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Look out for
each other!
With distance!

President, Central Ohio HFMA, John Ziegler



Dear Members,

A lot has happened since I wrote the last letter. Perhaps more appropriately, a lot has not happened.

This Spring was to be a really busy time for us with the Spring Conference, Women in Leadership Conference and the All-Ohio Conference. Non of which happened. Fortunately, we are not canceling these events, only postponing them. So, keep checking emails, our website and social media posts for the latest updates on these great events. Hopefully, we will return to normalcy very soon.

However, like you, I suspect that there will be a new normal for all of us as we return to our offices, our friends' homes, restaurants, gathering spots, etc. Our chapter is also preparing for this through the way we think about our programs. Fortunately, we have continued to invest in and deliver great educational material through our webinar series. Also, the national Association has great content on its site.

When we do resume our conferences, I hope you make an effort to attend. While you can get much of the information shared at the conferences if you look for it online. There really is nothing better than experiencing learning in person. The nuances of facial expressions, voice inflections, insights shared with your attendee neighbors and the ability for immediate feedback are not replicated any other way. Not to mention there is the additional value of our networking sessions that we always include.

This has been a truly remarkable year. We have seen great membership growth; attendance numbers increase at all of our events and our member satisfaction scores are reaching new highs. We stretched ourselves with new types of events and learned how to make them better in the process. We started something completely new with our Community Outreach event that we will add on to as we have created a standing committee to ensure its success. We also had to make very difficult decisions about the status of our events. Additionally, we have had fantastic leadership in all of our committees. I do want to take this time to give a shout out to Lauree Handlon, our Membership Chair, for creating the HFMA Student Scholarship Program. We have 5 winners this year!

I want to close by saying what an honor it has been to serve as your chapter president for the 2019-2020 year. And, it has been incredibly rewarding to serve with our amazing leadership team. The commitment to engagement and delivering value was shared by all on the team. I encourage all members to stay involved and challenge you to step up and make this chapter, already one of the very best, even better. Join a committee, seek leadership positions, share comments with us. Make this the chapter you want it to be. That's what makes this chapter valuable and a lot of fun.

Thank you and stay healthy

- John

Be Prepared: PR Best Practices

In an ever-changing digital ecosystem, word of mouth spreads faster with every passing year. New technology means fresh insights and data, but it also means news stories that spread like wildfire. Online reviews and social media provide patients with the ability to update the world on how they are being treated—and whether or not it is fair. No one is immune to a PR crisis, and your reputation hangs in the balance, just one bad review away from crashing. The world is watching how you handle crisis situations and being reactive is not an option.

As you develop crisis-management strategies to keep up with the digital world, you must frame your thinking around pre-planning. What steps can you take to ensure no bad press catches you off-guard? Are you prepared? These best practices will help you defend and preserve your reputation.

Prepare for a Crisis

When your credibility is on the line, everyone from interns to the CEO needs to uphold your facility's goodwill. If one of your representatives is not living up to your standards, you must be prepared to let that person go. Today's CEOs are being compensated, judged, or even fired based on company and brand reputation.

Consider the example of Mount Sinai Hospital in New York City, where an emergency room physician was accused of sexual assault on a patient in January of 2016. As soon as Mount Sinai heard the of accusation, it suspended the physician and released a statement stating it would be cooperating with the police investigation. When you are faced with a PR crisis, you must act quickly. In a situation like this one, it is important to release a statement that will preserve your reputation. One way to ensure this statement gets out the door quickly is to create a file of press release templates, each relating to a potential crisis. When something happens, you can fill in the blanks of the template and get your statement out the door—leaving little time for the public to speculate about your credibility.

Open Internal Communication Lines

In the face of a crisis, communication is your most valuable tool. To effectively interact with the media and the rest of the public, your facility must gather data to inform its response. If your CEO is issuing an official statement, make sure you've created a direct line of communication for him or her to get the most accurate data. It is not enough to have interns or account coordinators

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compile data and hand it off to your CEO. When preparing for a press conference, give your CEO the opportunity to ask questions, and don't let anything impede your internal communication practices. Creating a straight line from data to discussions with your CEO will prepare you for the public. It will also reduce the likelihood of confusing your audience with the misspoken or misrepresented information. The more mistakes you make, the more your reputation is at risk.

At your facility, everyone should be aware of their role in the crisis. Employees at all levels should be informed of how they should respond—not just in the event of a news interview, but also to friends and family members who inquire about a disaster. At Johns Hopkins Medicine in Baltimore, one central team supports both internal and external communication for both the school of medicine and the health system. This ensures that all messages across distribution platforms are aligned.

Collect External Data

Keep track of what's happening daily/weekly/monthly within your industry, the changes taking place in the market, and news from your competitors. Where are other facilities struggling? What are patients demanding that you might not be giving? The closer you pay attention, the easier it will be to track subtle inconsistencies and potentially stop crises before they start.

Follow industry conversations closely; subtle changes and complaints might indicate a rising problem, which will give you time to prepare for a potential disaster and refine your response. If you catch an inconsistency early, you can quickly and efficiently implement your strategy—which means the issue can be resolved before your patients have time to notice. As you monitor incoming data, pay attention to what is driving any anomalies. Identifying problems at the root will help you determine the best way to tackle them. By being proactive, you'll avoid rushing into volatile situations and making costly mistakes.

In the face of a crisis, communication is your most valuable tool.

The keys to your success in crisis management situations are data and benchmarking. It might seem too simple—but you cannot be proactive unless you evaluate a problem from beginning to end, understanding not just its starting point but also its trajectory. Assess all available data to

accurately craft and target messages to the right audience. If you do not know the cause of a PR crisis or the people it affects most, your crisis-management strategy is doomed to fail from the start.

It might be easy to plan a crisis response—but the response is useless without data collection. Know where your patients are, what they care about, how they like to communicate, and what frustrates them. Leverage this information to inform your strategizing and decision-making without breaking the bank. Use your observations on your patients to build your own data-collection strategy for crisis management.

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the **BUCKEYE** connection

Build Your Crisis Bucket

In a crisis, your network matters. You must craft a PR strategy that will draw a positive response—because the public’s reaction can make or break your credibility. As you establish your crisis-management strategy, identify the people, influencers, and journalists who know your facility well. It is important to consider both positive and negative associates—people who either like you or detest you. These people are all familiar enough with your facility to have a conversation, write an article, or be quoted regarding your brand. Identify 20 to 50 of these people if possible. They make up your “crisis bucket.”

When your health system faces the beginnings of a crisis, look immediately to the people in your crisis bucket. Check on both your friends and your foes to find out what they are saying about any bad press. What do they think of the predicament? Are they reacting positively or negatively? Are they echoing your narrative or adopting a new one that’s motivated by the crisis? These people know your facility better than others. Because they have a history with you, their reactions will be the most valuable in helping you prepare your response. Let the people in your crisis bucket guide your next steps. From their reactions, you can gauge how the rest of the public is most likely to react because your crisis bucket will direct the rest of the story.

Own Your Message

As a crisis begins picking up steam, don’t let it overtake your communication. Be proactive with other messaging, and don’t forget about the rest of the world. Make sure the situation isn’t dominating all of your efforts. Compare your crisis coverage to your non-crisis coverage to help you keep careful track of what the world is saying about you. When you evaluate the message coming from the public, you might be surprised to find out that what you thought was a mounting crisis actually isn’t.

Consider the example of an ad agency’s recent campaign for an international organization. The campaign was getting some bad publicity stemming from the spokesperson’s behavior, and the agency was ready to trash the entire campaign—and with it all the planning and expenses that had gone into it. However, after running an analysis, the truth was that the bad publicity wasn’t moving the needle at all. A few negative articles weren’t impactful enough to create any real traction. The thoughtful analysis saved the campaign, several months of work, and a few people’s jobs.

It’s more important than ever to own your message—
don’t just throw it away because of a potential crisis.

It’s more important than ever to own your message—don’t just throw it away because of a potential crisis. Do proper data analysis and research before you make any decisions; it could save a campaign for you.

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Evaluate the Crisis

If a tree falls in the woods with no one around to hear it, does it still make a sound? The same thought might apply to your crisis-management plan. If your problem gets a quick mention in a short article that no one shares, is it really worth your first response? Probably not.

When your company is facing a crisis, social amplification allows you to look at how a particular article is performing across channels. This can inform your next steps. Even if you assume that a mention in a major publication will get tons of traction across a variety of channels and industries, the data might show something completely different. Maybe the story is actually gaining the strongest momentum from trade publications or industry insiders—and the rest of the world has little or no investment in it. This type of direction will focus your attention and immediacy.

Conclusion

The digital age is revolutionizing how our society handles crises. Public relations teams are facing bigger challenges than ever to stay on top of data and predict brand disasters before they get off the ground.

Being proactive in a digital world means clear internal communication, efficient data collection, intensive preparation, and accurate crisis evaluation. Your response can make or break your reputation, and your team needs to be able to provide a clear picture of everything that's going on in regard to your company.

If you have any questions or comments about this article or would like to share feedback, please contact Patti McFeely at patti.mcfeely@cafarm.com

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How COVID-19 Will Affect Your Complex Claims



By: Matt Ellis

With the uncertainty we face regarding COVID-19, our team would like to share a few things hospitals and healthcare systems across the nation should keep in mind.

Revenue Cycle Leaders should be prepared for a decrease in volumes to some of their highest yielding claims. Specifically, two complex claims will be affected by this pandemic (Motor Vehicle Accident/TPL and Workers' Comp), which make up two (2) to four (4) percent of a hospital's net patient revenue. As an industry, we should expect to see a minimum of a 25% decrease to overall complex claims cash revenues in the short term.

According to The Detroit Bureau, rush hour traffic is down 87% in Los Angeles and 75% in New York. This means hospitals should adjust their Motor Vehicle revenue accordingly – less people on the road means fewer accidents and a decrease in patient volumes through hospital emergency departments. To be conservative, our expert team estimates that hospitals should plan on adjusting their forecasted revenues down by at least 25% due to a decrease in volumes at your facilities. Every state has a website to share motor vehicle traffic statistics in their state, and we encourage you to review your state's data prior to changing your forecasting.

(Ex. <https://www.fdot.gov/statistics/trafficdata/default.shtm>)

Regarding Workers' Comp, unemployment numbers have skyrocketed and will continue to grow throughout the upcoming weeks. According to the Wall Street Journal, this virus could potentially cost seven million jobs across the US, and this decline will result in fewer Workers' Comp claims. Hospitals across the country will feel the effect of this to their highest reimbursed revenue and need to consider adjusting accordingly. Every state has an unemployment website and should continue to monitor their stats throughout the pandemic. With that being said, states with stay-home bans, like Illinois, Ohio, Indiana, Minnesota and Wisconsin, Georgia, Tennessee, Florida, etc. will continue to see Workers' Comp claims as construction labor is exempt from these state orders, according to Engineering News-Record. Other major industries like food and beverage are continuing to temporarily shut down and negatively impact the work comp revenue.

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the *BUCKEYE* connection

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When it comes to the third complex claim EnableComp manages, Veteran Health Administration claims, hospitals are postponing elective surgeries, and Revenue Cycle Leaders have already begun to prepare for this loss in revenue. Hospitals and health systems work closely with the VA to assist with specialized surgeries which are now delayed and impacting overall revenue. Another item that we already see affecting hospitals across the country is a slowdown in transfers between hospitals and the VA systems. Facilities need to be prepared to care for Veterans patients longer as the VA is mandating COVID-19 testing before any transfer occurs.

Healthcare providers are on the forefront of this pandemic, and we are truly grateful to each one of you for risking your health and lives to fight this pandemic. We are committed to answering any questions regarding complex claims and are here to be your trusted advisor through this time.

Contact:

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Referenced Articles:

[The Detroit Bureau](#)

[Wall Street Journal](#)

[Engineering New-Record](#)



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VOLUME 1 ISSUE 2

Improving Your Patient Bad Debt Performance Through Secondary Collections

3/15/2020

The Situation

According to a recent HFMA publication, fewer than 20% of hospitals do anything to collect patient bad debt accounts except to “Place and Forget” with a primary collection agency at about day 120.

Meanwhile, high-deductible health plans tighten the squeeze on most hospitals financially and operationally by increasing patient bad debt and by increasing the workload to handle more, low-value self-pay accounts. According to the same HFMA study, bad debt now comprises 60% of uncompensated care while self-pay has increased 10% in the past five years.

The Problem

Primary contingency collection agencies always put their best foot forward right out of the gate – it’s essential to their profitability. 80% of their liquidations come within the first 60 days of the placement.

Considering agencies apply the most efforts on fresh new monthly placements, the accounts that go past 60 days without payment get less attention as they age. Thus, accounts placed with a primary agency only are not serviced effectively. The result is that the hospital’s yield on bad debt collections decreases each month. This approach is designed to under-perform.

Despite growing obstacles and decreasing performance, most hospitals stick to their old approach even though it guarantees that their results will get worse over time.

The Solution

A secondary contingency placement is similar to a primary placement except that it would occur later in the revenue cycle. Inactive and unpaid patient accounts are recalled from primary agencies that have ceased collection efforts and are then placed with secondary agencies that work the accounts with renewed vigor.

Hospitals can expect a jump in performance due to re-energized efforts and payments will trickle-in over an extended period of time. This approach mitigates diminishing returns due to declining collectability from their self-pay patient population.

At JP Recovery Services, we are proud of our reputation as one of the healthcare industry’s leading secondary bad debt collectors. Our diligent, data-driven approach is perfectly suited to collect difficult accounts that have gone uncollected, even when the efforts from the primary collection agency have been unsuccessful.

With the current industry dynamics and increasing concerns for financial performance, revenue cycle executives are facing pressure to increase bad debt collections. By leveraging JP Recovery’s bad debt second-placement strategy, our clients maximize recoveries on bad debt receivables well above what a primary agency alone would produce.

Contact **John Beirne**, Business Development Director, @ j2beirne@jprecovery.com or call us at 440-331-2200 to discuss.

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Spring 2020 (continued)

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James Hereford, President & CEO of Fairview Health Services

Paul Markovich, President & CEO at Blue Shield of California

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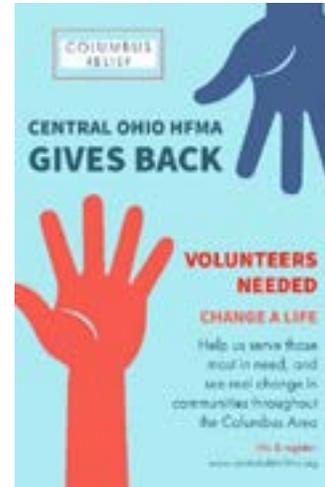
HFMA Gives Back

By Ken Stoll, Central Ohio HFMA Board Member

On the last Saturday in February, members of the Central Ohio Chapter of HFMA “gave back” to the homeless community by offering their time and some light labor to feed, clothe and engage. There was no social distancing at the time and COVID-19 was a distant disease on the other side of the world.

Central Ohio HFMA teamed up with Columbus Relief, a local non-profit organization who serves the homeless and other less fortunate groups in the south end of Columbus. Many people they serve “are desiring spiritual and emotional support. They are usually without a home, struggling financially, hungry, needing clothing or connection to resources along with the struggle of an addiction and/or mental illness.”

The day began in preparation: preparing Columbus Relief’s special soup, sorting donated food from local businesses and grocery stores, arranging clothing and other items to offer to our “customers.” All these items were packed onto a full-size bus that has been retrofitted to serve meals, tend to the psychological and spiritual needs of others and transport the volunteers to the serving location.



It was cold that last Saturday of February, and hot chocolate, propane heated meal tents with tables and the clothing areas of gloves, hats and socks were very popular. The dynamics of customers are always very interesting. “Peter” in a wheelchair, bundled up with a “new” hat, was there waiting for us. He helped unpack the bus with enthusiasm, as is his normal task each Saturday. Other customers worked alongside Central Ohio HFMA members setting up the tents and the prepared items they brought from the staging area - helping us serve them.

This was not my first time serving. I certainly have had feelings of uneasiness about working with a population of people different than me. Columbus Relief’s philosophy of meeting people where they are helps foster a relationship aspect of volunteering with them. The mere perception of engaging “customers” changes the lenses of what you are doing and who you are serving. You find yourself having friendly discussions through all sorts of lenses and circumstances, for each customer is different.

In true Central Ohio HFMA fashion, our members dived in from the moment they waked in the door. One of our members brought her daughter. One our customers had a daughter with her as well. After a much-needed meal, hot chocolate, and conversation, it was discovered that they were facing the cold

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with only the clothes on their back. About the same age, the two younger girls connected right away. Without hesitation, she offered and gave her own coat to this girl in need, and the girl gladly accepted.

One gentleman showed up as soon as we got there with a regular customer. He had just been released from jail at 7:00 am that morning. This customer had no place to go, no job, very little pocket money from before, no food, no water – nothing. Luckily, he ran into “Joe” who brought him to our location where he was able to get a warm meal, have conversation with volunteers and pick up some clothes, warm shoes, a coat and some other items to get him going. More than that, Columbus Relief was able to give him a list of resources and their numbers to call for assistance to help him get services if he was open to help.

Members met other characters like “Brother Ski” and driver Adam. Singing Marisa helped lead with the organization and smile of the group. Many walked up and were served. The sun came out and creative offerings such as floor mats made from plastic grocery bags (pictured) were thankfully accepted. Customers received encouragement, materials and engagement – all without judgement. The colder weather kept some in their tents along the Scioto River or in their temporary shelters. Some took resources, meals, hygiene packs of socks, soap, toothpaste etc. and went back to the riverside.



After packing up, Central Ohio HFMA members boarded the bus back to the main building where we would systematically unload all the pots, pans, etc. and unused food and materials. On the way we shared brief stories of what touched us the most. Weather it was the girl with the cat and no coat, the man who just left jail, or others all had an encounter with a customer who changed us a bit. We helped clean the bus, the staging areas and wash all the cooking and serving dishes. The time went by quickly.

This was the last Central Ohio HFMA event where we interacted in person with each other. It is



interesting how life takes its little turns and what was once considered “normal” has changed at least temporarily. I have seen the spirit of friendliness come back with people saying hello to each other or just visiting outside together (although six feet apart).

Central Ohio HFMA would like to continue to offer these types of volunteer opportunities to our membership in the future. We have started a “giving back” committee and would welcome your ideas and participation. Most of us in healthcare finance are very blessed in resources and have worked hard for it to be that way. But if you talk to the people that Columbus Relief is serving weekend after

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the *BUCKEYE* connection

Continued from page 16

weekend that live on the Scioto River camp, we are not too many steps away from their reality.

Ken Stoll, Vice President of Strategic Accounts for RevSpring, Inc. is a past president of Central Ohio HFMA and former Regional Executive of Region 6. Send him your ideas for Central Ohio HFMA Gives Back to kstoll@revspringinc.com . For more information on Columbus Relief you may go to <https://www.columbusrelief.org>



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Comments, Suggestions, Articles?

Do you have comments or suggestions regarding the Central Ohio HFMA newsletter, programming ideas or other chapter matters? Have an article you would like to see published in a future newsletter? We would love to hear from you! Please send all correspondence to Stephen Saputra at stephen.saputra@ohiohealth.com

Regional Executive: Justin Williams

Regional Executive Elect: Will Sharp

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For information regarding corporate sponsorship, please contact Sponsorship Chair James Monroe at jmonroe@revspringinc.com or 330-546-3314

We'd love to hear how our members are coping during these unprecedented times. Share your stories via Email/Twitter!



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Spring 2020



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Here are some of our upcoming Webinars:

1. Keys and Tips to Working with the VA - How the Mission Act Has Changed the Landscape

May 5, 2020 @ 12-1pm

CPE: 1

Program Description:

This program provides details regarding the history of the VA, how claims were processed before the MISSION Act, how that law changed the VA and the impact hospitals will face.

Session Leaders:

1. Jason Smartt - Senior Director, Complex Claims Operations, EnableComp
2. Rob Powers - VP, Client Services, EnableComp

[Click Here to Register](#)

2. Digital Patient Engagement Self-Pay Collections

May 13, 2020 @ 12-1pm

CPE: 1.0

Program Description:

The webinar highlights a case study that focuses on the roll out of a digital patient engagement solution at Jackson Hospital in Montgomery, AL. This organization transitioned from a traditional patient engagement strategy that leverages omni-channel communication methods to simplifying patient interactions.

Session Leaders:

1. David Ralston, CRCR, Asst. Vice President of Revenue Cycle, Jackson Hospital, Montgomery, AL
2. Noel Felipe, CRC, Senior Vice President, Revenue Cycle Practice Leader, MedAssist, Miami, FL

[Click Here to Register](#)

3. Creating Capacity in your Revenue Cycle with AI

May 28, 2020 @ 11am-12pm

CPE:1.0

Program Description:

The industry is being inundated with new companies, new products, new partnerships and new acronyms; like AI, ML, RPA, CV and NLP/NLU. Oftentimes when hospitals are hearing about this technology for the first time they leave the meeting feeling confused and overwhelmed.

Session Leader:

Braden Lambros, Executive Director, AI Transformation Strategy at Olive

[Click Here to Register](#)

Are you interested in providing an educational presentation to HFMA members and networks? If so, please reach out to Lauree Handlon, lhandlon@cleverleyassociates.com with your topic idea and we can discuss more!

the BUCKEYE connection

Event Updates

New event dates are tentative. We will continue to monitor our state's back to business recommendations and local developments, and evaluate the appropriate course of action for our events. Our priority is the safety of our members and we also want to ensure open communication of our current plan.

Conference	Original Date	Status	New Date
New Member Reception	-----	Scheduled	Tentative 8/25/2020
2020 Women in Leadership	4/16/2020	Postponed	Tentative 8/26/2020
2020 Accounting & Audit	-----	Scheduled	Tentative 11/17/2020
2020 Spring Conference	3/12/2020	Postponed	Tentative 11/18/2020
Holiday Gala	-----	Scheduled	12/4/2020
2020 All-Ohio	5/20-22	Postponed	5/19/2021
2020 Mini-LTC	5/14/2020	Postponed	TBD



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