



2020 Spring Newsletter

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President's Message:

Dear Colleagues:

The health and safety of you and your family is important to the WV HFMA. We have closely monitored the Centers for Disease Control and Prevention (CDC), The World Health Organization (WHO) and Governor Justice's declaration of a stay at home order.

In order to follow current guidelines, we found it necessary to cancel the May 2020 Spring Education meeting planned for Stonewall Resort.

We really appreciate the support of volunteer leaders, business partners and members during this time as we maneuver through uncharted waters and unprecedented changes in the health care industry. Now, more than ever is the time to lean in (in a socially distant manner) and network with each other as health care takes a new shape and direction right before our eyes in less than a thirty-day time span.

We've seen beds emptied to make room for COVID-19 patients that haven't yet filled the beds and revenues are suffering. It is our hope that as we move back toward normalcy over the coming months that we will all be back together soon learning from each other and networking at our Fall Education Conference. Planning is already underway!

As we move toward the end of this HFMA fiscal year, I would like to thank everyone for your support during my Presidency year. It has been my pleasure to lead you through a year of constant motion from changing our education venues to include business partners inside the education space, adding networking sessions & road shows and collaborating with both WV MGMA and WV HIMSS for a successful winter meeting at the Charleston Coliseum & Convention Center. We've enjoyed a productive year thanks to each and every one of you.

We had hoped to have our 2020/2021 WV Chapter Officer induction ceremony during the spring meeting at Stonewall Resort unfortunately we will be unable to return to normal that quickly. The following officers will be inducted via skype/zoom on May 14:

Jill Griffith – Past President

Kyle Pierson – President

Marcia Leighton – President-elect

Patti Weese – Secretary

Janena Davis - Treasurer

Amy Kirk – Second Year Director

Chris Rawlings – Second Year Director

Autumn Heaster – First Year Director

Jason Gizzi – First Year Director

We are looking forward to an exciting 2020/2021 year. Please look for announcements about our upcoming events including our fall meeting at the Waterfront as well as future road shows, networking events and the Revenue Cycle Summit.

Until we can meet again personally, please stay safe, stay healthy and stay home!

Warmest Regards,

Jill Griffith

President – WV Chapter



WV HFMA Winter Meeting & Awards



Jill Griffith—WV HFMA Chapter President



Follmer Bronze Merit Award:
Patti Weese



Reeves Silver Merit Award:
Leah Klinke



Medal of Honor Award: Okey Silman

A second Medal of Honor Award was given to Rebecca Hammer
(not pictured.)



Sister M. Madeline Lopez Award:
Andrea Stevens



Lucille P Craft Award:
Jason Gizzi



Walter R. Mitchell Jr. Award:
Autumn Heaster



Alex McFadden Award:
Marcia Leighton



Speaker of the Year Award
&
Muncie Gold Merit Award:
Jill Griffith



Four Chapter Yerger Awards:
Pictured here: Belinda Bennett



Entertainment by: Billy Brown Band



hfma west virginia chapter
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2019 - 2020

BUSINESS/PROVIDER PARTNERS

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SERVICES



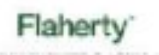
GOLD



SILVER



BRONZE



RevClaims

800-900 word by-lined article

Authored by Stephen Buccola, RevClaims supervising attorney

Article Topic: Strategies to help healthcare organizations more effectively coordinate benefits to ensure they're capturing all possible revenue – including liability revenue. (Plan time of service processes differently.)

COB strategy helps capture *all* revenue – including liability revenue

By Stephen J. Buccola

Hospital billing departments coordinate health plan benefits every day. Typically, coordination of benefits (COB) is aided by patient registration workflows that gather basic demographic and health insurance information. But what if a patient gets hurt on the job or in an automobile accident? How well does your organization collect the information needed to coordinate liability claims? Is liability revenue captured – or written off?

The truth is, the rules and regulations around liability revenue can be complicated. Almost every health plan or insurance coverage in existence follows some sort of COB procedure. Resource-strapped business offices usually don't have the time, staff, or resources to implement a comprehensive COB program for all auto insurance, workers' compensation, and other liability reimbursement.

Nevertheless, there is a relatively easy, low-cost way for healthcare organizations to get the information necessary to process liability claims effectively. Incorporating the right question prompts into registration or check-in software can generate sizable bottom-line benefits, as well as improve the patient experience.

Patient benefits, organizational benefits

Before looking at *how* to coordinate liability benefits more effectively, we must first explore why it's a good idea to do so – both for patients and for healthcare organizations.

For starters, it's important to recognize that unlike a planned procedure – in which patients have some idea of what to expect and are mentally prepared for their experience – accidents are abrupt and often catastrophic. Nobody *plans* to have a car accident or on-the-job injury. Patients may be hurting and angry.

A great deal of confusion can be intertwined in the trauma of an unplanned injury. Therefore, the best way to obtain necessary claims information is through organic, empathetic, face-to-face conversations with registration/financial counseling staff. This patient-centered approach accomplishes several objectives:

Greater patient satisfaction. Given that accident patients may experience higher levels of confusion, stress, and anxiety than a typical patient, a personal approach to financial discussions may help them feel more supported. Registration staff often are trained on how to show empathy and can easily incorporate accident coverage questions into existing insurance and demographic conversations.

More accurate information. It's more effective to ask all of the "who," "what," "when," "where," "how," and "why" questions about an accident during registration – when the accident is fresh in mind – than attempting it weeks or months later. A verbal conversation is also more likely to elicit complete information; patients often skip details to hurry through forms or phone conversations.

Lower patient payment responsibility. Coordinating liability benefits can keep non-health-insured patients from paying out-of-pocket unnecessarily, and can also lower out-of-pocket costs for those with health insurance. Patients with high-deductible health plans (HDHPs), for example, must pay thousands of dollars in deductibles and co-pays before their health insurance kicks in. Plus, commercial plans may have COB provisions which state that an accident or indemnity plan must serve as primary payer before the commercial plan pays. Thus, hospitals that appropriately send claims to accident carriers first can help lower denial rates and patient financial responsibility and, in turn, improve their own collection rates.

Less recoupment potential. Similar to commercial plans' COB provisions, many federal programs such as Medicare and Medicaid require they be the "payer of last resort" – and they frequently check to be sure. Recently, Medicare looked back at one hospital's claim activity and recouped several thousand dollars on a small subset of patients, with a couple of million dollars directly impacted.

With the advantages of a comprehensive COB process clearly established, hospitals and health systems next must figure out how to achieve it consistently for every patient.

Take an automated, team-based approach

Automation can help turn COB data collection into a low-cost, high-benefit process. Whether patients present to an emergency department, a practice, or another setting, most electronic health record (EHR) technologies have the ability to pre-load COB questions as part of the registration procedure.

No additional training time, energy, or cost is necessary if COB questions are embedded within the registration software. Hospitals simply need to invest in a couple of hours of IT and staff time to brainstorm the appropriate 'decision-trees' and implement the new software code.

The flow of questions should be driven based on each response, with the first question: “Is this visit related to an accident?” A “yes” answer should prompt a series of questions designed to elicit information focused specifically on accident claims. Some appropriate questions to ask include but are not limited to:

Is your injury accident related?

Did the accident occur while you were at work? If so:

Who is your employer?

At which location do you work? (For example, *which* Subway® restaurant location?)

Where did the accident happen?

Is your injury related to a car accident? If so:

Was it a single-vehicle accident or a multiple-vehicle accident?

Where was the accident location?

What company provides your car insurance?

Do you have health insurance?

An automated approach can help ensure vital information isn’t missed. However, effective COB really is a team effort. While registration staff is best suited for initial information collection, the billing office typically is best equipped to verify coverage – both accident and health – and properly sequence the verified plans by COB rules. Alternatively, overwhelmed billing offices can unload the COB burden from internal staff by partnering with revenue cycle management experts who specialize in complex claims.

Small investment, large returns

COB can be complicated, but that’s no reason to write off liability revenue. Don’t be afraid to document! The more information registration staff can get through face-to-face conversations, the better. A small up-front time investment can pay off in large revenue returns.





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Transitioning from manual to digital accounts payable can play a vital role in keeping your AP department running during unstable operating climates like today. Whether you're operating remotely or from the office, let us help you get the most out of your AP department. With the right tools, people and technology behind your payments, we help you boost growth and add revenue to your bottom line. It's time to take your payables to the next level.

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Together, at this pivotal moment, we are all dealing with very unique and difficult times. *HELP is here*, and we are committed to do our part. By re-thinking our longstanding patient financing solutions, we have developed new answers to many of the cash flow questions and concerns for both providers and patients alike, especially now.

Provider - Cash Flow

HELP HAS RE-TOOLED ITS PROGRAMS TO GET PROVIDERS THE MOST CASH POSSIBLE IN THE SHORTEST AMOUNT OF TIME.

- ☑ HELP provides funding for and management of your internal payment plans, with no interest to your patients
- ☑ HELP provides up-front funding for all new payment plans, offering extended terms up to 60 months
- ☑ Providers are relieved of the administrative and financial burden associated with internal patient payment plans

Patient - Cash Flow

HELP HAS RE-TOOLED ITS PROGRAMS TO OFFER PATIENTS EVEN MORE TERM AND PAYMENT FLEXIBILITY.

- ☑ All willing patients qualify for a line of credit equal to their out-of-pocket responsibility
- ☑ Patients are able to keep other forms of credit available for their families at this time
- ☑ Patients are empowered to take on their financial responsibility with peace of mind that their healthcare bill has been paid

Time is of the essence. HELP is fully funded and operationally prepared to implement these programs at your request.

We know you are prudent, so to assist you with your vetting process, we offer the following resources:

1. [HELP Financial Resources Page](#)
2. [HBI Whitepapers & Case Studies](#)
- 3.



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