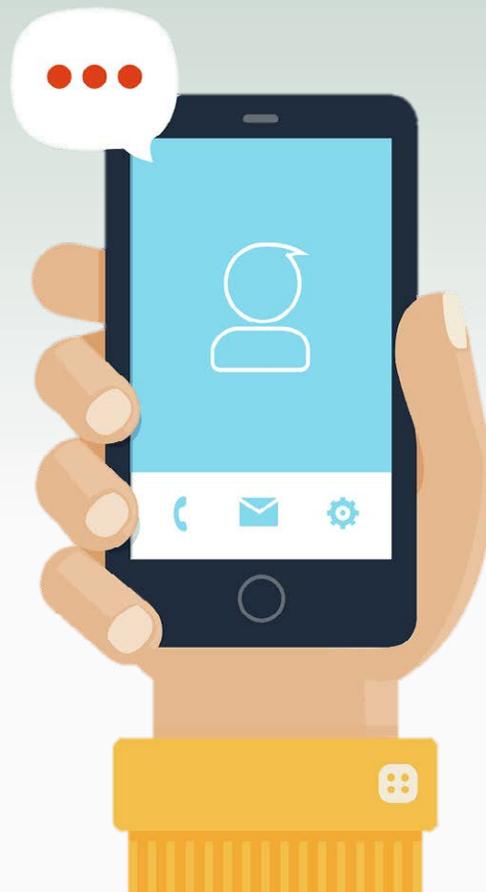
JENNIFER MOSDEN  
North American Partners in  
Anesthesia

JEFFREY SCHECTER  
Montefiore Health System

# HFMA's Online Membership Directory

Have you visited HFMA's Online Membership Directory lately? Log in at [www.hfma.org](http://www.hfma.org). When you select "Directory", not only can you search for members of your Chapter, you can also search for all your HFMA colleagues by name, company, and location – regardless of Chapter! Using an online directory instead of a printed directory ensures that you always have the most up-to-date contact information.

It's vital that HFMA has your correct information, so please take a moment to review your record now. By doing so, you'll ensure that HFMA continues to provide you with valuable information and insights that further your success.



In the spirit of giving during this holiday season join in our 2<sup>nd</sup> annual HFMA Metropolitan New York Chapter proudly in collaboration with Island Harvest a proud member of Feeding America program will be running our virtual food drive so that our members can easily donate to a very worthy cause to end food insecurities.

Together in 2020 we raised over 3,200 lbs of food which represented 1,200 meals benefiting Island Harvest working with Feed America and those in need! We could not have done it without your generosity and support!

Our Virtual drive is open for donations until 12/31/2021  
For additional inquiries contact me via e-mail at:  
[cekbom@betzmitchell.com](mailto:cekbom@betzmitchell.com)

Donating goods is easy! Please visit our unique link that makes it easy to raise 5,000 lbs. of food for New Yorkers.  
<https://yougivegoods.com/drive/view/18182>

Click on **SHOP NOW** to purchase the goods you would like to donate. You will be emailed a tax receipt at the time of purchase. At the end of the drive all goods ordered online will be shipped directly to our charity partner.

Thank you! Your contributions will strengthen our community by helping. We are Metro New York Strong! I thank you in advance and feel free to contact me with any questions.

Catherine Ekbohm, President Elect [cekbom@betzmitchell.com](mailto:cekbom@betzmitchell.com)

**HFMA Metropolitan  
New York Chapter**

# **SECOND ANNUAL VIRTUAL FOOD DRIVE**

OCTOBER 1ST 2021 - DECEMBER 31ST 2021



Join HFMA Metropolitan New York Chapter as we launch our second annual holiday virtual food drive to help end food insecurities. Together in 2020 we raised over 3,200 lbs of food which represented 1,200 meals benefiting Island Harvest working with Feed America and those in need! We could not of done it without your generosity and support !

For additional inquiries contact Catherine Ekbohm at  
[cekbohm@betzmittchell.com](mailto:cekbohm@betzmittchell.com)



# A Substantive Reimbursement Requirement for Medicare DSH Calculations

According to the Centers for Medicare & Medicaid Services' (CMS) 2016 Outpatient Prospective Payment System (OPPS) Final Rule, for hospitals to potentially qualify for Medicare reimbursement related to any given issue, they must first make a cost report claim for the reimbursement. Alternatively, if the provider feels the reimbursement associated with a specific item doesn't adhere to current Medicare policy, they must file the cost report under protest. This regulation applies to cost reports starting on and after January 1, 2016.

Additionally, CMS has instructed its Medicare Administrative Contractors (MACs) to accept one amended cost report for the purpose of reporting disproportionate share hospital (DSH) days within 12 months of the initial cost report filing. While the regulations aren't new, many organizations struggle to complete them correctly. Certain conditions apply, as discussed below, but hospitals have an avenue to help verify days that couldn't have been identified at initial cost report filing will be addressed at a later date.

## Background

Introduced in the fiscal year (FY) 2015 Inpatient Prospective Payment System (IPPS) Proposed Rule, and then adopted in the 2016 OPPS Final Rule, CMS incorporated a concept into the regulations that was initially introduced by the Provider Reimbursement Review Board (PRRB) Rules in 2008. The PRRB, from a jurisdiction perspective, had been requiring this same treatment for cost reports going back to those starting on and after December 1, 2008. Then, the 2016 OPPS rule provided a shift from board rules surrounding jurisdiction over an issue to regulations governing cost report payment to highlight the importance of this matter.

CMS cited several reasons surrounding this adoption, including advancing the "interests of administrative finality and efficiency," claiming that MACs would have "an opportunity to correct any misconceptions that the provider may have had" concerning items filed under protest. In addition, CMS asserted this adoption would "enhance CMS' ability to accurately estimate the program's potential liabilities."

## Medicare DSH and Medicaid Eligible Days

One item of good news is CMS has clearly acknowledged one area where it may not be possible for providers to claim the appropriate cost at the time of the initial cost report filing. Specifically, they noted that the documentation of all Medicaid eligible patients claimed in the Medicare Disproportionate Share Hospital (DSH) calculation may not be available due to various items outside of the provider's control. In these instances, CMS states providers will continue to have the opportunity to submit amended cost reports, and the MACs will be required to accept them. Many hospitals have material changes when retrospectively reviewing Medicaid-eligible days. The additional Medicaid eligible days that can't be documented at the time of filing averages 6.6%.

## Timeline to Amend

CMS has instructed MACs to accept "one amended cost report submitted within a 12-month period after the hospital's cost report due date, solely for the specific purpose of revising Medicaid eligible patient days in order to calculate DSH payments after a hospital receives updated Medicaid eligible patient days from the state." See page 266 of the 2016 OPPS rule for details.



## Parameters for Amending

Echoing the Medicare DSH appeal requirements set forth in PRRB Alert 10, CMS has placed strict parameters around amending a cost report for additional Medicaid eligible days, and it's not as easy as it may sound. Specifically, the provider must do all of the following:

- Identify the number of additional Medicaid eligible days being sought in the amendment
- Describe the process used to identify the days claimed in the initial filing
- Explain why the additional Medicaid days couldn't be verified at the time of the initial filing

## Challenges Hospitals Face in Meeting the Parameters

These requirements pose significant challenges for providers; they require in-depth record keeping and processes to support a hospital's claim for additional Medicaid eligible days that couldn't have been claimed in the initial cost report filing. Many healthcare providers aren't prepared to provide that level of detail, the eligibility verification process descriptions, or an explanation of why Medicaid days couldn't be claimed at the time of the initial cost report filing.

For hospitals that didn't include a state match when preparing the initial Medicare DSH data—or those that use multiple processes, such as utilizing an internal process for the initial cost report filing and then a subsequent review by the hospital or an outside firm—proving the additional days found on a secondary run that couldn't have been claimed in the initial filing is challenging. Additionally, the hospital will have to defend its process for completeness and thoroughness and prove it captured all the available days at initial cost report filing. This may prove difficult if there are different processes or different players involved in the two looks at DSH-eligible days.

## Consequences

It's expected that MACs will strictly enforce these parameters, and it's clear that simply filing an amended cost report with additional Medicaid-eligible days without evidence of a robust Medicare DSH reimbursement process could be subject to rejection by the MAC. To learn more, ask about our Medicare DSH checklist.

## Considerations for Hospitals

With this substantive reimbursement requirement firmly in place, hospitals must have a consistent process for claiming costs for Medicare DSH to fully address the filing of all allowable costs in the initial cost report and protest items. This process will also be necessary when filing timely cost report amendments. As a result of the requirements, hospitals should:

- Evaluate if in-house or vendor's Medicare DSH processes meet these requirements
- Verify the reimbursement team has the necessary systems, resources, and protocols in place

It's also recommended hospitals put their best efforts forward when compiling initial cost report patient detail to help ensure it's complete and compliant.

Further, hospitals should verify their staff or vendor is monitoring the 12-month deadline. The 12-month window generally ends around the next filing of the cost report, therefore it's often a busy time, and this deadline could get missed.



The absence of a cohesive, consistent process is likely to result in hurdles and obstacles on the way to the successful settlement of amended cost report filings, or unfortunately, the denial of the amendment. If providers don't adhere to the timeline and requirements set forth in this regulation, initial payment determinations, an amended cost report, and any additional DSH reimbursement could fall to the wayside.



**Michael Newell**  
**Partner, Moss Adams**  
**(469) 587-2120**

[michael.newell@mossadams.com](mailto:michael.newell@mossadams.com)

*Michael Newell has worked in healthcare financial management since 1982. He specializes in preparing and reviewing Medicare DSH and Worksheet S-10 for cost report filings. He can be reached at (469) 587-2120 or [michael.newell@mossadams.com](mailto:michael.newell@mossadams.com).*



# HFMA Metro NY Annual 2021 Golf Classic



Woodside Club, Muttontown, NY

August 16, 2021

# HFMA Metro NY Annual 2021 Golf Classic



Woodside Club, Muttontown, NY

August 16, 2021

# HFMA Metro NY Annual 2021 Golf Classic



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# HFMA Metro NY Annual 2021 Golf Classic



Woodside Club, Muttontown, NY

August 16, 2021

HFMA Metro NY Annual 2021 Golf Classic  
**Dinner and Awards**



Woodside Club, Muttontown, NY

August 16, 2021

HFMA Metro NY Annual 2021 Golf Classic

# Dinner and Awards



Woodside Club, Muttontown, NY

August 16, 2021

# HFMA Metro NY Annual 2021 Golf Classic Dinner and Awards



1<sup>st</sup> Place



2<sup>nd</sup> Place



3<sup>rd</sup> Place



Longest Drive



Longest Drive



Most Accurate Drive



Most Accurate Drive



Closest to the Pin



Closest to the Pin

Woodside Club, Muttontown, NY

August 16, 2021

# HFMA Metro NY Annual 2021 Golf Classic Dinner and Awards



Woodside Club, Muttontown, NY

August 16, 2021

# Considerations for COVID-19 Accelerated and Advance Payment (CAAP) Recoupments

The Medicare Accelerated and Advance Payments (AAP) program assists certain types of providers with advances on future claims to help with funding due to a disruption in claims submission or processing. With the passage of the Coronavirus Aid, Relief and Economic Security (CARES) Act, the Centers for Medicare and Medicaid Services (CMS) expanded the existing AAP program on March 28, 2020, to include a broader group of Medicare Part A providers and Part B suppliers. Changes also included added benefits as well as extended repayment terms.

Now known as COVID-19 Accelerated and Advance Payments (CAAP), the revised program aims to increase cash flow to health care providers, physicians, and suppliers during the COVID-19 public health emergency (PHE). These advances are recouped on remittances by Medicare Administrative Contractors (MACs) Depending on when providers received the payments, they already experienced or will experience recoupments on their remittances. The following is an overview of key program details and items providers should consider with regards to the recoupments.

## AAP Background

The Omnibus Budget Reconciliation Act of 1986 on October 21, 1986 first authorized the AAP program to provide so-called accelerated payments to Medicare Part A, or hospital, providers. The program intended to expeditiously replace lost provider revenue in times of national emergencies or disasters and enable providers to remain solvent. The program extended in 1996 to include an advance payment program to Part B providers, such as doctors and other outpatient care. The coalescence of both accelerated and advance payments sought to quickly sustain the health care ecosystem through recovery. These payments may be forgiven in part or repaid over time as health care utilization resumes.

## Who Is Eligible for COVID-19 Accelerated and Advance Payments?

Per CMS, to qualify for CAAP, the provider or supplier must:

- Have billed Medicare for claims within 180 days immediately prior to the date of signature on the provider's or supplier's request form
- Not be in bankruptcy
- Not be under active medical review or program integrity investigation
- Not have any outstanding delinquent Medicare overpayments

## Distribution of Payments

As of December 9, 2020, CMS reported approximately \$98.8 billion dollars in accelerated payments were distributed to Part A providers and another \$8.5 billion dollars advance payments to Part B suppliers. Payments were distributed to providers as requests were processed. Applications were accepted by CMS until October 8, 2020.

## Recoupment Process for Payments

Unlike Provider Relief Funds, these loans are repayable to the Medicare Trust fund. Providers can repay the loan by contacting their MAC directly. If repaid in full, the following repayment terms don't apply.



## Recoupment Schedule

Any outstanding loans will be recouped by the MACs over 29 months. They will appear as takebacks at the provider level balance in remittances from the date of the disbursement. The recoupment schedule is as follows:

- One year from date of disbursement, no recoupment applied
- Next 11 months, recoupment at 25%
- Next 6 months, recoupment at 50%
- After 29 months from disbursement, recoupment at 100% plus interest

## Interest Rate

After six months recoupment at 50%, a demand letter will be issued for any remaining unpaid balances to be repaid within 30 days—with 4% interest levied from the date of the demand letter. Recoupment will occur at 100% if a provider doesn't repay within 30 days. This means that all Medicare payments will be withheld until the entire balance plus interest is paid in full.

## Mergers, Acquisitions, and Change in Ownership

For many providers, recoupments already started. Providers should be cognizant that mergers, acquisitions, or change in ownership during and after the PHE may increase their recoupment liability if the acquired provider also received CAAP funds.

## Key Thoughts and Considerations for Providers

As of May 31, 2021, CMS reported approximately \$81 billion from Part A providers and \$5.9 billion from Part B providers or suppliers remain unpaid. Providers should consider the following questions when thinking through CAAP recoupment impact:

- Will I be able to repay the entire amount of the loan before recoupment begins?
- What effect will this have on my cash flow and for how long?
- How can I prepare now for Medicare cash shortfalls over the recoupment period?
- Our organization didn't take any accelerated or advanced payments, but acquired organizations, groups, or providers who received distributions. How will this affect my organization?
- How do I properly record the transactions for recoupment?
- How do I track various recoupments for my organization and predict the effects on cash flow?
- Will my Medicare fee-for-service (FFS) patient volume remaining constant to support timely repayment?
- What if I still owe a balance at the end of the 50% recoupment period? What are my options if I receive a demand letter and can't repay the balance?
- What is the impact if I already owe Medicare and am on an installment plan for non-CAAP monies?
- What if I am understaffed or have finance or revenue cycle staff laid off as a result of the COVID-19 PHE?

## Tips to Help Providers Mitigate the Effects of CAAP Recoupments

The following tips can help prepare for the impact of CAAP recoupments:

- Estimate Medicare cash shortfalls in the upcoming months and trend the length of time to repay advance payments
- Develop solutions to address cash flow shortages by targeted cash acceleration from other payors



Develop and implement an action plan to handle recoupment offsets and reconciliation  
Redeploy resources and repurpose and train staff to facilitate improved revenue cycle operations  
Review and develop options for repayment at the end of the recoupment period



*Mandy Mori has worked in the health care industry since 2003. She specializes in assisting clients with strategic analysis and development of internally integrated and externally oriented strategic plans that assess market demand, identify service gaps, and build clarity on the long-range strategic direction. She can be reached at (415) 812-5375 or [mandy.mori@mossadams.com](mailto:mandy.mori@mossadams.com).*



*Denise Stark has helped health care providers improve cash flow and boost productivity for more than 20 years. She has expertise in health care revenue cycle operations including patient access; revenue cycle management; patient accounting; denial management; process improvement; and financial operational protocols. She can be reached at (949) 623-4185 or [denise.stark@mossadams.com](mailto:denise.stark@mossadams.com).*



# Local News

**Northwell Health** has had four of their hospitals receive top-50 national ratings in 22 specialties in US News & World Reports 2021-22 Best Hospital Rankings. Lenox Hill Hospital in NYC, North Shore University Hospital in Manhasset and LI Jewish Medical Center in New Hyde Park are three of the hospitals that were rated among the top seven in the NY metropolitan area and the entire state out of more than 4,500 centers analyzed nationwide.

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**Glen Cove Hospital** received accreditation as a Center of Excellence in Hernia Surgery by the Surgical Review Corporation, a nonprofit patient safety organization. The process includes evaluation of documentation from the surgery program, medical chart review, faculty interviews and an on-site visit.

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**Northern Westchester Hospital** achieved Magnet recognition – the highest national honor for nursing excellence. Their nurses were recognized for their exemplary practices in behavioral, pediatric and neo-natal health, which only one out of ten US healthcare organizations qualify. This is their third time receiving this recognition.

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**Long Island Community Hospital** has been designated by the Department of Health as a New York State Sexual Forensic Examiner (SAFE) Hospital. They have established an organized program in partnership with Victims Bureau of Suffolk County (VIBS) to provide specially trained Sexual Assault Forensic Examiners to deliver sexual assault services to victims that come to the Hospital. The SAFE Examination Room has the forensic supplies necessary to secure, collect and transport evidence.

**NewYork – Presbyterian Hospital** is ranked No 1 in the New York and No 7 in the nation by US News & World Report. They were ranked in the top five nationwide in the areas of: cardiology and heart surgery, neurology/neurosurgery, psychiatry, diabetes-endocrinology, and rheumatology. The 2021-2022 Best Hospitals named New York-Presbyterian Hospital to their Honor Roll, one of only 20 hospitals to earn that distinction based on their ability to deliver high quality of care across multiple ranges of specialties, procedures and conditions.

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**NYU Langone** has opened NYU Langone Ambulatory Care Bethpage, one of Nassau County's largest multispecialty care centers, at 185 Central Avenue. This location features 54,000 sq ft over 3 floors, 74 patient exam rooms, 60 providers from 10 clinical areas, 6 state-of-the-art procedure suites and substantial parking on-site. Clinical areas being covered at this location are: cardiology, gastroenterology, nephrology, neurology, orthopedics, primary care, pulmonology (including sleep disorders), rheumatology, surgical oncology, and urology.

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**Northwell Health** South Shore University Hospital in Bayshore, N.Y., will rename its 20-acre campus to honor the donors of a record-breaking gift from the Entenmann family, which owns a baking company in Long Island near the hospital. To honor the family, the campus will be renamed the Entenmann Family Campus at South Shore University Hospital. The gift will support the hospital's \$500 million transformation, which includes building a 45,560-square-foot women and infants center and a pavilion with inpatient and operating rooms.

To submit news items to be included in an upcoming edition of NEWSCAST, send information by email to [aweissmeier@millermilone.com](mailto:aweissmeier@millermilone.com)

The Healthcare Financial Management Association (HFMA) recognizes that its strength lies in volunteers, who contribute their time, ideas and energy to serve the healthcare industry, their profession, and one another. Active participation in HFMA at the national, regional and or chapter levels provides members with numerous opportunities for professional development, information, networking and advocacy. Several award series have been established not only to recognize and acknowledge individual participation but also to recognize chapter participation and standards of excellence.

## **Individual Awards**

### **Founders Merit Award Series**

Is a series of awards that have been established to “Recognize the Volunteer in You.” This series rewards the individual member for volunteer activity on the local, regional and national level. This system has been established to promote continuous active participation in HFMA

#### **The William G. Follmer Bronze Award**

The award was named after William G. Follmer, who is credited with the creation of the American Association of Hospital Accountants (AAHA) which is now HFMA.

The award is granted after an individual has earned 25 member points.

#### **The Robert H. Reeves Silver Award**

The award was named after Robert Reeves who was an organizing member of the AAHA, was elected president of AAHA in 1956 and was instrumental in creating the structure of AAHA. The award is granted after an individual has earned 59 member points.

#### **The Frederick T. Muncie Gold Award**

The award honors Frederick T. Muncie, an organizing member of the AAHA, and the first president of the association (1947-1949). Muncie also assisted in the organization of the first AAHA chapter (First Illinois)

#### **The Founders Medal of Honor**

This prestigious award recognizes an individual who has been actively involved in HFMA for at least three years after earning the Muncie Gold Award, has provided significant service at the chapter, regional and or national level in at least two of those years and remains a member in good standing. The award is conferred on the recommendation of the chapter's board of directors.

#### **Stephen A. Ryan Memorial Award**

This award is presented by the Board of Directors of the Metropolitan New York Chapter to and individual who has excelled in his or her work for the **Chapter** and or has made a significant contribution in the financial field or healthcare management.

#### **Frederick C. Morgan Individual Achievement Award**

This award was designed to recognize a single HFMA member for outstanding contribution to the Healthcare Financial Management Association as a result of substantial activity over the course of a career.

# Congratulations



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For over 40 years Betz Mitchell has solidified our position as a leading healthcare receivable adjudication firm. Our firm's history of excellence is demonstrated through the long-term relationships forged with multiple hospitals, skilled nursing facilities and network hospital systems throughout the New York Metropolitan area. The trust and respect that Betz Mitchell has gained from our clients is a direct result of productivity, industry expertise, and a proactive approach when developing and implementing unique and effective programs to maximize revenue.

From Betz Mitchell's inception in New York in 1977, we have operated and grown successfully as an organization working initially with traditional collections. Through the spirit of vision, innovation, and execution, we have maneuvered our company into an organization providing specialized lines of revenue cycle services. We now have over 3 decades of experience in providing exceptional services for the entire revenue cycle, spanning from patient access to bad debt collections. Our portfolio of services is in place in 30 acute care facilities and over 10 skilled nursing facilities:

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- **Workers' Compensation and No-Fault Billing/Arbitration & Litigation**
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- **Self-Pay Receivable Management & Bad Debt/Legal Collections**
- **Skilled Nursing/Long-Term Care Receivable Management**
- **Healthcare Consulting & Interim Staffing**

An integral part of our success is the diverse personnel on our team that work alongside our clients every day. We look forward to bringing our level of tenacity, and years of experience to your organization. We are confident that our innovative approach ensures we not only meet, but also exceed expectations. Please contact us to learn more about the solutions we provide.



# THE VALUE OF CERTIFICATION

Many healthcare organizations in today's challenging economy recognize their workforce as their most valuable asset. As such, these organizations tend to hold workforce development as a primary business strategy.

Investment in developing the talents, knowledge and skill sets of staff is critical to organization success. HFMA's Healthcare Financial Pulse research identified this dynamic and noted that successful organizations today commit to the "bread and butter" of financial management, i.e. technically strong and comprehensive financial management.

Likewise, many individual financial managers today recognize the importance of assuming personal responsibility for their career's success. More than ever before, individuals understand the importance of acquiring and maintaining comprehensive skill sets to ensure their ability to provide the financial management demanded today. These individuals frequently seek out relevant professional development opportunities.

The larger business environment resulting from these forces is a heightened interest in workforce development initiatives including certifications and credentialing. Credentialing programs have exploded across the past couple of decades and include:

- Professional associations offering certifications
- Community colleges offering curriculum-based certificates
- Corporate sponsored in-house credentials for employees

- Technology companies providing proprietary credentials to customers

HFMA certification provides a fundamental business service to our industry, namely HFMA certification offers:

- Assessment of job-related competency
- The opportunity for an individual to demonstrate skills and knowledge
- Independent verification of the skills and knowledge
- Confirmation that an individual is current in the practice field

The value of HFMA certification can be seen in several reported "value-adds":

- Increased departmental cooperation
- Heightened self-confidence among participants
- Increased performance against selected metrics
- Verification of staff knowledge and skills
- Assistance in structuring career paths

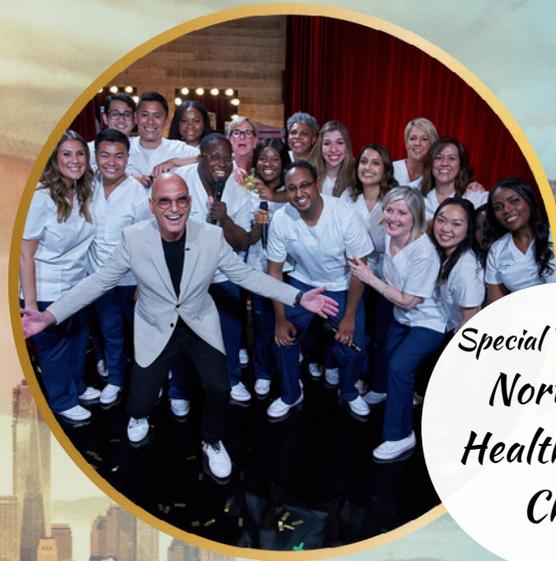
HFMA is committed to being the indispensable resource that defines, realizes and advances healthcare financial management practice. As such, HFMA provides professional certifications to achieve this purpose in today's business environment. This makes HFMA Certification a smart workforce investment strategy.

For more information on HFMA Certification, visit <http://www.hfma.org/certification/>

***Save the Date!***

**JOSEPH A. LEVI**

**62ND ANNUAL INSTITUTE**



*Special Tribute by:  
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**WEDNESDAY AND THURSDAY**

**March 16 - 17, 2022 | Long Island Marriott  
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*For the Latest Information Visit Our Website at  
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NYS Education Department Sponsor License # 000337

HFMA Metro New York Chapter is approved as a New York State CPE Provider in the area of specialized knowledge and applications. In accordance with the standards of the National Registry of CPE Sponsors the total credits have been rounded down. CPE Credits have been granted on a 50-minute hour.

# COMMITTEES 2021-2022

COMMITTEE NAME	CHAIR	CO-CHAIR	VICE CHAIR 1	VICE CHAIR 2	VICE CHAIR 3
ADVISORY COUNCIL	Donna Skura dskura@ehs.org (718) 869-8539	Diane McCarthy, CPA, FHFMA dimccart@ehs.org (718) 869-8525	Mario Di Figlia, FHMFA mdifiglia@northwell.edu (516) 876-1386	Maryann Regan Maryann.Regan@stonybrookmedicine.edu (631) 723-2160 x127	David Woods dwoods@nyee.edu (212) 256-3701
62ND ANNUAL INSTITUTE	Alyson Belz, FHFMA Alyson.Belz@changehealthcare.com (813) 765-9643	Leah Amante lamante@licommunityhospital.org (631) 654 7285	Robin Ziegler rziegler@jzanus.com (516) 326-0808	David Woods dwoods@nyee.edu (212) 256-3701	Wendy Leo, FHFMA wendyl@tritechhcm.com (516) 454-0700
AUDITING	Edmund Schmidt, FHFMA eschmidthfma@verizon.net (718) 283-1331				
BYLAWS	Alyson Belz, FHFMA Alyson.Belz@changehealthcare.com (813) 765-9643	Wendy Leo, FHFMA wendyl@tritechhcm.com (516) 454-0700	Donna Skura dskura@ehs.org (718) 869-8539	Catherine Ekbohm, CRCR cekbom@betzmitchell.com (516) 745-0161	Andrew Weingartner, FHFMA AWeingartner@jzanusci.com (516) 240-8147
CENTRAL REGISTRATION EVENT	Robin Ziegler rziegler@jzanus.com (516) 326-0808 ext 3676	Cristina Edwards cedwards@jzanus.com 516-326-0808			
CERTIFICATION/CERTIFIED MEMBERS	Mario Di Figlia, FHMFA mdifiglia@northwell.edu (516) 876-1386				
CORP. COMPLIANCE	Penelope Napolitano pnapolit@jhmc.org (631) 633-0226				
CPE'S	Edmund Schmidt, FHFMA eschmidthfma@verizon.net (718) 283-1331				
EARLY CAREERIST	Catherine Ekbohm, CRCR cekbom@betzmitchell.com (516) 745-0161	Andrew Weingartner, FHFMA AWeingartner@jzanusci.com (516) 240-8147	Alyson Belz, FHFMA Alyson.Belz@changehealthcare.com (813) 765-9643		
EXEC. COMM.& PLANNING	Sean Smith, CPA, FHFMA seanpsmithcpa@outlook.com (516) 574-9479	Catherine Ekbohm cekbom@betzmitchell.com (516) 745-0161			
FINANCE/REIMBURSEMENT/AUDIT	Nick Rivera, CPA, FHFMA nrivera@bkd.com (216) 502-7361	James Linhart James.Linhart@nychhc.org (646) 458-2054	Kevin Brady kbrady@tprsolutions.com	Kwok Chang kchang@nyee.edu (212) 979-4324	
FOUNDERS AWARDS	Maryann Regan Maryann.Regan@stonybrookmedicine.edu (631) 723-2160 x127				

# COMMITTEES 2021-2022

COMMITTEE NAME	CHAIR	CO-CHAIR	VICE CHAIR 1	VICE CHAIR 2	VICE CHAIR 3
GENERAL EDUCATION	Robert Braun robertmatthewbraun@gmail.com (718) 690-6408	Bob Arnold ra2@arnoldstandard.com (516) 678-3300 x212	Nick DiBartolo Nicholas.Dibartolo@nyulangone.org (631) 885-2981	Rob Birkhead robertjbirkhead@gmail.com	
INNOVATIONS/ WOMEN IN LEADERSHIP CONF	Robin Ziegler rziegler@jzanus.com (516) 326-0808 ext 3676	Laurie Radler, RN, FHFMA, CIPP/US LRadler@Healthfirst.org (917) 286-3902	Catherine Ekbohm, CRCR cekbom@betzmitchell.com (516) 745-0161	Anne McDonald TransUnion Cell (516) 982-4855	Karen Till, CPA ktill@millermilone.com (516) 296-1000, Ext. 302
INVESTMENT	Sean Smith, CPA, FHFMA seansmithcpa@outlook.com (516) 574-9479	Andrew Weingartner, FHFMA AWeingartner@jzanusci.com (516) 240-8147	James Linhart James.Linhart@nychhc.org (646) 458-2054	Matt Kamien mkamien@montefiore.org (718) 405-4054 Office	Catherine Ekbohm, CRCR cekbom@betzmitchell.com (516) 745-0161
KNOWLEDGE IS POWER SERIES	Catherine Ekbohm, CRCR cekbom@betzmitchell.com (516) 745-0161	Robert Braun robertmatthewbraun@gmail.com (718) 690-6408	Laurie Radler, RN, FHFMA, CIPP/US LRadler@Healthfirst.org (917) 286-3902	Matt Kamien mkamien@montefiore.org (718) 405-4054 Office	Bob Arnold ra2@arnoldstandard.com (516) 678-3300 x212
LEGAL AFFAIRS	Christina Milone cmilone@millermilone.com (516) 296-1000				
MANAGED CARE/PAYER RELATIONS		Donna Skura dskura@ehs.org (718) 869-8539			
MEMBERSHIP MSP	Robin Ziegler rziegler@jzanus.com (516) 326-0808	Kiran Batheja KiranBatheja@gmail.com			
MIS [HEALTHCARE TECHNOLOGY]	Dan Corcoran d_corcoran@servicespan.net (516) 576-8000	Andrea Rivera ARivera@jzanus.com 516-326-0808			
NEWSCAST	Alicia A. Weissmeier, Esq., FHFMA aweissmeier@millermilone.com (516) 296-1000 ext 244				
NOMINATING	Donna Skura dskura@ehs.org (718) 869-8539	Mario Di Figlia, FHMFA mdifiglia@northwell.edu (516) 876-1386			
REVENUE CYCLE/ PATIENT FINANCIAL SERVICES	Sue Lim susane.lim@chsli.org (773) 426-3730	Matt Kamien mkamien@montefiore.org (718) 405-4054 Office	Stephanie Gerez sgerez@jhmc.org (631) 942-2452	Meredith Simonetti, FHFMA meredith.simonetti@chsli.org (631) 465-6877	
PPDD	Donna Skura dskura@ehs.org (718) 869-8539	Diane McCarthy, CPA, FHFMA dimccart@ehs.org (718) 869-8525	Wendy Leo, FHFMA wendyl@tritechhcm.com (516) 454-0700	Kiran Batheja KiranBatheja@gmail.com	

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COMMITTEE NAME	CHAIR	CO-CHAIR	VICE CHAIR 1	VICE CHAIR 2	VICE CHAIR 3
WEBMASTER AND MARKETING	Andrew Weingartner, FHFMA AWeingartner@jzanusci.com (516) 240-8147	Shivam Sohan shivam.sohan@chsli.org (516) 497-2630	Anthony Argutto anthony.argutto@chsli.org (631) 820-1995		
REGION 2 COORDINATOR (FALL INST)	Mario Di Figlia, FHMFA mdifiglia@northwell.edu (516) 876-1386	Donna Skura dskura@ehs.org (718) 869-8539			
WEBINARS/ REGION 2 COLLABORATION	Nick Pertoso npertoso@jzanus.com (516) 326-0808 x3170	Vivek Shah svivek.ny@gmail.com (347) 481-7339	Anthony Argutto anthony.argutto@chsli.org (631) 820-1995		
SOCIAL MEDIA	Andrew Weingartner, FHFMA AWeingartner@jzanusci.com (516) 240-8147	Cristina Edwards cedwards@jzanus.com (516) 326-0808	Anthony Argutto anthony.argutto@chsli.org (631) 820-1995		
SPECIAL EVENTS/ OUTREACH	Kiran Batheja KiranBatheja@gmail.com	John Coster, FHFMA jcoster@jzanusci.com (516) 240-8147	Gordon Sanit, CPA, FHFMA gsanit@deloitte.com (631) 495-6596	Donna Skura dskura@ehs.org (718) 869-8539	Bob Arnold ra2@arnoldstandard.com (516) 678-3300 x212
SPONSORSHIP	Wendy Leo, FHFMA wendyl@tritechhcm.com (516) 454-0700	Donna Skura dskura@ehs.org (718) 869-8539			