

NEWSCAST

Metro NY HFMA

Spring 2021

Volume 51, Issue 1

Getting Back to Normal



We look forward to celebrating Diane McCarthy's service at her Past President's Dinner Dance

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Our Mission. 20-21

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PRESIDENT'S MESSAGE

Dear Metro NY Chapter Members,

When I reflect back on this past year, lines from various songs keep coming to mind. I sum up this past year with The Grateful Dead and the line from *Truckin'*: "What a long strange trip it's been." When opening the Chapter's pinnacle event, The Joseph A. Levi Annual Institute, on Wednesday March 10th in a virtual format, I kept thinking of Kenny Loggins and *This Is It*: "There've been times in my life I've been wondering why ~ Still, somehow I believed we'd always survive ~ THIS IS IT!" And to sum up our incredible AI and this past year, I think of what a great job our Annual Institute & General Education Committees did and keep hearing Tina Turner belting out, "You're Simply The Best! Better Than All the Rest!"



This past year, under the leadership of Cathy Ekblom, our Vice President of Education, we have continued to fulfill the HFMA mission of providing quality educational programs for our members. This year especially, programs were urgently needed to understand the changing dynamic of healthcare finance and to ensure that we met the demands of New York State and Federal requirements. We also had to provide some of our tried and true programs for our mid-level and early careerists. Initially we thought moving to an all virtual webinar format wouldn't be too difficult. However, we soon learned we still met the same complexities in program development: securing speakers, scheduling program times, having pre-event webinar dry runs, coordinating moderators, creating CVENT registration and Zoom links, in addition to our monthly committee calls. This was accomplished while all of us were also adjusting our personal and business lives.

This year we were very fortunate to have terrific General Education Committee leads – Leah Amante, Alyson Belz and Robert Braun – who managed the various subcommittees: Finance, Revenue Cycle and Technology. Our Finance Committee, led by James Linhart, Kevin Brady and Nick Rivera, did a wonderful job in hosting a number of Finance Friday webinars, which included many COVID-19 hot topics. The Revenue Cycle Committee, led by Susane Lim and Matthew Kamien, did a fantastic job of preparing programs for Webinar Wednesdays and rounded out the year by hosting a five-part Revenue Cycle Academy in March and April – well done! Alyson Belz took the lead in coordinating events with other chapters and continued last year's leadership series, both of which were well received. Our Technology team, Chaired by Dan Corcoran and Co-Chaired by Juby George-Vaze and Andrea Rivera, produced the Chapter's first podcast! Thank you to the podcast leads, Juby George-Vaze and Gail Zwerman – excellent job! They also have a number of podcast programs lined up for the 2021-2022 education year, keep an eye and ear out for those. Cathy Ekblom took the initiative and hosted Medicare 101 programs and a SkillPath personal growth two-part series as a way to give back to our membership; see the April issue of HFM magazine for a wonderful article highlighting this program. Cathy also took the lead on our virtual food drive with Long Island Cares raising 3,304 lbs. of food. Thank you Cathy for being a true leader, taking initiative and collaborating with the Chapter's various committees, making this education year a great success!

Additionally, the Metro NY Chapter extended many of our programs to Region 2, our brother and sister New York and Puerto Rico Chapters. We did so with two thoughts in mind: supporting our regional chapters and giving more virtual access to our Corporate Sponsors. In selecting programs, our first outreach for potential speakers was to our Corporate Sponsors, recognizing that in this virtual world they had very little access to our membership. I wish to thank Region 2 Webinar Committee Chair Karl Hagan, as well as Celia Allen and Sarah Brainard, for all their hard work in making our regional webinars a success. Thank you!

I would like to offer a very special Thank You to our Annual Institute Committee, including Chair Andrew Weingartner, Co-Chair Laurie Radler, and Vice Chairs Alyson Belz, Wendy Leo and Robin Ziegler. And a very special thank you to Erica

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PRESIDENT'S MESSAGE

Roccario-Thorpe from the Association who set-up the registration process through CVENT and created the Zoom links, no easy task. Erica you are invaluable, thank you! I may be biased but I truly believe that this year's Annual Institute was OUTSTANDING. I attribute this to the leadership of Andrew and Laurie and the hard work of our AI committee. We had over 350 registrants! Which I believe is an incredible turnout for a virtual three-day event. Our speakers and program content were all well-received and I am indebted to our speakers who took the time from their busy schedules to participate in our AI. Thank you AI committee for a truly amazing event!

I would be remiss not to thank Ed Schmidt for distributing the CPE credits. Not an easy task as each program requires calculations to arrive at the appropriate number of credits earned, thank you Ed!

This year there is a change in recognizing the achievements of our Chapter. In prior years, HFMA recognized chapter accomplishments through the Yerger Award program. This year the HFMA National Association has replaced Yergers with Chapter Success Awards. Our Chapter will be judged based upon how our achievements align with the chapter success plan that was developed and submitted to the Association last June. Based upon my assessment, I know we will do well! Chapter awards will be bestowed during the National Conference being held November 8th – 10th in Minneapolis, MN.

A special thank you to our Newscast Editor Alicia Weissmeier and committee member Jessica Daly who have produced wonderful Newscasts throughout the year. Alicia and Jess came up with creative ways to make Newscast not only informative but also fun! Thank you both for your hard work!

I would also like to recognize our Officers and Executive Board members – Sean Smith, Cathy Ekbon, Andrew Weingartner, Mario Di Figlia, Diane McCarthy, Maryann Regan, David Woods, Meredith Simonetti and Wendy Leo – who offered their sound advice and support to ensure that this year would be successful despite the challenges of the pandemic. I have found that you cannot serve as President without the support of a great team of Officers and Executives; thank you guys for always having my back and for being there for me.

Lastly, to our Chapter Sponsors who stood with us during a time of uncertainty. The 2020-2021 Corporate Sponsorship program was launched last June and despite the pandemic our Corporate Sponsors stepped up and renewed their support, unsure if we would be able to have in-person programs. As a thank you for your commitment to the HFMA Metro NY Chapter, the Executive Board unanimously agreed to extend your sponsorship for the 2021-2022 year. Thank you for believing in the mission of HFMA and your continuous support of our Chapter!

I wish our new incoming President Sean Smith the very best of luck, although Sean does not have to rely on luck to succeed as Metro NY Chapter President as he possesses all the skills necessary to lead our Chapter. I know Sean is anxious to take the reins and lead our membership back to in-person programs and events and he is just the leader to do so, continuing the tradition of quality education with a flair that only Sean can add. Sean, we are looking forward to a great 2021-2022 year!

While it has been a “long strange trip,” it has been a wonderful experience! Thank you Metro NY members for believing in the mission of HFMA, supporting our Chapter and for making my year as President a rewarding one.

Stay safe, be strong and remain grateful.

Warmest wishes to each and every one of you!

Donna

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EDITOR'S MESSAGE

As we come out of a long winter, a full year into the COVID-19 pandemic, I know that we are all ready for spring. We all lost a year of living due to quarantine, this winter's cold weather and snowstorms, making this winter particularly hard on our community. We have all spent the last year glued to our screens, hoping for declining daily case counts and engaging in exhausting and mind-bending conversations about the amount of risk involved in running to the store, seeing our family or simply going outside. We redecorated, remodeled or repositioned the rooms in our homes and figured out which spots were most Zoom acceptable to enable us to have some semblance of normality in our work life. We learned to cook or bake (requiring a manhunt to find yeast – toilet paper wasn't the only shortage), discovered ways to get everything delivered, lost track of what day it actually was and probably went a little crazy. My personal hopes and expectations for the coming year are, as a result, perhaps impossible to meet. But no worries there, my personal expectations are not the point. We New Yorkers know that it always seems as if the spring weather lasts one, maybe two weeks at best. A little ebb and flow with a tease of warmer weather and then a cold spell until that day the warmer weather finally sticks. The hints of spring we see bring forth that feeling of renewal. A reminder that life endures, always promising to rise and overflow, even when the world around it appears to have other plans. A hope that we can get back to normal – whatever that is going to mean. That is the point.



One way that our Chapter will be moving towards getting back to normal will be the Annual Business Meeting on May 20 at Westbury Manor. Although COVID restrictions will limit attendance to not more than 100 people, we are looking forward to seeing those of you that are willing to attend in person. A second way is the Past President's Dinner Dance honoring Diane McCarthy that has been long delayed. The event is scheduled to be held on July 24 at the TWA Hotel at JFK Airport and is sure to be a great time.

Education continues to be a key focal point for our Chapter. In this edition of Newscast you will find articles centered on increasing reimbursement levels despite lower inpatient admission volumes through supporting hospital staff, education and automation. You will also find a review of the wonderfully successful 61st Joseph A. Levi Annual Institute, what I have affectionately renamed the 1st and hopefully last VIRTUAL Joseph A. Levi Institute. Despite all the challenges presented the Annual Institute Committee, Chaired by Andrew Weingartner, FHFMA and Laurie Radler, RN, FHFMA, CIPP/US put on an amazing virtual program. You will also find a new feature in this edition of Newscast, which we hope to continue, Member News & Announcements. Have you recently started a new position? Gotten married? Had a baby? Or just have some other fantastic news to share? Send your news to jdaly@millermilone.com for inclusion consideration.

From time to time I like to throw out a challenge to my friends and colleagues. Today I will throw one out to our membership. My challenge for you today is to think while you are out and about in your work day, doing your normal everyday work tasks, stop and ask yourself, "So what?" Is there a deeper reason you are doing what you do? If there's a story you think needs to be told or a topic area that you think our membership would benefit from having covered, let us know. Meanwhile, spring is springing! Take it in and identify that which signifies renewal for you!

Enjoy,
Alicia
aweissmeier@millermilone.com

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CHAPTER OFFICERS AND BOARD OF DIRECTORS

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Secretary	Mario Di Figlia, FHFMA
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Daniel Corcoran	Alicia A. Weissmeier, Esq., FHFMA
James Linhart	

Class of 2022

Leah Amante	Shivam Sohan, FHFMA
Robert Braun	Robin Ziegler
Susane Lim	

PAST PRESIDENTS

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2016-2017	David Woods
2015-2016	Meredith Simonetti, FHFMA
2014-2015	Wendy E. Leo, FHFMA
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2012-2013	Palmira M. Cataliotti, FHFMA, CPA
2011-2012	John I. Coster, FHFMA
2010-2011	Edmund P. Schmidt, III, FHFMA

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Wendy Leo, FHFMA

Cynthia Strain, FHFMA

Jessica Daly, CRCR

Metro NY HFMA Newscast Spring Schedule

Electronic Publication Date

7/30/21

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6/25/21

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CHAPTER NEWS

IMPORTANT DATES

Upcoming Webinars

May 18, 2021
3:00 pm

UNLEASHING THE POWER OF WORKFORCE DATA TO GAIN
VALUABLE INSIGHTS
Hosted by HFMA National

May 20, 2021
12:00 pm

HEALTHCARE CONSUMERISM: KEY PANDEMIC
INNOVATIONS TO CARRY FORWARD
Hosted by HFMA National

June 2, 2021
3:00 pm

USING ACTUARIAL ANALYSIS TO IMPACT SDOH
Hosted by HFMA National

Events

May 20, 2021

ANNUAL BUSINESS MEETING
Westbury Manor

July 24, 2021

PAST PRESIDENT'S DINNER DANCE HONORING DIANE McCARTHY
TWA Hotel, JFK Airport

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metropolitan new york chapter

ANNUAL
Business Meeting

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6PM-10PM | MAY 20

FREE FOR MEMBERS | \$40 FOR NON-MEMBERS

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Westbury, NY

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 2021

SHARAN KAKANIA
RSM US

PETER SCHERMERHORN
TransUnion

VANESSA SIMEON

IHUOMA CHUKWU
Heartshare-Ferraro Residence

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Medical Receivables Billing Group

WENYING FENG

JODIAN NELSON

CHRISTOPHER MCCLEESE
New York Presbyterian Hospital

DAWN FRICK
Stony Brook University Hospital

JAMES HALLER
HealthCare Partners, NY

SHARMILA HOSSAIN
Jamaica Hospital Medical Center

STEVEN WEINGARD
MetroPlus Health Plan

MATTHEW LI
University of Central Florida

MARCH 2021

MARGARET BUSH

EVELYN ADARKWAH
The University of Arizona Global Campus

ANDREA STAHLMAN
Weill Cornell Medicine

JOEL DE LOS SANTOS

NEIL BUSIS
NYU Langone Medical Center

DIANA PALERMO
Northwell Health

ANDREY DOVLETOV

BRENDA SAVOCA

ERICA BISHAF

STEVEN PERSAUD
NYU Langone Medical Center

ANNA COLONNA-DOTTER

DONICA JEANBAPTISTE
Mount Sinai Health System

VRUNDA PATEL

MARY LEPERA
SUNY Downstate Medical Center

ADIL MAZHAR
Omega Healthcare

HARKIRAT KAMBOJ
NYC Health & Hospitals Corporation

JANE GARRAMONE
SUNY at Stony Brook

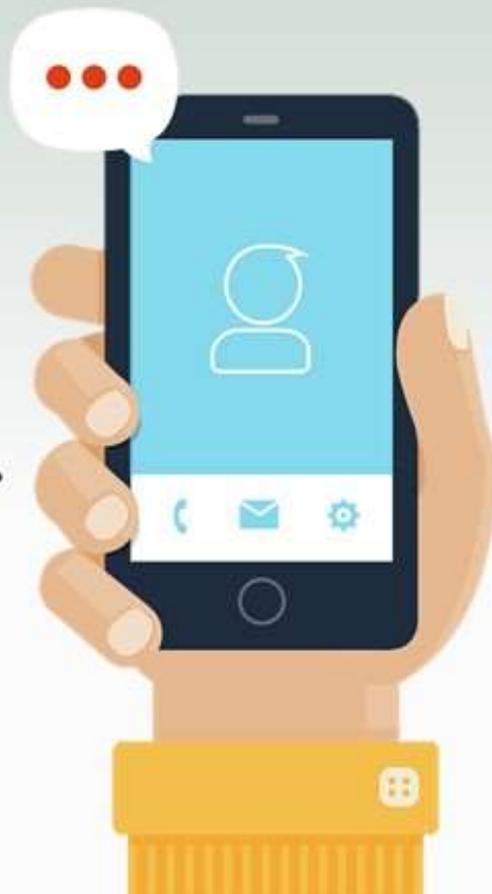
PRIYANKA SRINIVASAN
KPMG LLP

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.

For anyone who has been "on the move," please take a moment to update your record now. By doing so, you'll ensure that HFMA continues to provide you with valuable information and insights that further your success.

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MEMBER NEWS & ANNOUNCEMENTS

With a lack of in-person events over the past year, we don't always find out when our colleagues have made career changes. Best wishes to all of our members who have recently made some changes!



LEAH AMANTE – Director - Patient Financial Services at Long Island Community Hospital. Previously at Stony Brook Southampton Hospital as Director of Patient Financial Services.



GORDON SANIT, CPA, FHFMA – President at Sanit Healthcare Advisors. Retired from his position of Managing Director at Deloitte & Touche.



JOE BINCKES – Promoted to Business Process Analyst from Insurance Appeals Supervisor at Miller & Milone, P.C.



MIKE SHOJA, CRCR – Vice President at Summit CityMD. Previously at NYU Winthrop Hospital as AVP of Revenue Cycle.



ROBERT BRAUN, CRCR – Associate Director, Financial Planning at Hospital for Special Surgery. Previously Manager of Financial Systems and Analytics at St. John's Episcopal Hospital.



SEAN P. SMITH, CPA, FHFMA – Sr. Associate VP of Finance at SUNY Downstate Medical Center. Previously AVP of Finance at Catholic Health Services, followed by Principal Consultant at SPS Healthcare Consulting.



STEVEN KURZ – Retired from his position of Vice President - Patient Financial Services at New York-Presbyterian.



ROSS STEELE, Esq. – Promoted to Director of Process Improvement from Associate Attorney at Miller & Milone, P.C.



PRECIOSA OLIVIERA – Northwell Health - Director Revenue Cycle - Patient Access. Previously at NYU Winthrop Hospital as Director of Patient Access Services.



AMY WOLIN – Assistant Vice President of Revenue Cycle at Northwell Health. Previously at NYU Winthrop Hospital as a Director.

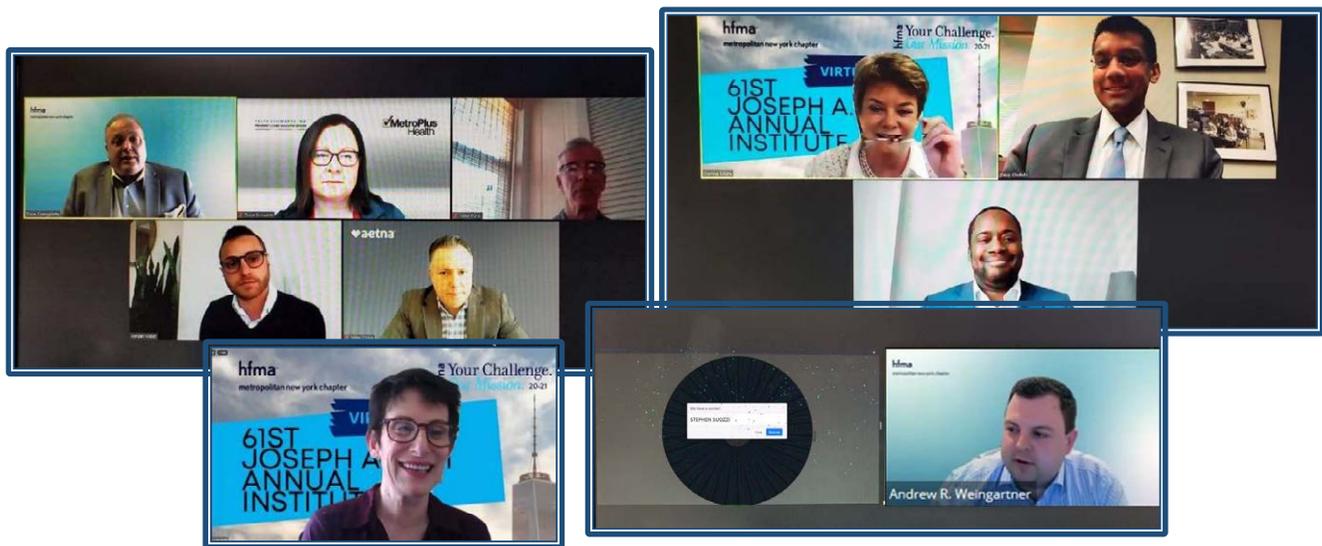


MARYANN REGAN – Director of Patient Financial Services at Stony Brook University Hospital. Previously with NYU Winthrop Hospital as Director of Patient Financial Services.

*Although this edition focuses on career changes we welcome positive news of all types for consideration of inclusion. Please send your news, along with a recent photo, to jdaly@millermilone.com

The 61st Joseph A. Levi Annual Institute

The 61st Joseph A. Levi Annual Institute was successfully held virtually over three half days from March 10th to March 12th. The Committee and Chapter Leadership thank all of those who not only participated on the committee in putting together this event, but those who were able to join live or watch the recorded sessions after the fact.

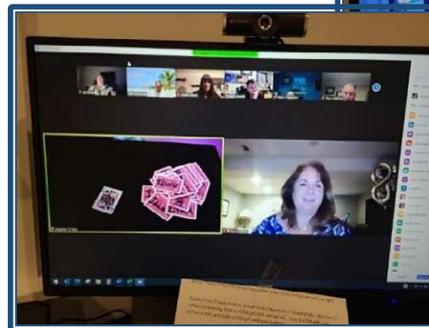
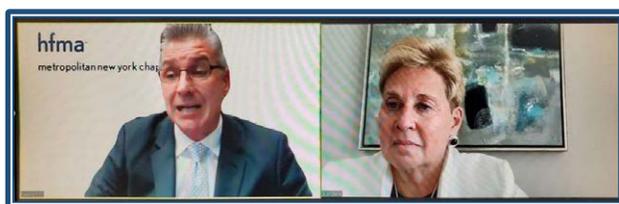


Our event was kicked off on Day 1 by our Chapter President, Donna Skura, followed by a Keynote Presentation by the NYC Health Commissioner, Dr. Dave Chokshi who discussed the current Healthcare landscape in New York. This was followed by a Managed Care Discussion moderated by HFMA Metro NY Past President David Evangelista which discussed different reimbursement models and how insurance providers responded to COVID-19. We ended the day with a lively discussion of the Transformation of Healthcare Delivery, moderated by Errol Pierre, which touched on many innovations and how technology is shaping the future of healthcare.

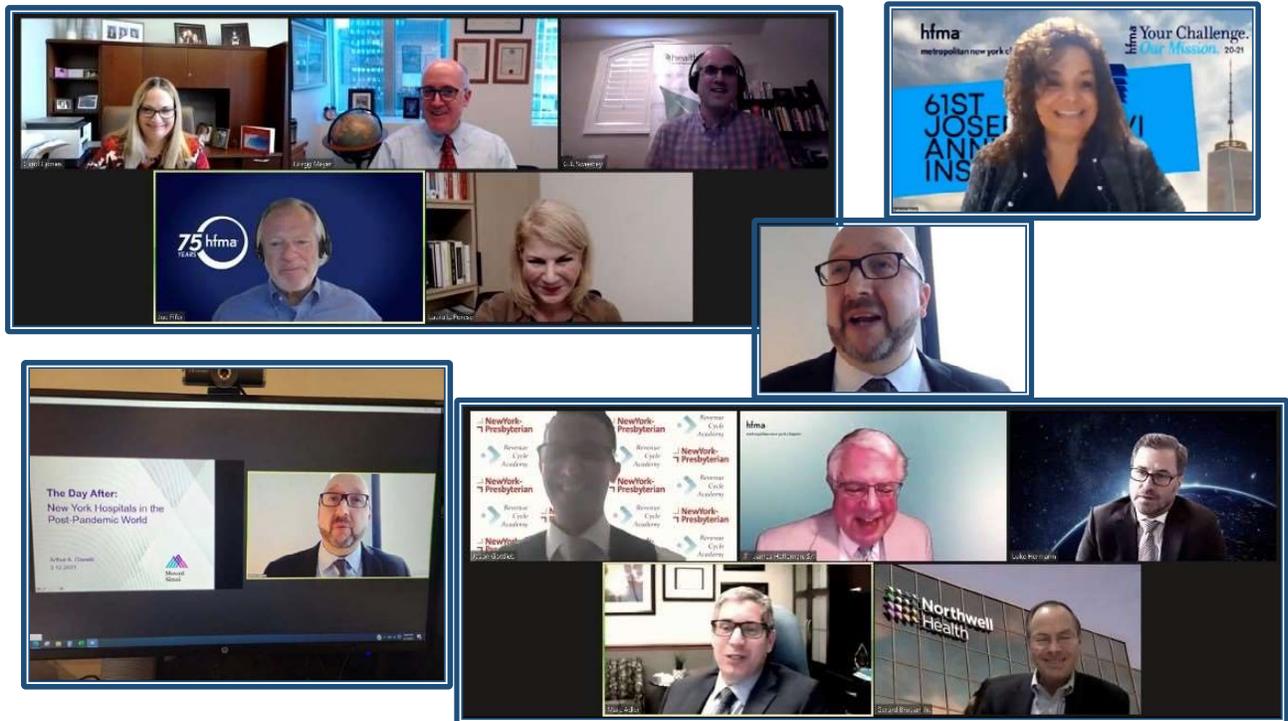




The second day was opened by Sean Smith, FHFMA, President Elect, and featured a Keynote Presentation by Ellen Zane, CEO Emeritus, Tufts Medical Center, on her vision of healthcare in the future and her thoughts on leadership strategies for upcoming healthcare leaders. Gordon Sanit, FHFMA and Past President of the Metro NY Chapter, moderated our second session of the day which focused on legislative updates as we heard from various advocacy leaders from NY on the current healthcare political environment. The last education session on Day 2 was the infamous CFO Panel, led by HFMA National Chairman, Mike Allen, FHFMA, which addressed how organizations made it through pandemic while dealing with Price Transparency requirements, technology demands of remote workforces, and also how these CFOs see their institutions moving ahead on the roadmap back to normalcy. At the end of Day 2, a terrific performance was delivered by Long Island's own Interactive Illusionist TJ Tana.



The third and final day started with opening remarks by our Vice President, Cathy Ekbohm, who introduced Arthur Gianelli of Mount Sinai for his Keynote Speech. Jason Gottlieb then took the reins leading the Quantum Leap discussion focusing on “FinClinThesis” and how organizations are bridging the gap between clinical and financial areas to improve patient outcomes and experience. Ending the event was our C-Suite Panel moderated by National HFMA President, Joe Fifer, FHFMA, discussing topics such as the Digital Divide, Social Determinants of Health and what hospitals and insurers are doing to integrate technology to better patient care and patient access.



Thank you to all who attended and especially those who volunteered to make this event possible: Donna Skura, Chapter President, and all the Chapter Leaders; Vice Chair Laurie Radler; Co-Chairs Alyson Belz, Wendy Leo and Robin Ziegler; and the entire Annual Institute Committee: Kiran Batheja, Robert Braun, John Byrne, Jessica Daly, Mario Di Figlia, Catherine Ekbohm, Cristina Edwards, David Evangelista, Juby George-Vaze, Matthew Kamien, James Linhart, Diane McCarthy, Nicholas Pertoso, Nicholas Rivera, Gordon Sanit, Stephanie Santana, Edmund P. Schmidt, Sean P. Smith, Shivam Sohan, Cynthia Strain, and David Woods.



Very Truly Yours,

Andrew R. Weingartner, FHFMA
 2020-2021 Annual Institute Chair
 2020-2021 Treasurer
 Metro NY HFMA

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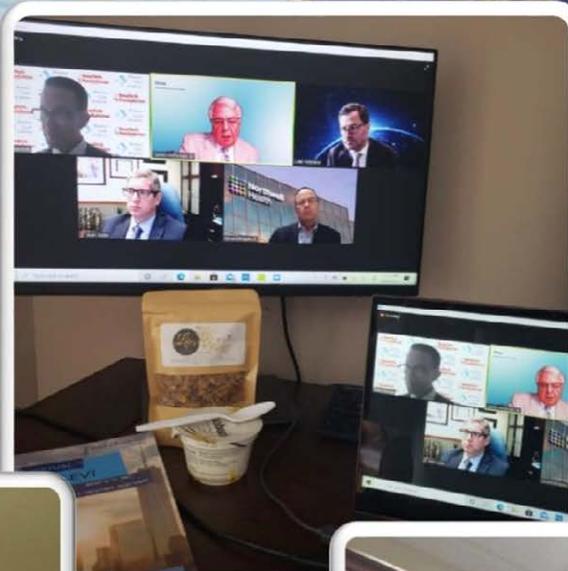
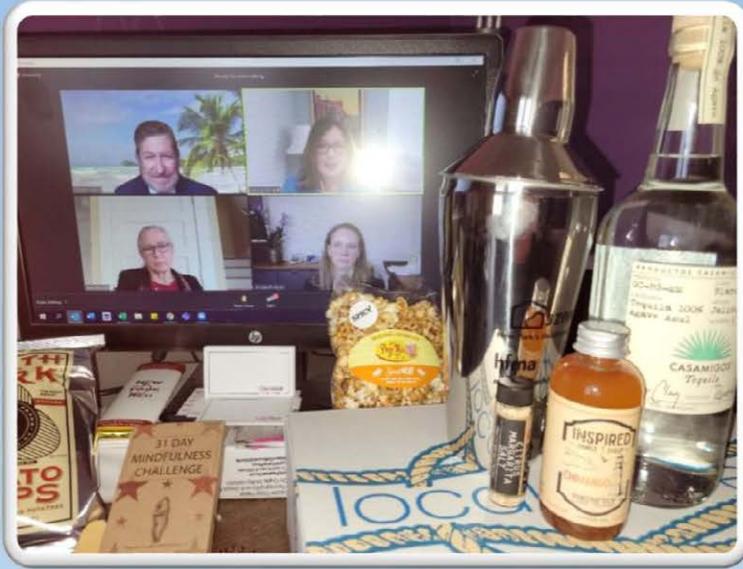


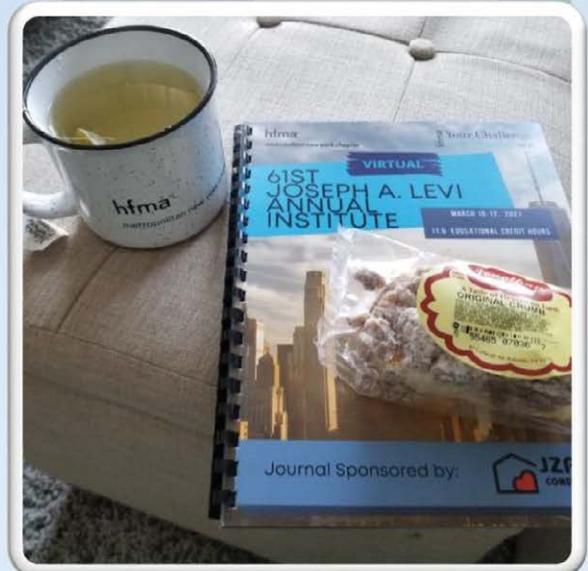
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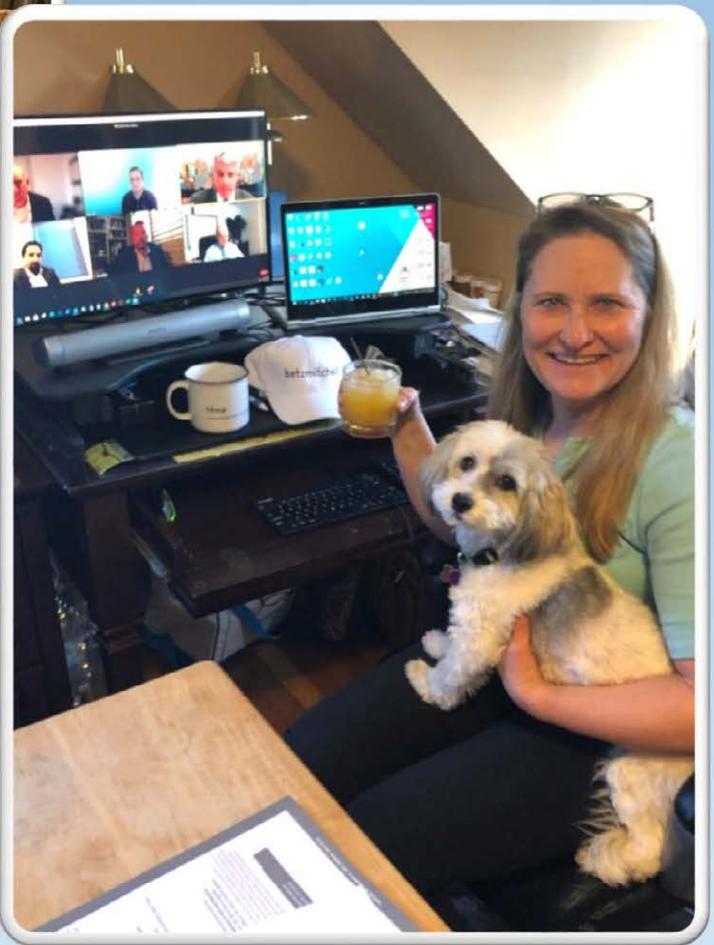
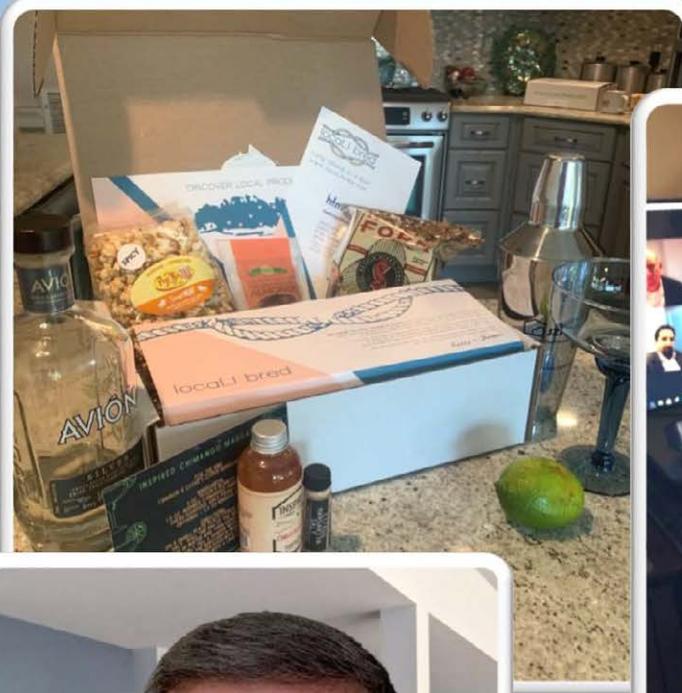
Show Us Your Selfies!

#hfmametronyai









COVID-19 CODING: REIMBURSEMENT OPPORTUNITIES, SHORTFALLS, AND SUPPORTING YOUR STAFF

The unprecedented COVID-19 global pandemic prompted equally unprecedented ICD-10 coding changes and demands on Health Information Management professionals: off-schedule releases of new codes and coding guidelines. HIM, IT, and revenue cycle professionals admirably adjusted to this “new normal” – including switching to primarily remote work. As staff have adapted, ensuring access to proper information and resources remains critical in optimizing new revenue opportunities in an evolving coding landscape.

As doctors and other medical professionals devised novel strategies to combat COVID-19, coders and HIM staff also navigated new ICD-10 codes that more accurately identify these new diagnoses and treatments. For the first time, CMS and the CDC issued off-schedule emergency ICD-10 updates outside of the normal October 1st implementation of coding changes. Existing diagnosis and procedure code options failed to adequately capture these conditions and treatments related to COVID-19.

With COVID-19 reducing inpatient admissions by a projected 10.5% for 2020 with no imminent changes in sight, how can hospitals ensure appropriate reimbursement despite shrinking volume? The recent off-schedule code releases from April 2020 through January 2021 continue to provide opportunities for more accurate data collection and additional reimbursement for treating hospitals. The following are some important highlights for revenue cycle, coding, and HIM professionals to keep in mind:

New ICD-10 Coding & Guideline Spotlight

COVID-19 (U07.1)

- Effective April 1, 2020 ICD-10 diagnosis code U07.1 (COVID-19) for COVID-19 was released, replacing interim code B97.29 (Other coronavirus as the cause of diseases classified elsewhere) – with additional reimbursement linked to this new code.
- Correct assignment of U07.1 corresponds to a 20% increase to the DRG weight for payment purposes for COVID-19 Medicare Part A MS-DRG admissions.
- Sequencing instructions for U07.1 have the potential to impact DRG assignment and reimbursement, particularly for mechanically ventilated patients.

Remdesivir (XW033E5 and XW043E5)

- Effective August 1, 2020, additional ICD-10-PCS codes were created to further capture new treatments to combat COVID-19 infections. Notably, this off-schedule update enabled hospitals to assign codes for the administration of the experimental anti-viral drug Remdesivir, an eligible New COVID-19 Treatments Add-On Payment NCTAP (NCTAP). CMS has clarified that for all discharges beginning on November 2, 2020,

enhanced payment for eligible inpatient cases involving NCTAP will be the equal to the lesser of:

65% of the operating outlier threshold for the claim; OR

65% of the amount by which the costs of the case exceed the standard DRG payment.

- For Remdesivir acquired by the provider from the government at no additional cost to the provider, the ICD-10-PCS code should still be assigned but a charge for additional reimbursement should not be reported.

Pneumonia due to COVID-19 (J12.82)

- Effective January 1, 2021, additional ICD-10 diagnoses codes were created to capture COVID-19 related disease manifestations. This off-schedule update created a new ICD-10 diagnosis code J12.82 (Pneumonia due to coronavirus disease 2019) to specifically identify pneumonia due to SARS-CoV-2. This code replaces previous diagnosis code J12.89 (Other viral pneumonia).
- The new ICD-10 diagnosis J12.82 code holds greater weight in some All Payer Refined (APR) groupers and Severity of Illness (SOI) indicators, with the ability to yield appropriate increased reimbursement to cover increased COVID-19 treatment costs.

Sepsis in COVID-19 Patients (A41.89)

- Changes to ICD-10 Coding Guidelines throughout the 2020 and 2021 year rewrote rules and instructions pertaining to proper code sequencing – resulting in potential changes in hospital reimbursement.
- Recent Coding Clinics from the second quarter of 2020 permit assignment of A41.89 (Other specified sepsis) as a principal diagnosis if present on admission in COVID-19 patients. Further Guideline changes provide additional instruction on proper sequencing of the new COVID-19 Pneumonia J12.82 code and other manifestations of COVID-19.
- Sepsis sequencing guidelines impact reimbursement of mechanically ventilated COVID-19 patients.

Vent ≤ 96 consecutive hours with Sepsis A41.89 PDX: MS-DRG 871, Weight Factor 1.8682

Vent > 96 consecutive hours with Sepsis A41.89 PDX: MS-DRG 870, Weight Factor 6.4248

Vent ≤ 96 consecutive hours with U07.1 PDX: MS-DRG 208, Weight Factor 2.5423

Vent > 96 consecutive hours with U07.1 PDX: MS-DRG 207, Weight Factor 5.7264

Understanding These Changes

With all these changes, it remains important for revenue cycle, coding, CDI, and HIM professionals to understand the financial implications of these new off-schedule code implementations.

The administration of drugs in an inpatient setting can be captured comprehensively with a multitude of ICD-10-PCS codes. It is Health/ROI's experience that procedure codes for drug

administration were inconsistently assigned at hospitals even prior to the pandemic. A number of factors can impact a facility's ability to correctly capture and code these new procedures:

- Internal hospital policies that limit ICD-10 procedure coding for drug administration may leave an organization at risk for under payment, given the unique nature of COVID-19 and treatment – such as with the new drug Remdesivir.
- Health/ROI's experience has shown that DRG editing software often overlooked these records because they were not designed to prompt reviewers or CDI professionals to look for medication administrations.
- When new code sets and guidelines are released outside of the regular October 1st updates, it is paramount for HIM staff to be educated in both the application of new codes and the impact on hospital revenue.

Outside of MS-DRGs and ICD-10 PCS codes, new opportunities arose impacting APR-DRGs and SOI indicators that differed from previous instruction. New ICD-10 diagnosis code J12.82 has increased the SOI level under APR Grouper Version 34 used by New York and New Jersey. Whereas the previously utilized code J12.89 (Other viral pneumonia) carried a secondary diagnosis SOI level of 2, the newly created code J12.82 for COVID-19 Pneumonia carries an increased SOI value of SOI 3 or 4. This increases the likelihood of an overall higher APR-DRG reimbursement to recognize some of the increased costs of treating these patients.

This means hospitals should receive additional reimbursement for the same COVID-19 patient with viral pneumonia with the same length of stay in 2021 than it did in 2020 if the appropriate ICD-10 codes are assigned. Health/ROI's experience has found that improper assignment of J12.89 instead of J12.82 is an issue that continues to persist months beyond the January 1st implementation, even at healthcare organizations that utilize multiple levels of internal and external DRG validation. It bears repeating that it remains crucial for coders and HIM staff to be educated properly on the release of off-schedule code additions and their potential implications for the hospital.

Overcoming Remote Work and Technology Barriers

Since early 2020, healthcare organizations have faced reduced revenue while navigating the challenges of transitioning to a hybrid workforce of remote and in-person staff. Changes in staff engagement and team communication raise a few chief concerns:

- How do we not only sustain operational functions at a pre-pandemic level, but communicate efficiently among and between teams to navigate a rapidly changing healthcare landscape?
- How do we encourage a remote coder or staff member who first notices a sudden change in SOI level to bring it to their HIM manager?

Consistent and open dialogue between HIM, revenue cycle, IT, and HIM managers could spell the difference between incorrect coding and proper reimbursement.

How Can You Help to Achieve Accurate Reimbursement?

With the complexity of an evolving pandemic and remote work arrangements, there are some strategies to help ensure accuracy while supporting staff:

- Open communication. Keeping lines of communication open between HIM staff, IT staff, and Revenue Cycle remains critical in a new remote-work environment with frequent changes.
- IT updates. Keeping coding software, grouper versions, and coding conventions up-to-date is essential in helping HIM professionals ensure proper encoding of records and reimbursement. If implementation of grouper updates to encoder and billing systems lags behind the release of the updates themselves, the hospital remains vulnerable to leaving unrealized revenue on the table.
- Continuing education. HIM professionals must also update their own knowledge and application of ICD-10 guidelines to meet the challenge of coding an evolving disease.

We are at a time when hospitals are grappling with overwhelmed ICUs, reduced elective procedures, and making ends meet despite financial shortfalls. Support of the crucial work and interdependence of the HIM, Revenue Cycle, and IT departments remains indispensable in fostering the sustainability of our hospitals.

i. Lagasse, J. (2020 October 21). Hospital admissions projected to be down 10:5% in 2020. Retrieved from <https://www.healthcarefinancenews.com/news/hospital-admissions-projected-be-down-105-2020>

ii. New COVID-19 Treatments Add-On Payment. (2020 November 6). Retrieved from <https://www.cms.gov/medicare/covid-19/new-covid-19-treatments-add-payment-nctap>

iii. New ICD-10-CM code for the 2019 Novel Coronavirus. (2020 December 3). Retrieved from <https://www.cdc.gov/nchs/data/icd/Announcement-New-ICD-code-for-coronavirus-19-508.pdf>

iv. American Hospital Association. (2020). *AHA Coding Clinic Second Quarter 2020, Volume 7 (Number 2)*. p8-9

v. ICD-10-CM Official Guidelines for Coding and Reporting FY 2021 – UPDATED January 1, 2021. p29



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DENIAL MANAGEMENT AND COVID-19

The COVID-19 pandemic came swiftly and unexpectedly. With it came new challenges and trials never faced before in modern times. It tested us both individually and as a whole, within our communities, industries, regions, and families. But it also presented us with a time to reflect, to pause, to grow, and to improve.

Nearly every industry faced financial setbacks over the past year and the healthcare industry was no exception. The American Hospital Association (AHA) estimates that hospitals and health systems will have lost at least \$323.1 billion in the year 2020, with more losses to continue this year.¹

In order to help reduce the financial burden brought by the pandemic, hospitals should look to manageable, internal ways of recouping costs and avoiding unnecessary losses. Denial management is one area that hospitals could focus their efforts and improve the processes to reduce the number of avoidable denials.

The Pandemic Impact

Hospital operations dramatically changed in March 2020 with the spread of COVID-19 throughout the United States. Though many hospitals were flooded with COVID patients, the sharp decline in overall patient volume, particularly with the cancellation of nonessential procedures, led to drastic reductions in revenue.

An AHA report from June 2020 reported an average decline of 19.5% in inpatient volume and 35.5% in outpatient volume relative to baseline levels in hospitals and health systems.² Most hospitals do not anticipate patient volume returning to baseline level until July 2021, and even that may be an optimistic estimate. The slow, elongated recovery from the pandemic will continue to affect hospital revenue through the rest of the year.

Kaufman Hall, a national healthcare management consulting firm, provides data and analysis of the performance of hospitals nationwide. The National Hospital Flash Report for the month of February 2021 found that hospitals have continued to be affected by low outpatient volumes and declining inpatient volumes, as COVID-19 hospitalizations decrease.³ As a result, “February expenses rose while margins, volumes, and total revenues all fell below levels seen in February 2020 - the last month before the start of the pandemic disrupted everything.”⁴ Though

¹*New AHA Report Finds Losses Deepen for Hospitals and Health Systems Due to COVID-19*, American Hospital Association (June 2020), <https://www.aha.org/issue-brief/2020-06-30-new-aha-report-finds-losses-deepen-hospitals-and-health-systems-due-covid-19>.

²*Id.*

³*National Hospital Flash Report*, Kaufman Hall (March 2021), <https://www.kaufmanhall.com/ideas-resources/research-report/national-hospital-flash-report-summary-march-2021>.

⁴*Id.*

the pandemic's end is insight, the February 2021 results suggest that COVID-19 continues to place a burden on hospitals and health systems. With volumes down, hospitals must take steps where they can to avoid further financial losses.

Denial Management and COVID-19

One area that hospitals can control is denial management. In a pre-pandemic world, denial claims represented services that would go unpaid and resulted in lost or delayed revenue for hospitals and healthcare systems. Managing these claims in efficient, cost-effective ways saves money and increases revenue. In the midst of the pandemic, it's more important than ever to recover losses that are avoidable through proper denial management, especially because claims are on the rise.

Data analysis from Change Healthcare found that nationwide, medical claim denials have risen 11%.⁵ Additionally, regions with some of the highest first waves of COVID-19 outbreaks had the highest denial rates (the Pacific Coast with 13.1% and the Northeast with 12.9%, which is certainly relevant for HFMA's Metro New York members).⁶ The third quarter of 2020 specifically shows a 23% increase in total medical claim denials as compared to previously compiled data from 2016. This suggests that while claim denials were on the rise, the pandemic may have accelerated the growth of these claims.

The Change Healthcare researchers also found that 86% of claims processed between July 2019 and July 2020 were potentially avoidable, with about one in four denials (27%) originating in Registration and Eligibility.⁷ This means hospitals are leaving money on the table each time they fail to prevent denials. With only 14% of claim denials being unavoidable, hospitals have huge potential to recover revenue.

The rise of claim denials over the past few years has been exacerbated by the pandemic. Researchers have determined "several contributing factors, including a lack of denials resources, such as expertise to support appeals and data for root cause analysis, as well as staff attrition and training, growing denials backlog, and legacy technology."⁸ Understanding the underlying causes may help determine the best solutions for avoiding loss.

Solutions

Though claim denials are on the rise, a large percentage of denials are potentially avoidable. Hospitals should take preventative measures to protect their revenue cycle, particularly now more than ever. Efficient and streamlined processes to handle denied claims should be implemented to avoid additional financial losses.

The essential key to denial management is prevention, including education and

⁵<https://info.changehealthcare.com/reduce-denials/denials-index>

⁶*Id.*

⁷*Id.*

⁸Matthew Gavidia, *Medical Claim Denial Rates Rising, Highest in Initial COVID-19 Hotspots*, American Journal of Managed Care (Jan. 21, 2021), <https://www.ajmc.com/view/medical-claim-denial-rates-rising-highest-in-initial-covid-19-hotspots>

automation at the front-end. Human error creates issues with coding and patient identification, and continued education and training will help alleviate these issues.

The use of technology to identify these causes is one efficient way to save money in the long run. The automation provided by technology strikes at the heart of denial management, easing the burden of hospital staff by saving time and expenses associated with appeals, and preventing loss that is easily avoidable. In the age of COVID-19, the financial loss suffered by hospitals will be a high burden to overcome. However, by taking simple steps to save revenue in preventable areas, hospitals can ensure financial recovery and the long term success of their denial management process.



Kathryn Peachman, Esq., Of Counsel, Miller & Milone P.C.

Kathryn is a recent graduate of Notre Dame Law School. She received her B.A. from Fordham University and is admitted to practice law in the state of Illinois, with licensure pending in the states of New York and Connecticut. Miller & Milone, P.C. is a multifaceted law firm that focuses its practice on Denial Management, Medicaid, Financial Recovery of Accounts Receivable, Case Management/Discharge Planning, and Elder Law and Estates for major New York hospitals, private physicians, nursing homes, and individual clients. Kathryn works closely with the Firm's Chief Operating Officer, Alicia A. Weissmeier, Esq., COO, FHFMA. Kathryn can be reached at kpeachman@millermilone.com and Alicia can be reached at aweissmeier@millermilone.com.

***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 award. 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 blinded 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.

**Metropolitan New York Healthcare Financial Management Association
Marvin Rushkoff Scholarship Application**

**Application MUST be received on or before June 1st
Applications will be accepted via mail or by email**

HFMA Member Information:

Member Name: _____

Member Address:

Membership # _____

Applicant Information:

Applicant Name: _____

Address: _____

Relationship to Member: _____ Email Address _____

College/University Attending: _____
(Proof of Enrollment must be attached)

Matriculated Student: Yes No Anticipated Graduation Date: _____

Major (if known) _____

Anticipated Degree: Undergraduate: Associates Bachelors
Graduate: Masters in _____
PhD: _____

Does your employer supplement your education with tuition reimbursement: Yes No

Education Background:

Highest Level of Education Completed as of application: _____

Name of School Currently Attending: _____

GPA: _____ Degree: _____ Major: _____
_____ as of last completed semester) (i.e.: high school diploma)
(if applicable)

Documentation must be provided supporting GPA

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.

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