Chapter Education
Top 14 List

A non-exhaustive list of promising topics for chapters to cover in educational programs, newsletters, and other formats

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Sources and Objectives

- Sources:

  – Chapter Survey

  – Association Needs Survey

  – HFMA Policy and Research Staff

- Objectives:

  – Ensure that HFMA chapters provide unique value that no one else can provide in this market

  – Make chapter programs more consistently successful (higher attendance)

  – Ensure topics that appeal to physician practice and health plan communities

  – Differentiate chapter vs. Association offerings

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Resources for Health Plans and Physicians

Today, it's more important than ever for health plans, hospitals and physicians to be on the same page—to understand each other's viewpoints, collaborate around the goals they share, and bridge the gaps on the issues that divide them.

That's why HFMA has created Resource Guides that offer ideas designed to help you connect with your health plan and physician colleagues.
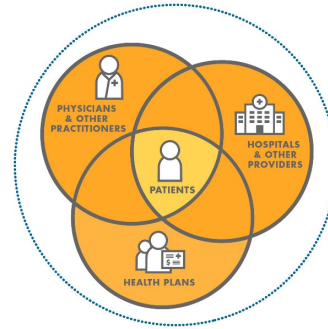
The Resource Guides are located in Chapter Toolkits Section:

http://www.hfma.org/Content.aspx?id=434

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The Top 14!

Chapters Uniquely Positioned to Address:

- Trends in the Local Healthcare Industry
- Medicare Changes
- Medicaid Programs
- Regulatory/Legislative Update
- Compliance
- Local Trends in Consumerism
- Transition to Value-Based Payment Models

- Accounting and Financial Reporting
- New Technology in Healthcare Finance
- Population Health Management
- Leadership Skills
- Business Intelligence and Data Analytics
- Denials Management
- Managing and Measuring the Total Cost of Care

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Trends in the Local Healthcare Industry

- Focus on local impact of trends such as the following:

  - Outlook for state government action including funding and regulation

  - How healthcare reform impacts state program structure and implementation

  - Demographic and disease forecasting

  - Staffing: Physicians, nurses, other clinical, financial talent

  - Physician engagement/alignment strategies

  - How care is provided: redesigning care to increase quality and decrease cost, shift to outpatient, disease management

  - Business strategies: joint ventures

  - Reimbursement practices

  - Progress on interoperability and community-wide health information exchange

  - Malpractice insurance market

  - Capital market updates

  - Changes in financial benchmarks (positive or negative)

  - Outsourcing finance and related functions

  - Health insurance public & private exchanges

- In all cases the "trends" presentation should focus on strategies to take advantage of the trend, or the potentially profitable benefits of the trend. How do I make this trend work for me?

- Many request a "CFO perspective," or overview, rather than "nuts and bolts," but it should include key trends with strategies for working with the trends.

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Medicare

- Invite the Intermediary for technical updates and answers to operational, or "hands-on" level issues:

  - CCI Edits

  - OPPS – APCs

  - Inpatient PPS

  - Medicare as a secondary payer

  - Observation status – billing, coding, and documentation

  - Inpatient to Outpatient status – use of condition code 44

  - Medical necessity – LCDs and NCDs

  - Bad debt reimbursement

  - DSH/IME/GME documentation issues

  - New indigent care payment mechanism created under ACA used to reallocate a portion of DSH funding

  - Changes to the cost report or audit requirements

  - Appeals process

  - ICD10

  - RACs

  - 3 Day DRG Bundling Rule

  - Update on "Dual Eligible" Demonstrations

- May consider "government program" day to cover all federal and state programs if this would work in your state.

- Future outlook on issues of high importance (site neutrality, 340b)

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Medicaid

- Working session with Medicaid for technical updates and operational questions:

    – Status of reporting of NDCs

    – Medicaid managed care plans and new payment models

    – State regulation and enforcement actions (Medicaid Integrity Program, Medicaid Integrity Contractors, Deficit Reduction Act)

    – Funding for the state program

    – State Medicaid cost report

    – Medicaid reimbursement for specialized forms of care such as SNF/LTC, CAHs, pediatric services, behavioral health (if applicable)

    – Payment through other state programs such as CHIP or anything else that is applicable

    – Enrollment and outreach efforts to facilitate enrollment (case studies would be great)

    – Medicaid Expansion

    – Value based payment/alternative payment model programs in your state

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Regulatory/Legislative Update

- Focus on state regulatory and legislative developments, an important and unique competency for chapter education.

- Have panel discussions of the state provider organizations around the top issues in the current/coming legislative session.

- Hear from state officials what they see as key health care issues, and have provider panels discuss their perspectives and the possible resolution of those issues.

- Overview of healthcare reform initiatives including discussion on ACA, new commercial and governmental payment and care delivery models

- Exchange Status/Rules Update

- 340b Program policy changes

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Regulatory/Legislative Update (cont.)

Speakers on this, as well as other topic areas, may include:

- Regional Medicare administrator
- State Medicaid and SCHIP administrators
- State health department
- State department of insurance
- State department of managed care (if applicable)
- Member of State Exchange Board or Exchange Employee
- State attorney general
- Regional health information network coordinator

- State lawmakers active on healthcare issues
- Governor's chief health advisor
- Health plan executives
- Major employers' health benefit managers
- Unions' health policy managers
- Nearby college or university health policy, health administration, and/or nursing program faculty and public relations staff
- Local or national lobbyists

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Compliance

- A focus on state regulations can be a unique chapter competency. Topics that usually have state-level or even county- or city-level regulations include:

  – Compliance with state law

  – Record keeping

  – Medicare/Medicaid requirements for DSH/IME/GME payments

  – States attorney general relationship with healthcare providers

  – Charity care policies

  – Billing compliance

  – Bad debt and collections regulations

  – Tax exempt issues

- OIG work-plan overview

  – 403b issues

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Compliance (cont.)

Provide local view on issues such as:

- Billing compliance—bring in fiscal intermediary representatives to discuss state specific issues or regional interpretations of Medicare regulations/statues.

- Property tax exemptions – fair market value discussion—bring in state tax department/authority representatives to discuss property tax exemptions and non-profit status requirements.

- Community benefit and charity care — get the area IRS office to discuss their work plan for tax exempt organizations' reporting compliance.

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Local Trends in Consumerism

- Understanding the uninsured in your local market
    - Consumerism trends
        - Methods to provide increased price transparency
        - Collaborating with payer for access to data
        - Increased out of pocket expenses
        - Accessing HSAs
    - Developing transparent financial policies and procedures
        - Incorporating states regulations
        - Charity care
        - Uninsured and prompt-pay discounts
        - Financial payment arrangements

- Bad debt and collections regulations
- Shift of back-end collections to upfront collections
    - Community buy-in
    - Staff resources
    - Training
    - Technology

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Transition to Value-Based Payment Models

- Discuss methodologies
    - Demonstration projects
    - Accountable Care Organizations
    - Bundled/Episodic Payments
    - Patient Centered Medical Home
- Key capabilities to build out
    - Essential contract terms
    - Interoperability and availability of data
    - Care integration and standardization
    - Post-discharge follow up
    - Costing capabilities
    - Appropriate physician incentive/compensation/engagement
- Accounting issues associated with value based payment
- Structures to monitor and improve quality data

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Accounting and Financial Reporting

- Deeper coverage of the accounting and the auditing standards following actions of the AICPA and FASB. Focus presentations for the people actually doing the work, "hands-on" rather than overview.
- Focus on local aspects of accounting and auditing issues, such as:
    - State community benefit requirements
    - Local charity care requirements
    - Medicaid cost reporting
    - Approaches to cost accounting
    - Applicability of state sales taxes
    - Accounting for state/local government grants or special funding
- Quality Data: How to provide it in a meaningful format for patients, payers, legislators and financial markets
- Lease accounting implementation: Lessons learned

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Accounting and Financial Reporting (cont.)

- Introduce HFMA's Statement 15 and its positions on
    - Criteria for and scope of charity care policies
    - Revenue recognition, valuation, recording, and disclosure of charity care and bad debt
    - Classification of receipts relating to charity care
- Have audit firms discuss their firm's and others' positions on the statement's guidance
- IRS 990 documentation requirements
- Have local accounting firm discuss RAC Accounting requirements including presentation of HFMA's "Accounting for RAC Audit Adjustments and Exposures" issue analysis published on June 2010.
- Current trends in risk accounting and issues revenue recognition
    - HFMA's P&P Board Issue Analysis, "Risk Accounting: What the Issues and Trends in These Revenue Arrangements?"

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Technology in Healthcare Finance

- Give the latest developments in expanding seamless technology functionality
- What is being offered for on-line billing and payment options
    - How automation is changing hospitals' capabilities (verification of coverage, benefits, and status of deductible-insurance levels)
- The changing technology supporting up-front financial assistance
    - Price estimation tools
    - Contract management
    - Eligibility software
    - Credit card processing solutions
    - Implementation challenges
- AI, Robotics and Blockchain
    - Technology changing processes and skillsets in healthcare finance
    - Innovative applications of technology to improve efficiency

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Technology in Healthcare Finance (cont.)

- Electronic Health Record
  - Cover the area regional health information network's goals, objectives, plans, and processes that affect healthcare providers.
  - Provide the latest information on initiatives of the state(s) and the National Governors Association.
  - Interact with large employers who are supporting the big business initiative to develop and implement personal health records.
  - Case studies and panel discussions on:
    - How to work with physicians and support their implementation of health IT
    - How hospitals/health systems that are leading the way have implemented the EHR
    - How organizations are embedded the EHR into care delivery to reduce cost and improve quality
    - How health systems and health plans have integrated EHRs and claims data for population health management

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Population Health Management

- Organizational Structures
  - Medical Home
  - Accountable Care Organization
  - Clinically Integrated Networks
  - New Care Management Models
- Partnerships among the three circles
  - Hospitals & Other Providers
  - Physicians & Other Practitioners
  - Health Plans
- Accounting issues
  - Issues with different organizational structures
  - Accounting for risk in contracts
  - Funds flow
- IT and Data Analytics

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Leadership Skills —Getting Started

- Leadership training is an emerging need in the healthcare finance field
    - Although your chapter members may be looking for this type of training, they may not wish to travel across the state for "leadership only" programs. Some experimentation with this topic is probably needed as it is not traditional for HFMA.
    - Leadership training could be offered as part of conferences.   Attendance at the leadership sessions could be used as a gauge of interest.
- How to find speakers?
    - Experience in healthcare field is preferred.
    - Consultants or other experts that have worked within healthcare and other industries on the transition of leadership roles and skills
    - Web sites, national conferences, hospitals that have implemented successful leadership training programs, etc.

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Leadership Skills – Suggested Topics

- Training to help handle the transition from co-worker to supervisor/ manager, or from supervisor/manager to higher level leader
    - There is a need to provide training not only for new managers but for mid level managers to handle the transition as they move from one level to another.
    - Specifically for new managers, one of the key issues is how to change your role with previous co-workers.
- "How to…" leadership and supervisory skills
    - Supervisory skills training aimed at new managers, including how to lead a team.
    - Newer finance managers may have exemplary technical skills, but few if any related to management.
- Tools and techniques to help higher level managers test and identify the best candidates for management training
    - How to select the right candidate to promote?
    - Gut level instinct certainly has its place, but most healthcare leaders would like some tools and techniques to inform these decisions.
- How to communicate effectively using presentations and written reports
- How to manage in a value-based reimbursement environment

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Business Intelligence & Data Analytics

- Data integrity and governance
  - Standards and best practices
  - Implementing proper controls
- Breaking down walls among data centers
  - Accessing the right data
  - Interaction of data
- Developing Excellence of Technical Skills
  - Database management
  - Analysis skills
  - Strategic focus
  - HFMA Technical Certification

- Moving from reactive report generation to proactive strategic analysis
  - Managing the business intelligence function
  - Identifying strategic topics and relevant data
- Useful skills/topics
  - Costing data
  - Population health
  - Predictive analytics

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Denials Management

- Local case study presentation or article.

- Review of state laws that impact claims processing.

  - See next slide for detail.

- Series of articles on laws effecting denials.

  - See next slide for detail.

- What is the hospital's recourse if the laws are not followed?

- Successful collaborations of providers and health plans to solve claims submission issues

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Denials Management (cont.)

- Review of laws that impact claims processing and denials management
  - State prompt pay laws
  - U.S. Department of Labor (DOL)
  - State Department of Insurance
  - The Employee Retirement Income Security Act of 1974 (ERISA)
  - EMTALA
  - State regulations and laws mandating health benefits
  - Pre-existing exclusions prohibited by HIPAA
  - COBRA
  - Medical benefits for mothers and newborns
  - Mental health benefits
  - Reconstructive surgery following mastectomy
  - State laws regarding who must participate in an appeals process and who may appeal on behalf of the patient
  - State Workers Compensation laws

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Managing & Measuring the Total Cost of Care

- Organizational Structure and change
  - Cultural change
  - Structures for accountability and change
- Social determinants of health
  - Identifying
  - Intervening
- Involving all parties
  - Hospital
  - Physician
  - Health Plan
  - Patient
- Process improvement and efficiency
  - Measuring improvement initiatives
  - System wide efficiency initiatives

- Building actuarial capabilities
  - Incorporating into a system or ACO
  - Population health
  - Predictive analytics
- Cost data and costing capabilities
  - Advanced Costing Accounting (ABC)
    - Per patient attribution of direct costs
    - Per patient attribution of overhead costs
  - Cost and benefit of quality initiatives
- Episodic Costing
  - Measuring and benchmarking cost to deliver episode of care (bundles)
  - Profitability analysis related to service line scores fairly high on national and chapter level surveys

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