

NEWSCAST

Metro NY HFMA

Spring 2020

Volume 50, Issue 1



CONTENTS

President’s Message Diane McCarthy, CPA, FHFMA	Page 2
Editor’s Message Alicia A. Weissmeier, Esq., CHFP.....	Page 4
Chapter Officers and Board of Directors	Page 5
Corporate Sponsors	Page 6
Calendar of Events	Page 7
New Members Robin Ziegler	Page 8
Save The Date - Annual Business Meeting	Page 9
Blue Angels Thunderbirds Flyover	Page 10
Planning in the Post COVID-19 World Sean P. Smith, CPA	Page 11
A Look at our Members	Page 12
Marvin Rushkoff Scholarship	Page 14
HFMA’s Online Membership Directory	Page 18
Patient Access Accuracy & Accountability - Needed now more than ever! Mike Bickers, Director, PELITAS	Page 19
St. John’s Episcopal Hospital “Clap out & Coffee for Heros”	Page 22
Implementing a Profitable CDI Process Jordan Shelton-Greene	Page 24
Scenes Across MetroNY	Page 27
The Importance of Utilization Management in Healthcare Mary Devine, Senior Director, Revenue Cycle, and Meliza Weiner, Manager & Clinical Review Nurse.....	Page 34
Transforming your patient payment strategy: Three Essential Components Chris Ingersoll, Vice President, Product Strategy, R1 RCM	Page 37
Basics of FEMA Public Assistance Program Funding for the COVID-19 Pandemic Meghan K. McNamara, Partner, Manatt Health	Page 40
Thank you to the outgoing Regional Executives and Chapter Presidents from Region 1 ..	Page 45
The Value of Certification	Page 46
Volunteer Corner	Page 47
Committees	Page 48

PRESIDENT'S MESSAGE

Welcome to the Spring edition of Newscast. Normally in this issue we are celebrating the success of our educational year and highlighting what went on at the Annual Institute.

Not this year.

As I sat down to write this message I tried to think of some good way to describe my experience as the Metro NY Chapter president. I came up with this – “It was the best of times, it was the worst of times.”



Let's start with the best of times. As is always the case with our chapter, the committees worked hard to bring you the level of education and networking opportunities you have come to expect. In response to feedback from our members, the education committee, under the leadership of Sean Smith and Andrew Weingartner, put together a series of after hour and half day programs so that those who have difficulty getting out of the office could enjoy an event. For the first time, we collaborated with the Hudson Valley Chapter to present the Medicare Fundamentals seminars with a choice of date and location so our members could choose the option that was best for them. In addition, we collaborated with other organizations for the “Digital Disruption” event that drew over 200 attendees. Our golf outing, led by Kiran Batheja, was a great success with great weather and a great time was had by all. In addition, as a new approach to Community Outreach, we formed the “HFMA Dare You to Climb” team to take part in the New York City MS Climb to the Top and surpassed all expectation with over 30 members signing up and \$7,500 raised for Multiple Sclerosis.

These successes were the result of the hard work of many volunteers and I appreciate them all.

I also want to thank the Annual Institute Committee. Under the leadership of Shivam Sohan and Tracey Roland we were on track to have another amazing event. Unfortunately due to the COVID-19 crisis we had to postpone and you were not able to benefit from their hard work. That does not take away from appreciating their efforts. I also want to thank all of those who reached out to me in support of the decision to postpone. It was an extremely difficult yet correct decision.

“It was the worst of times”

I remember being so disappointed that we had to postpone the Annual Institute, and thinking that I will be remembered as the first president in 61 years who did not make it happen. How naïve of me. But at the time I don't think any of us really comprehended what was in store for us.

My sincere condolences to those of you who have lost a loved one to this virus. And my deepest gratitude to those that are out there on the front lines caring for those that are affected.



PRESIDENT'S MESSAGE

I do want to point out that in the midst of this nightmare we have seen our members, and members of the communities we serve, come out fighting. Whether it is on the front line taking care of patients, or supporting those who are doing so, or ordering take-out from our favorite restaurants to help keep them open, or, like my mom, making and donating masks – we are all coming out together and saying – “hey we are in this together and we’ve got this.” In this issue, you will see pictures of examples of that. A shout out and thank you to Alicia Weissmeier and Jessica Daly for coming up with this idea and to those who responded to their request and shared their pictures to be included in this issue. This is a historic time and I am thrilled with the idea of using these pictures to document the goodness and resilience in all of us.

The times ahead...

I think we all know that our world as we know it will never be the same. I fully expect that the world of telecommuting and telemedicine are expanding and will be more a part of the normal way of doing business than they were before. What follows is that the expectations and needs of our members will be changing drastically, which means we will have to adapt and change how we offer education – and value – to our members.

The Chapter will be in excellent hands going forward, and will be led by incoming President Donna Skura, Sean Smith as President Elect, Catherine Ekbohm as VP of Education, Tracey Roland as Treasurer, and Andrew Weingartner as Secretary. They are a dedicated group of leaders who will be supported by an equally dedicated Board of Directors, Chairs and Co-Chairs, committee members, and countless other volunteers. I encourage you, our members, to become more involved and consider joining a committee. I promise it will be a gratifying experience – now more than ever.

I would like to thank everyone, including the Executive Board, the Board, our dedicated past Presidents, our Regional Executive, the Committee Chairs, and all of its volunteer members for all that you have done this Chapter year!

Last – but certainly far from least, I also want to thank all of our corporate sponsors for your generous and continued support. It is because of the dedication and efforts of all of you that we are a chapter to be proud of. I also encourage all of you to remember our corporate sponsors for your business needs.

Be safe, be well....prayers to you all. Thank you for an amazing year.

Diane McCarthy, CPA/ FHFMA
President, HFMA Metropolitan NY Chapter 2019/2020



EDITOR'S MESSAGE

The Spring Edition of Newscast always signifies the completion of another Chapter year and celebrates the Chapter's premiere education event – the Joseph A. Levi Annual Institute. Unfortunately Covid-19 has firmly established itself as one of the most disruptive events in modern history, affecting all of us personally and professionally, across all continents.



Much to the disappointment of our Chapter President and everyone who worked so hard on the Joseph A. Levi Annual Institute, due to the Covid-19 pandemic this event could not move forward nor, to my understanding, was there a reasonable timeframe in which to restructure the event to a virtual one. In addition, our Chapter would normally be looking forward to attending our Annual Business Meeting to honor and thank the Chapter's outgoing President and install and welcome the Chapter's incoming President, Officers, and Board. This year, while we will get the chance to do so, it will just happen in a very different way. Our President-Elect is working on transforming this traditionally social event into a social-distancing Annual Business Meeting.

In these challenging times, we are all navigating through uncertainty for ourselves, our loved ones, our neighbors, and our business community. More than ever, our Chapter is committed to delivering relevant education to our members. While the underlying necessity of education is always present, it is more amplified than ever before. You will note in this edition of Newscast, our call to our membership for relevant articles was answered. Our own soon-to-be President-Elect, Sean P. Smith, highlights the importance of planning for the post-Covid-19 world. The additional articles included here tie in quite nicely and speak to accuracy, accountability, CDI processes, Utilization management as well as the basics of the FEMA public assistance program. Simply put, the weight of the new challenges we will be facing must be understood and addressed so that we can effectively plan the path forward.

MetroNY HFMA is sincerely grateful to our community of supporters – Volunteers, Members, and Corporate Sponsors. Your commitment to our Chapter is critical in these challenging times; you are truly appreciated.

On a personal note, having worked in NYC on 9/11 and the blackout that occurred not long after, and then on Long Island during Hurricane Sandy, Covid-19 tops the charts for me when it comes to business-related stress. This unprecedented health crisis has left many individuals, who normally handle stress quite well, feeling afraid and anxious. For what it is worth, my personal feeling is that the easiest way to reduce anxiety is to reduce risk. So reduce your risk, practice good hygiene, plan for your regular routine to be disrupted, and choose reliable information sources. Know that a typical stress reaction may include difficulty concentrating, irritability and anger, fatigue, difficulty sleeping, and stomach upset. Make sure you check in on yourself and take care of yourself. The nicer weather is coming so enjoy it! Getting outdoors to walk, jog, hike, garden, ride a bicycle, or visit a park are healthy ways to stay active, spend time with your family, and reduce stress and anxiety while engaging in social distancing strategies.

Stay safe and be well,

Alicia



CHAPTER OFFICERS AND BOARD OF DIRECTORS

OFFICERS 2019-2020

President	Diane McCarthy, CPA, FHFMA
President-Elect	Donna Skura
Vice President	Sean P. Smith, CPA
Treasurer	Catherine Ekbom
Secretary	Tracey A. Roland
Immediate Past President	Mario Di Figlia, FHFMA

BOARD OF DIRECTORS

Class of 2020

Leah Amante	Shivam Sohan, FHFMA
Susane Lim	Andrew Weingartner, FHFMA
Christina Milone, Esq.	

Class of 2021

Alyson Belz	Laurie Radler
Daniel Corcoran	Alicia A. Weissmeier, Esq., FHFMA
James Linhart	

PAST PRESIDENTS

2017-2018	Maryann J. Regan
2016-2017	David Woods
2015-2016	Meredith Simonetti, FHFMA
2014-2015	Wendy E. Leo, FHFMA
2013-2014	David Evangelista
2012-2013	Palmira M. Cataliotti, FHFMA, CPA
2011-2012	John I. Coster, FHFMA
2010-2011	Edmund P. Schmidt, III, FHFMA
2009-2010	Cynthia A. Strain, 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
Kevin W. Dahill,
President & CEO, Nassau-Suffolk Hospital Council

Newscast Committee

EDITOR:

Alicia A. Weissmeier, Esq., FHFMA

COMMITTEE VICE CHAIR:

Marty Abschutz, CPA, CGMA

COMMITTEE MEMBERS:

Kiran Batheja, FHFMA

Wendy Leo, FHFMA

Cynthia Strain, FHFMA

Metro NY HFMA Newscast Summer Schedule

Electronic Publication Date

7/31/20

Article Deadline for Receipt by Editor

6/26/20

2019-2020 CORPORATE SPONSORS

PLATINUM

BDO USA, LLP	Miller & Milone, P.C.
Betz-Mitchell Associates, Inc.	nThrive
Commerce Healthcare	POM Recoveries, Inc.
Craneware	Price Waterhouse Coopers, LLP
Ernst & Young LLP	Professional Claims Bureau, Inc.
Experian Health	R1 RCM
Healthcare Retroactive Audits, Inc.	RSM US LLP
Instamed	RTR Financial Services, Inc.
Jzanus, Ltd.	Strata Decision Technology
KPMG LLP	Tritech Healthcare Management, LLC
Med-Metrix	

GOLD

Accenture	Health/ROI
CBHV-Collection Bureau Hudson Valley, Inc.	Jzanus Consulting, Inc.
Fust Charles Chambers LLP	Washington & West, LLC

SILVER

Allscripts	Mullooly, Jeffrey, Rooney & Flynn, LLP
Deloitte Services LLP	Nassau Suffolk Hospital Council, Inc.
Garfunkel Wild, P.C.	OSG Billing Services
Group J	Third Party Reimbursement Solutions, LLC
McBee	Veralon
MCS Claim Services, Inc.	

CHAPTER MEMBER NEWS

IMPORTANT DATES

Upcoming Webinars

April 21, 2020
2:00pm – 3:00pm

CREDIT IMPACT OF COVID-19 ON THE
HEALTHCARE SECTOR
Hosted by HFMA

April 29, 2020
1:00pm – 2:00pm

ADDRESSING CYBER RISK
Global Cyber Alliance

May 5, 2020
1:00pm – 2:00pm

2020 340B UPDATE
StoneBridge Business Partners

May 12, 2020
3:00pm – 4:00pm

PATIENTS ARE THE NEW PAYER:
SUPERCHARGING PATIENT FINANCE
Hosted by HFMA

May 19, 2020
6:30pm – 7:00pm

ANNUAL BUSINESS MEETING
Conference call

POSTPONED

2019 NEW YORK ICR CHANGES AND
MEDICARE COST REPORT SOFTWARE UPDATES
NYSDOH and KPMG

Events

August 5, 2020

METRO NY HFMA GOLF CLASSIC

Harbor Links
Port Washington, NY

November 7, 2020

PAST PRESIDENTS DINNER DANCE TWA Hotel



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.

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.

JANUARY 2020

ARI KRAVITZ
RSM US

SUMINAH MCFADDEN
NYU Langone Medical Center

SHERENE BRAHAM

MINHUI CHEN, CSMC, CSBI
BKD LLP

BRYANT MACARAEG
BKD, LLP

PETER COSTALAS
Northwell Health

LISA HUANG
Bank Of America

EDWARD STATEN
BDO

JAYSHREE PATEL

RACHEL WATSON

HEATHER SEWELL

CASSIE ABEL
Navigant Consulting

MIKE BRUDNICKI
Navigant Consulting

KAISHE SMILES
South Nassau Communities
Hospital

CAROLYNN O'CONNOR
Catholic Home Care

TANIA RICHARDS
ACURITY INC.

KEVIN YIM
NewYork-Presbyterian Queens

SU ELLEN ROWE
NYU Langone Health System

DERRI-ANN TAYLOR THOMAS,
CRCC
Department Of Education

SONIA DHAWAN
Bikham

DAVID ULRICH
The CCS Companies

FLORIAN OTTO
Cedar

FEBRUARY 2020

JESSICA HESS
Mazars USA

MEV MARKASHI
Humana

ROBERTA LOCKO, MD
New York City
Health + Hospitals

SUWASKIE SMITH

JOSHUA FERTIG
RSM US

ANDREA PERRY, MD, MBA
Emblemhealth

JOE CORWIN
GNYHA

MARY TIAN
Flatiron

BARBARA AUGUSTE

KENISHA DRAKE

NELSON CHENG
Gramercy Surgery Center, Inc.

JOEL FRANCOIS

CINDY RADER
Hhaexchange

LIDUVINA MARTINEZ-GONZALE
SUNY College Of Optometry

JASON SCHECHTER
Bain

ANDERSON CUARTAS
Medisys Management, LLC

ASHA MAHARAJ

MARCH 2020

EZRA FIREWORKER, MBA
Business Analytics

GREG MCLERNON
Signify Health

DENISSE VEGA
Planned Parenthood Of The
Pacific Southwest

MARY SUSSMAN
Young Adult Institute, Inc.

BENJAMIN GROBSTEIN
Alvarez & Marsal

VANESSA JOHNSON

FRANK THU

PAUL MURPHY

EDWEEN MONESTIME
Huron Consulting Group

KEZIA HERCULES

LETHA DANIEL
Letha Daniel, MD, PC

Save the Date!

HFMA METROPOLITAN NY CHAPTER
PRESENTS

ANNUAL BUSINESS MEETING

Election / Installation of Chapter Leadership

TUESDAY • MAY 19TH • 6:30 PM - 7:00PM
CONFERENCE CALL

"You can't change the direction of the wind – but you adjust your sails."

Due to the continued Covid-19 crisis, our chapter will be having a Virtual ABM this year.

While we will miss the personal touch that this event has always offered, it is still an important event for all of our members. It is an opportunity to thank our corporate sponsors as well as recognizing those who have earned HFMA awards and worked to achieve certification status this past year.

Please join us in congratulating them, as well as installing our incoming officers and board members for the 2020/2021 year. The year ahead will be offering challenges as well as opportunities for them, and I have complete confidence that all of them are ready to bring the Metro New York Chapter to new levels of excellence.

While you will not be able to shake their hands in person, please be sure to join us for the Virtual ABM and give them all the support they deserve. I look forward to "seeing" you at the meeting.

*Diane McCarthy, CPA/HFMA
President*

NEWARK & NEW YORK CITY

Flight Path
April 28



This 40-minute joint flyover is a salute to frontline COVID-19 responders. Times are subject to change. Residents should observe the flyover from the safety of their home-quarantine and should refrain from traveling to see the flyover. Social distancing should be practiced at all times. Stay home and stay safe!



View of the flyover from the Long Island City Waterfront.
Photo Credit: John Weissmeier



View of the flyover from Midtown Manhattan



The cover photo, shown here, was contributed by Jerry Adamo, a Freelance Photographer and Systems Engineer at NYU Winthrop Hospital using a Nikon Z6 @100mm during the America Strong flyover on April 28.

Planning in the Post COVID-19 World

By Sean P. Smith, CPA

Let me begin by saying I hope all my fellow members and their families are safe and healthy. By the time this Newscast is released your organization has probably closed the books on the months of March and April and it's an ugly financial picture heading into the Summer/Fall of 2020.

For those calendar year facilities, the 2020 budget is shot. Actual versus Budget variances are meaningless. As I was listening to the HFMA 2020 Virtual Conference on April 9th, Joe Fifer, President & CEO of HFMA, indicated that on a national level approximately 75% of all elective procedures have been cancelled or postponed. Providers have seen a revenue reduction between 40% - 60% of total revenue. Supply expenses have skyrocketed as everyone raced to secure masks, gowns, gloves and other COVID-19 related essentials. Significant investments were made in purchasing beds, ventilators and IT related equipment to treat patients not only coming into your facility but to those patients that could be cared for remotely.

Hopefully your organizations have applied for and are receiving Medicare Advance payments from the \$30B in provider relief funding that is part of the \$100B in funding through the CARES Act to help get you through these difficult times.

What will be the new normal post COVID-19? As you begin to recover and plan for the months ahead, for most of you the 2021 budget year planning phase will be what lies ahead. What are the challenges and/or new strategic initiatives that your organization will need to think about to keep your health system economically and financial stable, not only in the short term but for the long term? What type of workforce issues will your organization face regarding recruitment, retention, burnout, working remotely and flexible staffing models? What lessons were learned from your emergency preparedness response?

How will the surge in unemployment claims impact future elective surgeries and revenue projections? Will CMS provide new guidelines related to Telehealth services and will managed care payers follow suit? Managed care contracts should be reviewed carefully to confirm how the payer intends to pay for telehealth visits. As Dr. George Mayzell, a presenter from the HFMA 2020 Virtual Conference pointed out about the future of telehealth, "you can't put the genie back in the bottle."

Now is the time to begin to anticipate what your new world may look like and the direction you want your organization to take while being flexible to pivot when there is a shift in economic and clinical realities.

Remember: You are not alone. What will get us through this is Courage. Courage to change, courage to be innovative!

On that note, I leave you with one of my favorite quotes from the Wizard of Oz:

"True COURAGE is in facing Danger when you ARE AFRAID."

-The Wonderful Wizard of Oz



Sean P. Smith, CPA
Principal

SPS Healthcare Consulting

A Look at Our Members:

“The Covid-19 pandemic and its impact on New York has reminded me of a Diaster in Slow Motion. Slower than hurricanes, an earthquake, or an aircraft making an emergency landing in the Hudson River. It has also required balancing work and family in a changing environment.

Have been working exclusively from home, in Queens, NY for 9 days. Some client meetings have turned into phone meetings or video meetings. Some have been rescheduled several times and then unfortunately cancelled amid rapidly shuffling priorities. I have also had emergency meetings when clients or prospective clients need services in a hurry.

I have had video meetings ranging from 2 to 21 participants, all from my home office. I believe it is important to continue to dress for work. It projects professionalism to colleagues and clients. It sets the tone for discussions, and represents some normalcy when circumstances are not normal.

Every day I look for some normalcy. I look forward to seeing everyone at HFMA Metropolitan New York Chapter as soon as safety allows.”

-John Byrne

Donna Skura



Florie Munroe



C Borchert



“Emerging on the other side of my quarantine life, the last thing I want to feel is that I could have done more. There are numerous things I’ve felt I could achieve if I only had the time - now all I have is time. In this new world of social distancing, I’ve used it as an opportunity to complete those various ambitions, both personal and professional. For example, I am finishing the painting I never got around to, perfecting my yoga practice and diving into the HFMA certifications that are just waiting to be earned. The bright spot to my quarantine, hands down, has been the quality time with my daughter. We find creative ways each day to still have fun and entertain ourselves.

As long as you're staying healthy and maintaining a happy state of mind, then I believe that's more than enough during these unprecedented times. I hope everyone stays safe.”

-Alyson Belz



Alyson Belz



Alyson Belz



Alyson Belz



Alyson Belz



MarioDiFiglia

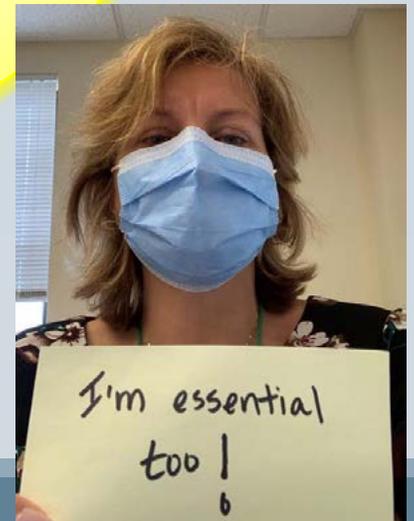
Rise above the storm and you will find the sunshine.



Mario DiFiglia

**“The way I see it,
if you want the
rainbow, you
gotta put up with
the rain.”**

—DOLLY PARTON—



Diane McCarthy

Members of the Metropolitan NY Chapter HFMA, spouse and/or dependents are eligible to apply for the Marvin Rushkoff Scholarship.

By January 1st each year the Marvin Rushkoff Scholarship application will be posted to the Chapter's website. Applications must be delivered in complete form and received by the designated committee chair on or before June 1 to be considered for awarded. Two (2) \$1,000 scholarships are awarded on an annual basis to qualified applicants. Awards are for one year only and require a new application each year to be considered for the scholarship.

Metropolitan New York Chapter HFMA

Marvin Rushkoff Scholarship

Eligibility Requirements:

- Member in good standing with National HFMA and Metro NY Chapter.
- Must be a Member or spouse or dependent of a member.
- Must be attending an accredited college or university.
- Must provide proof of acceptance.
- Must be a matriculated student

**Members of the Executive Committee/their dependents and spouses are not eligible.

**Members of the Evaluating Committee/their dependents and spouses are not eligible.

Metropolitan New York Chapter HFMA
Marvin Rushkoff Scholarship

The Metropolitan NY Chapter of HFMA is pleased to announce the reinstatement of our chapter scholarship award. The scholarship is as outlined below:

There will be two (2) \$1,000 scholarships awarded each year to qualified applicants.

Eligibility Requirement:

Members of the Metropolitan NY Chapter HFMA, spouse and dependents of member of Metro NY Chapter. The member must be in good standing with National HFMA and the Chapter. Member in good standing is defined as a member whose dues are current or is identified as a member in transition with National HFMA and has NO outstanding AR with the Metro NY Chapter.

Must be attending an accredited college or university and show proof of acceptance.

Must be a matriculated student.

Application will be posted to the website by January 1st of each year and must be received by the designated committee chair on or before June 1st of each year. Only completed applications will be accepted and considered for award.

Announcement of winner(s) will take place at the Annual Business Meeting

Awards are for one year only and will require a new application each year to be considered for the scholarship.

Members of the Executive Committee /their dependents and spouses are NOT eligible.

Members of the evaluating committee/ their dependents and spouses are NOT eligible.

Evaluation of Application:

The committee chair will receive all applications.

Each application will be binded by the scholarship chair prior to distribution for evaluation and voting.

The evaluating committee will consist of the scholarship chair, co-chair and executive committee.

The scholarship chair and co-chair will refrain from voting, the executive committee will be the voting members and winner(s) will be chosen by majority.

Applications will be weighted based on the following criteria:

Essay	60%
Community/Professional Experience	25%
Field of Study	10%
GPA of most recent semester completed	5%

The committee will meet to set criteria within each category in order to weight each application fairly and evenly.

Professional Career/ Work Experience:

Employment history to be attached and labeled as attachment: A

Community and Professional Activities:

Please describe your civic and professional activities and contributions to your community, profession, HFMA or other organizations. Attach and label as attachment: B

Essay

In 350 words or less submit an essay describing your education and or professional goals and how this scholarship will assist you in achieving such goals. **Essay must be typed and double spaced.**

References:

Please furnish three letters of reference. Please submit these letters with your application do not have them submitted under separate cover. Remember only fully completed applications will be considered for scholarship.

Applicants Signature: _____ Date: _____

All applications must be received on or before **June 1st**.

Return application to:

Cindy Strain, FHFMA
c/o Island Pulmonary Associates, PC
4271 Hempstead Turnpike
Bethpage, NY 11714
Attn: HFMA Scholarship

Or via email to: Cyndy65@aol.com

Receipt of application will be provided via email only.

HFMA's Online Membership Directory



Have you visited HFMA's Online Membership Directory lately? Log in at 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.

Patient Access Accuracy & Accountability – Needed now more than ever!

By: Mike Bickers

Our patient access teams are in part the ones that start the revenue cycle engine. These teams are the ones who create the good first impression, the data gatherers, the insurance verifiers, the ones who help patients understand their insurance policies and benefits, the ones tasked with asking sick and troubled people for money. What could possibly go wrong along the way? Maybe a few things, or everything!

We often assign our most important financial tasks to these frontline staff members. Their primary mission, however, is to ensure the patient is provided access to a caregiver in a timely fashion. Most everything else often takes a back seat.

Where the rubber meets the road: Accuracy & Accountability

What can we as revenue cycle and finance leaders do to ensure that accuracy becomes equally as important and rides in the front seat so to speak? The answer is to provide accountability. Everyone involved in the patient intake process needs to clearly understand how their actions impact nearly everything that happens downstream. Think of driving on the Cross Bronx Expressway. When everyone maintains proper speed and spacing, not driving slow in the left-hand lane, not crossing two lanes of traffic to keep from missing their exit, everything goes smoothly. Of course, this rarely happens. One hiccup and the ripple effects last for hours.

When vital information is overlooked or unverified during the registration process, something down the line will be affected. Coding, billing, statements, cash flow, patient satisfaction, collections and more can be impacted. The downstream costs can be tremendous. We need to work smarter, not harder.

The most important thing we can do is to ensure our front-line staff have a clear understanding of what is expected of them, and again an understanding of how their work and their accuracy affects others downstream. Next, as with most things we do, we must inspect what we expect. And when we find missteps, we must provide a feedback mechanism to help the individuals understand what happened. Without this process, nothing will ever change. Do this enough, and the errors will disappear.

Avoid a Traffic Jam: Automated guidance

Imagine if the evildoers on the Long Island Expressway were somehow notified about their mistakes and the traffic backup that resulted. What if the next day, they had to put a sign on the roof of their car, saying “I caused yesterday’s traffic jam”! They might be more cautious and considerate going forward. From another perspective, what if these drivers were taking advantage of today’s new technology such as Adaptive Cruise Control, GPS and other automated features to help drivers through the difficult sections, helping them navigate the roadblocks and complex directions. Traffic congestion would likely be minimized as a result.

Pay Attention: A personal scorecard with help to correct in real-time

Another example, what about the workers on the General Motors assembly line that are responsible for connecting the spark plug wires on the motor of each vehicle. What would happen if sometimes people connected the wires in the wrong order because they weren’t paying attention or were in a rush? Think of the person responsible for testing the motor. It’s running horribly. The engine analyzer will eventually identify the problem so it can be corrected, assuming no permanent engine damage occurred. But how much time will this take? How can this be prevented? By identifying who made the error and making them responsible for making the correction. Over time, they’ll pay more attention and check their work when they are done.

Face it, we all perform better when there is oversight and when the quality of our work and performance can be measured in some way. Even more so if our performance is compared with others and reported for all to see. It’s up to us to ensure our patient access processes, the very foundation of our revenue cycle processes, are a fine-tuned machine, so we need to make sure we have the correct tools and controls in place.



Real-time Education: Better than a speeding ticket

Real-time education and feedback mechanisms (not a speeding ticket), however are the ideal way to drive improvement. The right technology tools can teach your registration staff continuously, without supervisor intervention at each keystroke or registration.

My EHR Takes Care of That: Some may think

Most of the popular EHR systems on the market have some basic edits and rules built-in to look for missing or invalid registration information, not allowing the user to complete a preregistration or registration until the errors are resolved. Beyond that, there are often more sophisticated rules that may run in some instances, but those errors often go to a common worklist, where any number of people may be assigned to resolve the errors. No feedback mechanism, no opportunity for those to learn from their mistakes, no accountability. What's more, the best time to correct an error is right after it occurred, not hours or days later. Things like calling the patient for example can take considerable time.

Insurance Benefit Verification, one of many patient access processes, is often a challenging task. Technology can assist with this process and is better than relying on a busy registration or financial clearance staff member to read through all the information and make a determination. Examine this and other processes to ensure you are maximizing efficiency and accuracy.

Invest the time to ensure your technology provides the best in automation, streamlining processes and maximizing productivity. Evaluate the systems and processes you have in place to evaluate the quality and quantity of work produced by your patient access teams, and ensure the proper feedback mechanisms like accuracy report cards and other tools are available for the front-line staff members and management alike. The time and effort spent up-front will pay significant dividends down the line. Reduced re-work, cash flow improvements, improved patient satisfaction, denial reductions, and increased cash will result if you take the time to work smarter.



Author: Mike Bickers
Director
PELITAS – Best in KLAS 2019 & 2020
www.pelitas.com

Mike has more than 29 years of experience in the field of healthcare revenue cycle technology and services. He is an expert in workflow process evaluation for hospitals and clinics in the areas of patient access management, denial management, and A/R recovery.

Mike has been a member of the Healthcare Financial Management Association (HFMA) since 2001. He has served in numerous committee and Board roles within HFMA including President of the Florida Chapter for 2017-18 and is a past Education Committee Volunteer for the Metro New York Chapter of HFMA.





REVENUE CYCLE INTEGRITY & PERFORMANCE IMPROVEMENT

Clinical Documentation & HIM Team

- Deep Expertise in MS & APR DRG Methodologies
- Improve Coding and DRG Alignment Accuracy using Experienced Clinical and HIM Professionals
- Establish Best Practice DRG Coding through Education and Direct Coder Feedback
- Increase Reimbursement and Improve Quality
- Provide a Significant ROI while Improving Quality and Compliance
- Jzanus Consulting uses an Educational Approach to Help Achieve your Objectives

Our Services

- DRG Coding and Clinical Validation Education and Outsourcing
- APR DRG Benchmarking - Identify Opportunities
- Clinical Documentation Improvement
- Medicare and Medicaid Cost Outlier Reimbursement Recovery
- DRG and Downgrade Appeals
- APC Denial Recovery Services
- Take Advantage of our Free 100 Record Clinical Documentation and Coding Assessment



FOR IMMEDIATE RELEASE

Contact:
Tom Melillo,
Director of Marketing & Strategic Planning
(516) 426-4017; tmelillo@ehs.org

**FDNY and Inwood Fire Dept. Show Respect
and Appreciation to St. John's Episcopal Hospital
Emergency Department with a Special "Clap Off"**

Show of support goes a long way to health care workers on the frontlines of COVID-19 battle

(Far Rockaway, NY – April 6, 2019) The FDNY's "The Big House" (Engine 264, Ladder 134, Engine 328) and "The Best on The Beach" (Engine 265, Ladder 121, Battalion 47), and the Inwood Fire Department lined the street outside of the St. John's Episcopal Hospital (SJEH) Emergency Department with sirens blaring and a massive round of applause in a display of respect and appreciation to SJEH staff who are on the frontlines of the COVID-19 pandemic.

"We want say thank you to the true heroes—the doctors, the nurses, the environmental services staff, the cooks, and the entire staff at St. John's," said Christopher Pasano, Battalion Chief of Battalion 47. "This is the only hospital in the Rockaways and we want to show our love and appreciation! We will come through this pandemic together!"

The hospital was able to broadcast the "clap off" tribute live on its Facebook account via Facebook Live. To date, the video has reached more than 102,000 people and has amassed more than 1,000 shares and 64,000 direct views. The video is available on the hospitals official Facebook account, [@stjohnsepiscopalhospital](https://www.facebook.com/stjohnsepiscopalhospital).

SJEH is the only hospital located on the Rockaway peninsula of Queens, NY, and serves a population of more than 140,000 residents including the Five Towns of Nassau County, Long Island. Last month, the hospital confirmed the first positive case of COVID-19 in Queens, and has been at the forefront of helping community members battle the virus ever since.

"The FDNY's and Inwood Fire Department's display of gratitude is much appreciated and is a huge morale booster to us," said Jerry Walsh, Chief Executive Officer. "Our employees are working around the clock to ensure that we are doing all we can to help our patients have a successful health outcome, and this act of kindness goes a long way!"

About St. John's Episcopal Hospital

St. John's Episcopal Hospital is the only hospital providing emergency and ambulatory care to the densely populated, culturally and economically diverse, and medically underserved populations of the Rockaways and Five Towns in southern Queens County and southwestern Nassau County, New York. Celebrating over 110 years of community care, the 257-bed facility provides people of all faiths with comprehensive preventive, diagnostic, treatment and rehabilitative services, regardless of ability to pay.

###

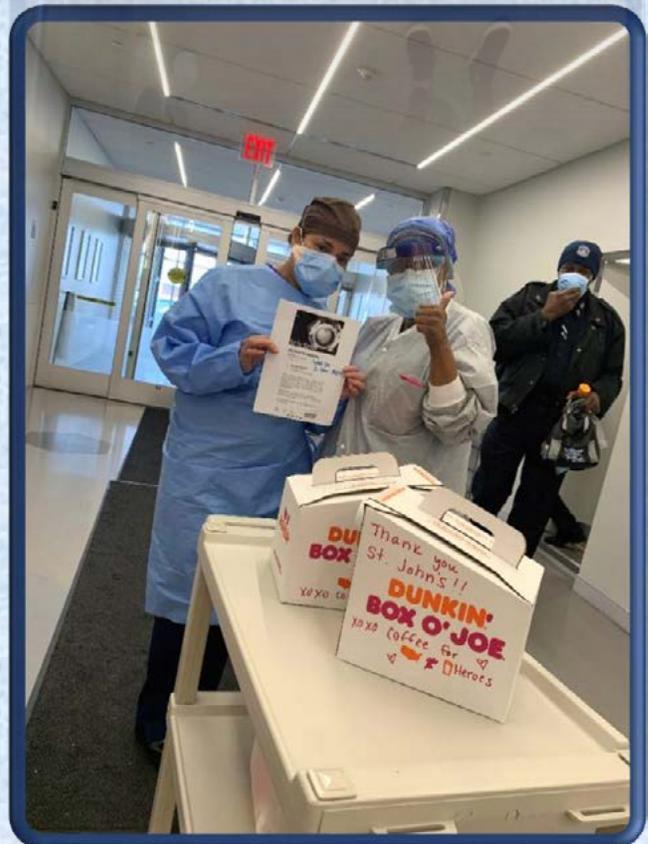


Coffee for Heroes

At St. John's Episcopal Hospital



Food from BBQ/Rockaway Brewery, compliments of Adam Linet from Vino by the Sea



Implementing a Profitable CDI Process

By Jordan Shelton-Greene

All providers, regardless of specialty or provider type, can enhance their clinical documentation through CDI processes to be more profitable. Research done by the American Medical Association shows providers spend almost half of their work time on documentation, and only one fourth of their time interacting with patients (AMA.org). Imagine if these numbers were flipped, how much additional revenue would a single provider, a group practice, or multi-facility health network generate? When productive methods of documentation are put in place, providers can administer more profitable patient care.

Catherine Smith, a MedCode Specialists and Consulting Manager for GetixHealth, explains how an inefficient process can be detrimental to a provider's bottom line: "If a condition is not coded correctly, the provider care may be perceived as lower or less involved, thus ultimately resulting in a lower reimbursement rate."

Providers who establish efficient, focused CDI processes not only increase revenue, but also reduce many of the frustrations and anxieties which stem from inconsistent methods of documentation. A CDI process is also a beneficial compliance tool for providers and facilities to establish and improve productive CDI techniques and practices. These processes give providers the opportunity to proactively mitigate mistakes in medical charting and coding before submitting their claims to payers and publicly recording documentation errors. Listed here are three of the most commonly used methods to improve clinical documentation.

Compliance Education Audit

The first method to improve clinical documentation is a Compliance Education Audit. Basically, this type of audit is a problem assessment audit used to determine a provider's strengths and weaknesses in documentation (SWOT Analysis of Audits). With the information gathered from a Compliance Education Audit, providers can identify productive and efficient solutions to improve the accuracy in assessment documentation.

Methods:

- Have a scribe present during examinations to take dictation notes as the doctor assesses a patient. This allows the doctor to focus fully on his diagnosis, while the scribe records the proper codes and modifiers.
- Use "smart" or "dot" phrases in documentation. These tags abbreviate procedural and diagnostics coding text, which allows for more concise data entry. (.DIAG for encounter diagnosis, etc.)
- Conduct a 1-on-1 or group discussion. Providers are often willing to share areas in need of improvement and challenges they face in documentation.

Solutions:

These methods for Compliance Education Audits identify the most vulnerable points of a facility or provider's coding practices. When a provider and/or facility is aware of vulnerabilities, they are better able to establish a less-cluttered coding process and reduce the probability of error. By doing this, they are able to further reduce claim denials and speed up the rate in which he or she will be paid for services rendered.

Provider Performance Audits

The second type of audits used to improve clinical documentation is called a Provider Performance Audit. Typically, this type of audit is used to give providers the opportunity to *see* their mistakes, rather than just hearing they made a mistake. Auditors can show providers a physical, hard copy of their errors or missing items, and offer process improvement suggestions and ideas. Errors can also be isolated to specific services or specialties the facility or provider offers.

Methods:

- Review patient billing sheets and medical records, notate all errors, and group similar errors together on reports by provider, error type, services rendered, and/or specialty.
- Check clinical documentation against charge/billing sheets, record and group errors.

Solutions:

Data from multiple aspects of the coding process gives providers a bird's eye view of what and where specific corrective actions need to be made. Performance audits show exact percentages of errors found in coding and modifier accuracy, improper treatments, and insurance denials. Providers can use this information to avoid these errors, save time, and increase patient care revenue.

A study conducted in the *Journal of Patient Medicine* found that 32% of EHR-related malpractice claims could be attributed to errors in medication and complications with treatment. The majority of causes for these errors were user-related; clinicians lacking EHR training, ignoring crucial alerts, and failing to notice test results in patient charts (ehrintelligence.com). Providers and facilities alike can avoid these costly errors with provider performance audits.

Comparison Audit

The third method to improve clinical documentation is a Comparison Audit. A Comparison Audit allows providers to see coding practices side-by-side along with other standards for coding. It is used to highlight where differences are between codes, whether claims are under or over coded, and if codes are missing. If a procedure is under coded it results in lost revenue, while if it is over coded it can lead to potential accusations of fraud.

Methods:

- Compare current coding results with trending Medicare standards to ensure over coding or under coding is not taking place at any point in the documentation process. By taking note of the rules laid out in a Medicare audit, providers can avoid unusual billing patterns that may result in queries.
- Verify coding results against AMA Current Procedural Terminology, CMS, and International Classification of Diseases guidelines.

Solutions:

By completing a Comparison Audit, providers limit the likelihood of incorrectly coding, over coding, or under coding. Providers can expect to get paid quicker with more accurate claims, spend less time chasing payments from insurance, stay on the good side of Medicare, and maintain their patients' trust (since errors are not bouncing back to them).

It is estimated that over the next decade, the Centers for Medicare and Medicaid Services will overpay Medicare Advantage plans by over \$200 billion. (healthaffairs.org) This means that Medicare audits are likely to become more rigorous and providers can expect harsher penalties and fines for coding errors. By conducting a comparison audit, providers increase their ability to mitigate these risks.

Just like patients, documentation needs checkups - providers need to evaluate, treat, and enhance their clinical documentation with Compliance Education Audits, Provider Performance Audits, and Comparison Audits. Checkups should happen on an annual basis, follow-up should be conducted for any complications, and if any further or persistent problems arise, providers should seek to consult with a Clinical Documentation Specialist immediately. No matter the methods used to enhance clinical documentation, providers can expect to see a reduction in errors, an increase in patient satisfaction, and a more confident billing process.

Citations/References:

- 1) Monica, Kate. "Medication Errors Rank Among Most Common EHR-Related Issues." *EHRIntelligence*, 8 July 2019, ehrintelligence.com/news/diagnostic-medication-errors-rank-among-most-common-ehr-related-issues.
- 2) Kronick, Richard. "Why Medicare Advantage Plans Are Being Overpaid By \$200 Billion And What To Do About It." *Why Medicare Advantage Plans Are Being Overpaid By \$200 Billion And What To Do About It | Health Affairs*, 29 Jan. 2020, www.healthaffairs.org/doi/10.1377/hblog20200127.293799/full/.
- 3) "AMA." *American Medical Association*, 3 Apr. 2020, www.ama-assn.org/.



Jordan Shelton-Greene
Marketing Assistant

Struggling to **model profitability** of potential payor contracts?

nThrive Contract Management Suite helps providers:



Accurately forecast revenue based on complex medical contract terms



Identify systemic payor issues



Negotiate more favorable payor contracts



Identify payment variances

Ready to learn more?

Visit nthrive.com/contact-us, click Sales Questions, complete the short form and we'll be in touch soon.

Price Transparency 2021 is coming. **Are you ready?**

nThrive has you covered:



Estimating tools for patients to calculate out-of-pocket expenses



Chargemaster solutions to ensure compliance



Reviews to improve financial returns



Scenes Across MetroNY



Photo Credit: Barbara McDermott Brady



Photo Credit: Therese Suchocky LaFaye



Photo Credit: Miriam Shevlin

Masks sent to Winthrop ASU, Winthrop ICU residents, North Shore Manhasset, LJJ ER, Good Samaritan Hospital, Southside Hospital, St. Francis Hospital, Stony Brooke Hospital, and the World Trade Center Health Program at Stony Brook Hospital.



Photo Credit: Barbara McDermott Brady



Photo Credit: Karan Klis Mazzola
Good Samaritan Hospital Medical Center West Islip.
Danielle Friedrich, Karan, Adrienne Young, Michael Giacoia, Dani LaManna

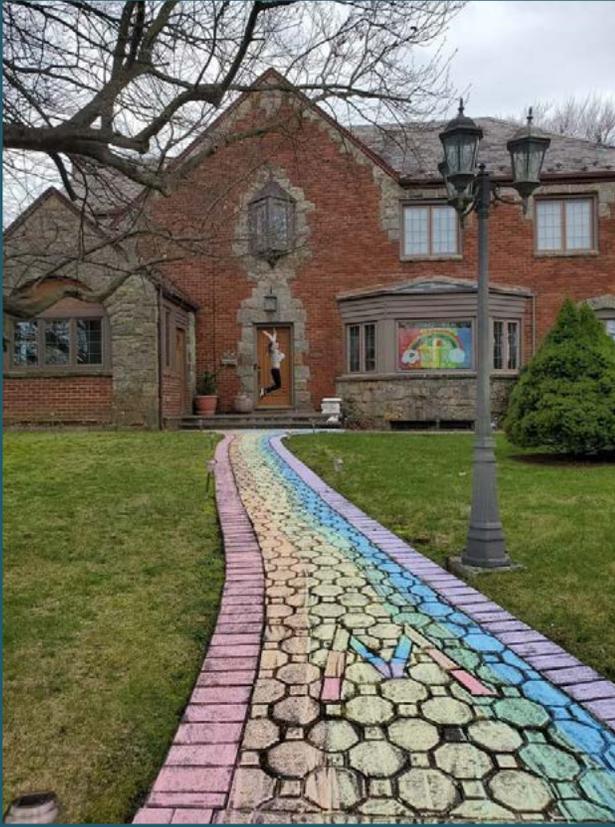


Photo Credit: Alicia A. Weissmeier



Photo Credit: Gary Stegmeier
From Left to Right, Gary's children:
Ryan, Gabrielle & Luke



Photo Credit: Alicia A. Weissmeier



Scene from NYC
Photographer requested anonymity



Matthew Temkin is a high school sophomore who aspires to be a mechanical engineer. He is currently on two robotics teams and is a Boy Scout. Today he also received a donation of supplies from Micro Center to help him make the surgical mask straps.



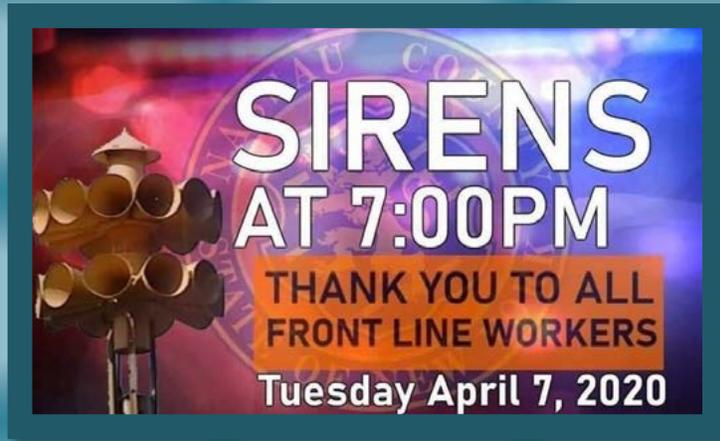
Stony Brook, NY,
Trees covered in
crochet.



Photo Credit: Tonia Torrellas
Photo Editor: Patrice Scalise



Photo Credit: Therese Suchocky LaFaye



Northshore University Hospital
Northwell Health



Jones Beach Covid-19 Drive in Testing Site



Photo Credit: Alicia A. Weissmeier



Photo Credit: Alicia A. Weissmeier



Photo Credit: Alicia A. Weissmeier



The New Faces of Superheroes

Photo Credit: Sean P. Smith



Scene outside of Jamaica Hospital
Photo Credit: Catherine Ekbohm



Photo credit: Maryann Regan



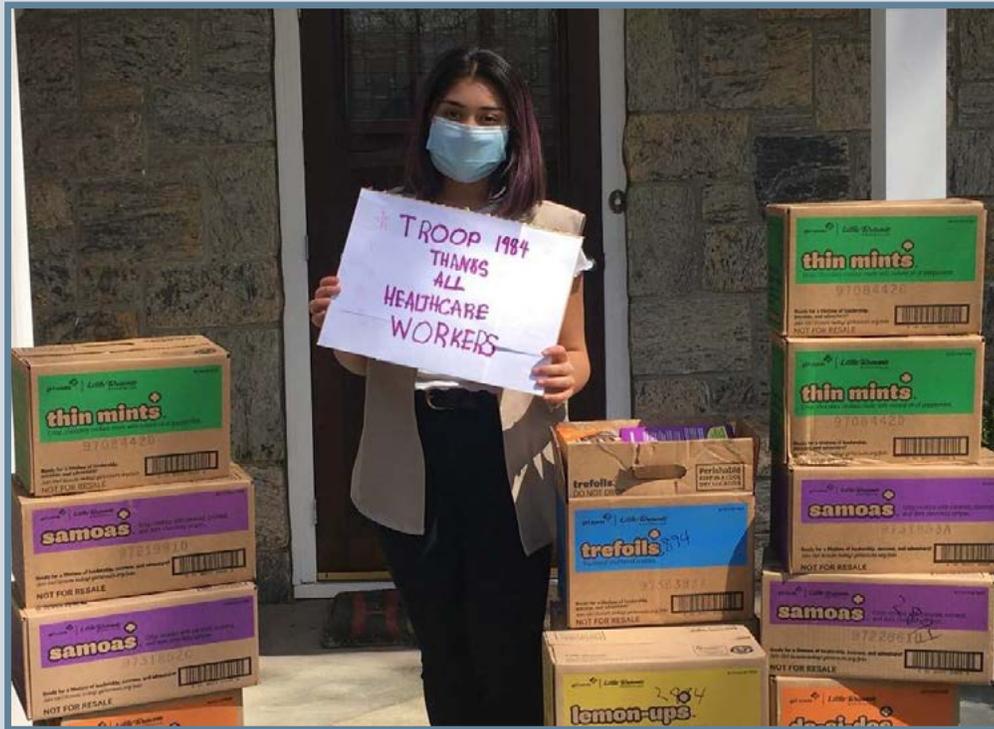
Photo credit: Maryann Regan



Photo credit: Maryann Regan



Photo credit: Maryann Regan



“The Medisys Revenue Cycle team started a gofundme to support food for our front line essential colleagues at our 2 safety-net city hospitals, Jamaica Hospital Medical Center and Flushing Hospital Medical Center. The generosity and support we’ve received has been tremendous and it allowed us to provide hot meals to the essential workers at both Medical Centers.

But because you can only eat so much pizza and cold sandwiches, today I delivered 243 boxes of Girl Scout Cookies to both hospitals!!

While it is hard to see because of the masks, the smile and appreciation for these gifts was unmistakable. Special thanks to Evelyn Yee Poy and Christine Clayton and my daughter Maya of the Heart of the Hudson Troop 1484 for helping make this possible.”

-Kiran Batheja

The Importance of Utilization Management in Healthcare

By: Mary Devine and Meliza Weiner

In the fast paced, ever-changing healthcare environment, hospitals and health systems must be agile to ensure a quality-driven and financially stable operation. Between care complexities, endless reimbursement rules and regulation changes, utilization management in healthcare is paramount.

Regulatory Compliance

Regulatory agencies such as The Centers for Medicare and Medicaid Services (CMS) mandate for Medicare and Medicaid conditions of participation (Title 42 CFR), The Social Security Act (Sect 1861 Regulation), and the Quality Improvement Organization (QIO) require that hospitals and health systems have an effective utilization review plan in place. Foundational elements of the Utilization Management department such as medical necessity, resource utilization, Length of Stay (LOS), denials and outcomes all affect reimbursement. Thus, it is prudent to have the Utilization Management department involved and aligned with the Revenue Cycle.

Payors and health plans set forth many requirements in contracts, which also affect reimbursement. Armed with the knowledge of payor and health plan intricacies, the Utilization Management department can bridge the gap between quality care provisions and clinical medical necessity, intensity of services, coverage and reimbursement.

Having utilization management processes tied to financial policies ensures compliance from regulatory, quality and risk perspectives and provides a course for hospital and health system operations. Different hospitals interpret and implement utilization management in different ways. Utilization management could be a plan, process or approach used for claims processing, resource utilization, denial prevention, risk management and quality review.

Cost containment

The Utilization Management department can help with managing the cost and delivery of services. The integration of the Utilization Management department and its processes within hospital operations can increase care efficiency and decrease revenue loss. For example, reviewing for medical necessity is one of the various utilization management processes. It involves a prospective (review of medical necessity for procedures and services before admission), concurrent (ongoing review of medical necessity for procedures and services during the stay) and retrospective (review after the discharge) reviews. This process alone can significantly decrease the length of stay, help manage the appropriate use of resources and services, as well as prevent denials thus protecting revenue.

Some of the various activities that Utilization Management may be responsible for include:

- Preadmission and admissions certification
- Prospective review
- Concurrent review
- Retrospective review
- Discharge planning review
- Case Management referrals for:
 - Nursing services and Social Work services
 - Pharmacy and Respiratory services
 - Physical and Occupational Therapy services



Operational Efficiency

The Utilization Management department typically interacts with all, if not most, hospital operation services. By working with the healthcare team, Utilization Management department can facilitate and coordinate resources and services in a quality-conscious and cost-effective manner.

Quality Department

The Utilization Management department should be involved in quality assessment (QA)/Quality Improvement (QI) activities such as evaluating patient care systems that include standards, protocols, and documentation for efficiency.

Admissions, Registration and Scheduling

Appropriate communication and documentation of patient status (inpatient, observation, outpatient) and discharge dispositions helps to ensure accurate coding, thus reducing denials and improving reimbursement potential.

Case Management

While Utilization Management departments are typically focused on cost management and Case Management looks after continuum of care transitions, both departments have overlapping responsibilities and must work together. Both Utilization Management and Case Management incorporate patient care navigation through the entire health care continuum from engagement to discharge/post discharge.

Revenue Cycle/Finance

With the impact Utilization Management has on the financial health of the hospital, it is important that collaboration exists between the Utilization Management department and the Revenue Cycle/Finance department. Today's Revenue Cycle teams have access to data and information technology that can assist Utilization Management to manage length of stay, appropriately allocate resources, prevent denials and ensure accurate documentation for coding and appeals.

Originally, Utilization Management in healthcare started with a narrow focus. Now that Utilization Management department activities increasingly influence reimbursement and affect revenue, there is a move towards re-organizing or realigning Utilization Management to the finance function. Whether it be a solid or dotted line to Finance, these teams must work together to ensure the financial health of their institutions.



Mary Devine - Senior Director, Revenue Cycle



Meliza Weiner – Manager & Clinical Review Nurse



Choose InstaMed to

Deliver the Best Healthcare Payments Experience

for Patients and Staff

InstaMed[®]
a J.P.Morgan company

Delivering

Real Value

for Healthcare

Fresno Surgical Hospital

saw these results with InstaMed

4x increase
in online payments over 18 months

\$50k annual savings
through automation and integration

\$300k bad debt reduction
annually with new payment channels

"Patients love the experience they have with InstaMed, especially the ability to securely save payment information, making it very convenient to make their monthly payments."

Bruce Cecil
Chief Financial Officer
Fresno Surgical Hospital

info@instamed.com www.instamed.com

Transforming your patient payment strategy: Three Essential Components

Integrating self-service and digital processes into RCM to improve patient financial experience

By Chris Ingersoll, VP of Product Strategy, R1 RCM

Well before the new price transparency law, healthcare leaders considered the patient financial experience as one of their top two strategic priorities for 2019.¹ Today's patients not only want cost transparency, but also an array of options for self-service and a digital experience. A survey by Adobe Digital Insights indicates that about half of people under 35 would rather engage with a computer than a human.² According to an Accenture report, approximately one-fifth of Gen X'ers and Millennials are very dissatisfied or dissatisfied with transparency related to their healthcare costs.³ Factors such as these make it increasingly critical for healthcare organizations to transform payment strategies and create a financial patient flow infused with transparency, convenience, options and customization across the revenue cycle continuum, integrating the front and back office. When taking this approach, it's important to implement a cohesive, end-to-end payment transformation strategy that optimizes the patient's financial experience—while at the same time improving efficiency and the bottom line.

Organizations that lack cohesion across the revenue cycle find it especially challenging to optimize a comprehensive patient payment strategy. Within a revenue cycle that is siloed—without shared data or collaborative best practices—many healthcare organizations opt to automate discrete components of the experience such as pre-service price estimation, post-service online bill pay or self-service scheduling. Without fully integrated processes, the introduction of these siloed functions potentially add work for staff while patients have a disjointed experience of confusion and delays.

BEST PRACTICES + INTEGRATED TECHNOLOGY = COMPREHENSIVE SUCCESS

In order to improve financial patient flow at every touch point, healthcare organizations must have technology that synergistically supports the revenue cycle via automation and self-service. By incorporating these three components into your RCM strategy, you can ensure your revenue cycle is optimally leveraging technology and processes to address patient needs, improve efficiency and increase patient payment revenue:

1. A fully mapped workflow of the end-to-end revenue cycle process
2. Best practice processes that consider both efficiency and patient satisfaction
3. Collaborative and committed team from the top down

Health systems should consider how an end-to-end revenue cycle approach that proactively educates and informs patients can turn a preeminent cause of frustration — the billing process — into a path for patient satisfaction and loyalty.

1. A fully mapped workflow of the end-to-end revenue cycle process incorporating patient choices and contingencies throughout the process. Consider a patient with a scheduled procedure: What options does she have at each touchpoint—website, mobile, kiosk, front office staff, back-office staff? What technology and staff processes support each of these options? Mapping your patient flow gives you the tactical knowledge of what happens at each patient and staff touchpoint, which in turn helps you understand how well you're doing and where improvements can better support the patient.
2. Best practice processes that consider both efficiency and patient satisfaction. Saying you need to leverage automation and digital technology is intuitive—but automating a bad process doesn't yield much benefit. Make sure your processes support Key Performance Indicators that make your organization competitive in today's market. Leverage current research pointing to what patients want. As an example, the Adobe Insights research points to the demographics looking for 100 percent self-service versus those who'd prefer skilled staff to assist with registration and collecting payments.
3. A team that is collaborative and committed from the top down. A detailed workflow model with numerous contingencies at each step requires leadership that thinks strategically and helps staff understand the big picture. Staff must have appropriate training to fully leverage technology in a way that increases efficiency and produces the most seamless patient financial experience. At the same time, they should also stay focused on how to improve patient satisfaction by providing the best possible service. Ample training on how to interact with patients, answer questions about their financial



responsibility and plan alternate payment strategies is key. Through training and frequent top-down communication, the entire revenue cycle team can understand and rally around strategic goals.

As organizations respond to new regulatory pressures regarding price transparency, it's tempting to implement standalone patient access components to get a more immediate result. Many vendors offer technology to support this endeavor, but in the long run, an integrated patient payment strategy doesn't just foster price transparency—it also enables a positive patient financial experience, enhances internal processes, and increases reimbursement and patient payment revenue. Achieving these goals requires a comprehensive integrated strategy with integrated technology to support it. By partnering with a vendor that maximizes your IT assets, provides staff where needed and has a proven track record deploying end-to-end RCM technology in way that effectively meets your revenue cycle needs, you can transform your patient payment strategy and realize your goals across the revenue cycle continuum

Endnotes

1. Rising to Meet Healthcare Industry Challenges, SAP White Paper, 2019, <https://www.sap.com/cmp/dg/crm-ps19-hea-prhresp/typ.html#pdf-asset=fe1933e9-397d-0010-87a3-c30de2ffd8ff&page=2>
2. Martin, Nicole, "Why Millennials Have Higher Expectations for Customer Service than Older Generations," Forbes, March 26, 2019, <https://www.forbes.com/sites/nicolemartin1/2019/03/26/why-millennials-have-higher-expectations-for-customer-experience-than-older-generations/#62d4411d2ec1>
3. Today's Consumers Reveal the Future of Healthcare: 2019 Accenture Digital Health Consumer Survey, U.S. Results, https://www.accenture.com/_acnmedia/pdf-94/accenture-2019-digital-health-consumersurvey.pdf#zoom=50



Chris Ingersoll

Vice President, Product Strategy

R1 RCM

cingersoll@R1RCM.com

www.linkedin.com/in/cingersoll/

As Vice President of Product Strategy, Chris Ingersoll is responsible for long-term product vision at R1 – ensuring solutions are innovative, address current and future market trends, and deliver maximum ROI to clients. Chris has over 25 years of experience providing leadership across multiple software disciplines of engineering, product management, professional services, and business development. His in-depth healthcare expertise includes consumerism and patient engagement, revenue cycle management, interoperability, population management, analytics and care coordination. Prior to R1, Chris served in various executive roles during his 15 years at McKesson and RelayHealth (now Change Healthcare) such as Vice President of Solution Architects and National Director of Technical Sales; and he led the architectural development of RelayHealth's Health Information Exchange platform focusing on electronic health record (EHR) connectivity, patient identity, clinical terminology, and patient consent. He holds a bachelor's degree in computer science from Dartmouth College.



SEE YOUR REV CYCLE THROUGH A PATIENT'S EYES.

**THE RESULTS
WILL AMAZE YOU.**

Let's run the state-of-the-art revenue cycle you've always envisioned.

R1 is the leading provider of technology-enabled RCM services for hospitals, health systems and physician groups. With a flexible engagement approach, R1 seamlessly complements a healthcare organization's infrastructure, quickly driving sustainable improvements to net patient revenue and cash flows while reducing operating costs and enhancing the patient's financial experience.

R1RCM.com/results

The R1 logo is displayed in white on a dark background. The 'R' is a bold, sans-serif font, and the '1' is a simple vertical bar. A small registered trademark symbol (®) is located to the right of the '1'. The background of the entire page features a dark, abstract geometric pattern of overlapping triangles in various shades of gray and black.

Basics of FEMA Public Assistance Program Funding for the COVID-19 Pandemic

COVID-19 Update

By Meghan K. McNamara

The coronavirus disease 2019 (COVID-19) pandemic's effects on states and communities have had a significant financial impact on organizations and governments working to protect the safety and well-being of individuals throughout the country. The Federal Emergency Management Agency (FEMA) has made funds available to support these efforts.

This article provides a brief background on the federal law authorizing FEMA Public Assistance Program funding, and will help you to understand whether your organization is eligible to receive this funding. It will also help to identify reimbursable work and costs, and provide a brief overview of the application process and timeline for obtaining FEMA Public Assistance Program funding.

Background

On March 13, 2020, President Donald Trump issued proclamations declaring a National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak,¹ invoking the National Emergencies Act² and the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act).³ These declarations, including those subsequently issued for each state, authorize FEMA to provide eligible applicants funding under the federal Public Assistance (PA) Program for Category B Emergency Protective Measures taken to respond to the COVID-19 pandemic. Through its PA Program, FEMA provides assistance to states, territories, tribes, local governments and certain private nonprofit (PNP) organizations.

The Stafford Act authorizes the President to provide federal assistance when the magnitude of an incident or threatened incident exceeds the affected state, territorial, Indian tribal and local government capabilities to respond or recover. For FEMA to provide assistance, the President must declare that an emergency or major disaster exists. While states or territories typically must request federal assistance under the Stafford Act, due to the unique circumstances of the COVID-19 pandemic, the nationwide emergency was declared without requiring action from states or territories. The presidential declaration issued in each state is available at <http://www.fema.gov/disaster>.

For example, on March 20, 2020, the state of New York received a major disaster declaration (DR-4480) from FEMA for the COVID-19 pandemic.^{4,5} The incident period is January 20, 2020, and continuing. In New York, the designated area is statewide (i.e., all counties). As with other states, the President's action makes federal funding available on a cost-sharing basis (75 percent federal share) for Category B Emergency Protective Measures. In New York, specific funding amounts have not yet been indicated. The state agency responsible for working with applicants to submit requests for public assistance to FEMA is the New York State Department of Homeland Security and Emergency Services (DHSES).

Currently, FEMA's Disaster Relief Fund is estimated to have approximately \$70 billion available to fund disaster grants, which includes FEMA baseline funding from the balance in the Disaster Relief Fund (\$35 billion as of February 29, 2020),⁶ and supplemental appropriations from the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), which provide an additional \$45 billion for the Disaster Relief Fund.⁷

Who is eligible for FEMA PA Program funding?

As indicated, FEMA provides PA funding to eligible applicants, which include state and territorial governments, federally recognized Indian tribal governments, local governments, and certain types of PNP organizations.

To be an eligible applicant, the PNP must show that it has:

- A current ruling letter from the U.S. Internal Revenue Service granting tax exemption under Section 501(c), (d) or (e) of the Internal Revenue Code of 1954; or
- Documentation from the state substantiating it is a non-revenue-producing nonprofit entity organized or doing business under state law.⁸

Additionally, prior to determining whether the PNP is eligible, FEMA must first determine whether the PNP owns or operates an eligible facility. For PNPs, an eligible facility is one that provides eligible services, including:

- A critical service, which is defined as education, utility, emergency or medical;⁹
- A facility that provides noncritical but essential social services AND provides these services to the general public;¹⁰ or
- Certain types of facilities such as senior centers that restrict access in a manner clearly related to the nature of the facility but that are still considered to provide essential social services to the general public.

The New York Applicants Briefing provides the following helpful examples of eligible PNPs.¹¹

Critical PNPs include:

- Nursing Homes
- Laboratories
- Rehab Centers That Provide Medical Care
- Hospitals and Emergency Care Facilities
- Fire/Rescue Emergency Services
- Educational Facilities (public or private) Including Colleges

Essential/Noncritical PNPs include:

- Community Centers
- Child Care Facilities
- Food Assistance Programs
- Performing Arts Facilities
- Senior Citizen Centers
- Homeless Shelters
- Houses of Worship

However, it is important to note that these lists are not exhaustive and there may be other types of PNPs that are potentially eligible.

What work and costs are eligible for FEMA PA Program funding?

Through the PA Program, FEMA provides grant funding for certain categories of emergency work and permanent work, depending on the type of disaster declared.¹²

Emergency work includes the following two categories that address an immediate threat:

- Category A Debris Removal
- Category B Emergency Protective Measures

Permanent work includes the following five categories for permanent restoration of damaged facilities and cost-effective hazard mitigation to protect the facilities from future damage:

- Category C Roads/bridges
- Category D Water control facilities
- Category E Buildings/equipment
- Category F Utilities
- Category G Parks, recreational and other facilities

To be eligible, costs must be:

- Directly tied to the performance of eligible work;
- Adequately documented;¹³
- Reduced by all applicable credits, such as insurance proceeds and salvage values;¹⁴
- Authorized and not prohibited under Federal, State, Territorial, Tribal or local government laws or regulations;
- Consistent with the Applicant's internal policies, regulations, and procedures that apply uniformly to both Federal awards and other activities of the Applicant; and
- Necessary and reasonable to accomplish the work properly and efficiently.¹⁵

As indicated, the COVID-19 national emergency makes federal PA Program funding available for Category B Emergency Protective Measures. Category B Emergency Protective Measures include actions taken before, during and following a disaster to save lives, protect public health and safety, or eliminate immediate threat of significant damage to improve public health and property.¹⁶

Examples of emergency protective measures for the COVID-19 pandemic include:

- Virus testing
- Medical supplies and equipment
- Shelters or emergency care
- Provision of food, water, ice or other essential needs
- Security for temporary facilities

This list is by no means all-inclusive, and there may be some leeway for previously undefined measures that are feasible and necessary to address this unique situation.¹⁷

As a result, eligible applicants must clearly identify the work and how it is directly related to the COVID-19 event. For costs to be eligible, they must be incurred within the approved period of performance. In New York, for example, Category B project approval for the period of performance for this disaster began on January 20, 2020, and will end six months after the major disaster declaration date, which would be September 19, 2020. New York State has authority to extend that deadline by six months. Any further time extension would require approval from FEMA.¹⁸

Eligible costs include labor, equipment, materials, contracts and management costs. However, costs must be:

- Reasonable and necessary to accomplish the work
- Compliant with federal, state and local procurement requirements
- Reduced by any applicable credits such as insurance and other funding sources

It is important to note that all costs must be documented, must comply with appropriate guidelines, and must be reasonable and necessary to protect the public from the COVID-19 pandemic. For example, below is a checklist of critical paperwork to begin to collect:

- ✓ List of damages, emergency protective measures undertaken
- ✓ Insurance information
- ✓ List of paid staff, regular and overtime hours—dates and times
- ✓ Fringe benefits information
- ✓ List of equipment used, hours of operation—dates and times, miles driven
- ✓ List of materials and supplies purchased or used
- ✓ Copies of any contracts used for this event
- ✓ Procurement policies and documentation of compliance

What is the process/timeline for obtaining FEMA PA Program funding?

After the declaration of an emergency or major disaster in your state, the designated local agency (e.g., for New York, DHSES) will conduct applicant briefings to advise as to the process for determining eligibility and for submitting a request for public assistance (RPA) and also advise as to the deadline for submitting an RPA.

For example, in New York, applicant briefings are ongoing, there is currently no deadline to submit an RPA and there is currently no end date for the incident period. The diagram below sets forth the application process.¹⁹



As indicated above, the first step is for applicants to have grants portal accounts established. Once your account is established, you will be able to submit your RPA in the portal. Once FEMA approves your RPA, you will be able to submit projects. Applicants will enter information on the project template, provide documentation as required by the template, provide a cost estimate and submit the project.



Due to the nature of this emergency, FEMA has indicated that it is simplifying the PA Program application process to address the magnitude of the event and allow eligible entities to receive funding more quickly. For example, FEMA has indicated it is developing a simplified online form for applicants to complete with which they may explain work activities, answer basic questions, provide limited supporting documentation and provide a cost estimate.²⁰

If you believe your organization may be eligible for FEMA PA Program funding, we would encourage you to visit FEMA’s website (<http://www.fema.gov/disaster>) to determine the local agency responsible for working with applicants to submit grants to confirm eligibility and begin the RPA process.

Please contact Meghan McNamara at mmcnamara@manatt.com with any questions about FEMA funding. FEMA is one of many resources available to help mitigate the financial impact of COVID-19. Manatt’s cross-disciplinary healthcare, corporate and finance team can guide you in identifying, applying for and accessing the funds for which your organization is eligible.

1 <https://www.govinfo.gov/content/pkg/DCPD-202000156/pdf/DCPD-202000156.pdf>; <https://www.whitehouse.gov/wp-content/uploads/2020/03/LetterFromThePresident.pdf>.

2 50 U.S.C. §§ 1601 et seq.

3 42 U.S.C. §§ 5121 et seq.

4 <https://www.fema.gov/disaster/4480>.

5 <https://www.fema.gov/news-release/2020/03/20/president-donald-j-trump-approves-major-disaster-declaration-new-york>.

6 <https://www.fema.gov/media-library-data/1583536240087-66e61a00010a925981b4a5fd336cdd/Mar2020DisasterReliefFundReport.pdf>.

7 CARES Act, Division B, Title VI,

https://www.appropriations.senate.gov/imo/media/doc/Coronavirus%20Supplemental%20Appropriations%20Summary_FINAL.pdf.

8 44 C.F.R. § 203.221(f).

9 Stafford Act § 406(a)(3)(B); 42 U.S.C. § 5172; 44 C.F.R. § 206.221(e).

10 44 C.F.R. § 206.221(e)(7).

11 <http://www.dhses.ny.gov/recovery/public/documents/DR4480-Applicants-Briefing-Pertinent-Info.pdf>.

12 https://www.fema.gov/media-library-data/1525468328389-4a038bbe9081cd7dfe7538e7751aa9c/PAPPG_3.1_508_FINAL_5-4-2018.pdf, p. 19.

13 2 C.F.R. § 200.403(g).

14 FEMA is the payer of last resort. This means that all other funding provided on a project is taken into account first and deducted from the costs eligible for reimbursement under FEMA’s PA Program.

15 2 C.F.R. § 200.403.

16 44 C.F.R. § 206.225(a)(3).

17 <http://www.dhses.ny.gov/recovery/public/documents/DR4480-Applicants-Briefing-Pertinent-Info.pdf>.

18 Id.

19 <https://www.fema.gov/news-release/2020/03/23/coronavirus-covid-19-pandemic-public-assistance-simplified-application>.

20 Id.



Meghan K. McNamara
Partner, Manatt Health



**When is the
last time you
evaluated your
payment strategy?
There's a better
approach.**

Ward Svarvari, MBA

Vice President, National Healthcare Executive
ward.svarvari@commercebank.com
816.760.1593 | commercehealthcare.com

CommerceHealthcare®

CommerceHealthcare® solutions are provided by Commerce Bank.

Today we'd like to take time to honor the outgoing Regional Executive and Chapter Presidents from Region 2. Thank you for your leadership and dedication to HFMA!



"The benefit to volunteering with HFMA is the people you meet. Not only locally, but I have been fortunate to meet people across the country and they are so kind. You go to meetings and events and seeing so many familiar faces makes you feel like you are part of a community. I feel so lucky to have been able to volunteer."
- Michele Meconaco, Regional Executive, Region 2

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 staffs are 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/>.

COMING SOON



Volunteer Corner

Looking to get involved but not sure where to start? Committees often have opportunities to help with specific tasks throughout the year. Check out the Volunteer Corner, coming soon to Newscast and the Metro NY website, for chances to get involved.

Committee Chairs, or anyone else in need of volunteers, should send details to jdaly@millermilone.com.

COMMITTEES 2019 - 2020

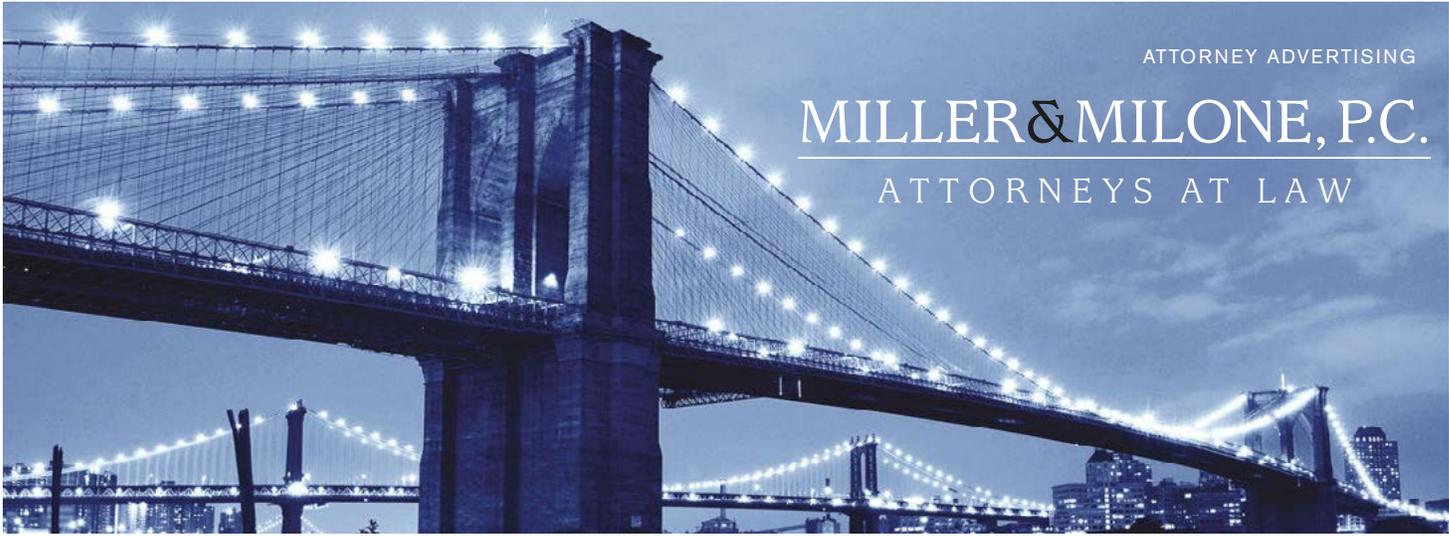
ADVISORY COUNCIL
61ST ANNUAL INSTITUTE
AUDITING
BYLAWS
CENTRAL REGISTRATION
CERTIFICATION/CERTIFIED MEMBERS
COMMUNITY OUTREACH
CONTINUING CARE
CORP COMPLIANCE/
INTERNAL AUDIT
CPE'S

MEMBERSHIP MSP
MENTORING
MIS[HEALTHCARE
TECHNOLOGY]
NEWSCAST
NOMINATING
REVENUE CYCLE/PFS
REVENUE CYCLE ACADEMY



DCMS/
BALANCED SCORECARD
EXEC. COMM. & PLANNING
FINANCE/REIMBURSEMENT/AUDIT
FOUNDERS AWARDS
GENERAL EDUCATION
INNOVATIONS/WOMEN IN
LEADERSHIP CONFERENCE
INVESTMENT
KNOWLEDGE IS POWER SERIES
LEGAL AFFAIRS
MANAGED CARE

PPDD
WEBMASTER AND
PERSONNEL PLACEMENT
REGION 2 COORDINATOR
REGION 2 COLLABORATION
ROADSHOW
SOCIAL MEDIA
SPECIAL EVENTS
SPONSORSHIP
WEBINARS
YERGER AWARD

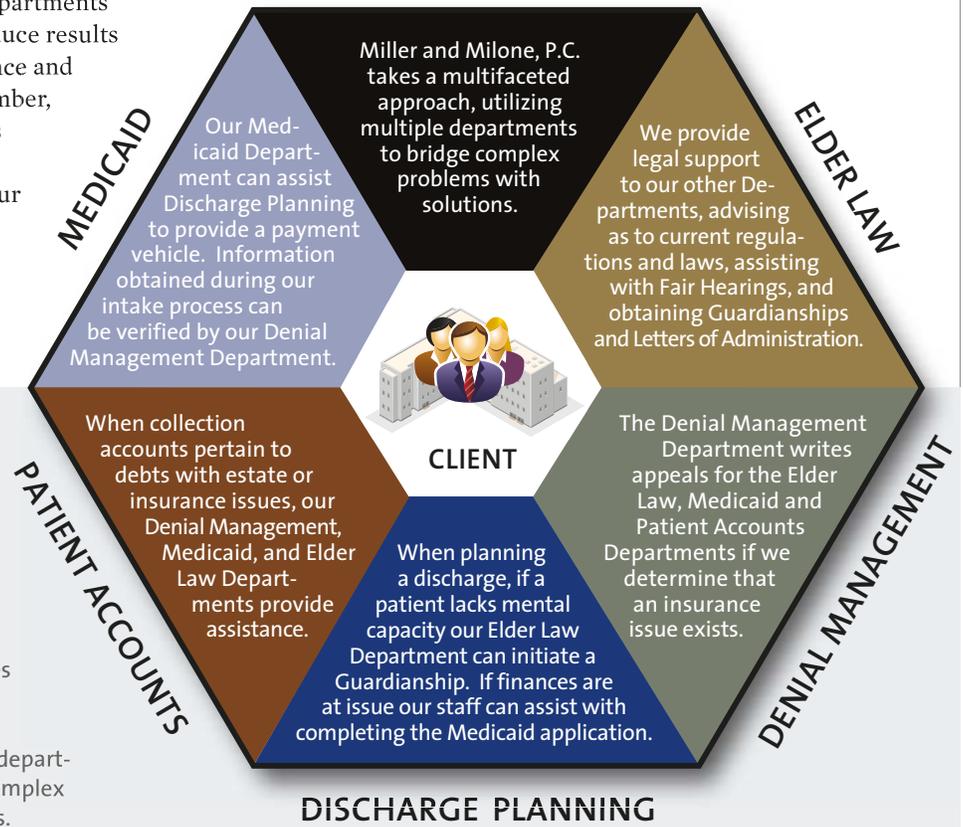


Five Departments Working Together Bridging Problems with Solutions™

Miller & Milone, P.C., is a prime example of the phrase the whole is greater than the sum of its parts. Our firm is unique in that it is comprised of five distinct departments interrelated in their work in the Healthcare Field. Each department plays a distinct role in achieving solutions for our clients yet through unification, can work together to create multi-faceted, impactful results. We offer our clients a think tank full of possibilities, ideas, and solutions.

The synergy among departments produces results we believe to be superior. Our departments complement each other and produce results multiplied by the varied experience and talents of each departmental member, always being mindful of the costs associated with these services.

We are successful in meeting our clients' needs by combining our experience, our large cache of healthcare information, and our multiple problem-solving skills in a cost-effective manner.



The Whole is Greater Than The Sum of Its Parts

So many of today's healthcare issues are very complicated and require a multifaceted approach to achieve a solution. This integrated system of departments allows our firm to address complex problems with a myriad of solutions.

Prior results do not guarantee a similar outcome.

OUR LOCATIONS: 100 QUENTIN ROOSEVELT BLVD • STE. 205 • GARDEN CITY, NY 11530 • PHONE: (516) 296 1000 • FAX: (516) 296 1030
 WWW.MILLERMILONE.COM 99 QUENTIN ROOSEVELT BLVD • STE. 205 • GARDEN CITY, NY 11530 • PHONE: (516) 723 7500 • FAX: (516) 723 7530