TarHeel News

Spring 2022

Annual Awards, Golf, and a night of Caddy Shack Fun

At Pinehurst Resort

New Member Reception

Eighteen past-presidents attended Wednesday evenings dinner in their honor.

As a member of NCHFMA for 18-years, a past-president & regional executive, and current president-elect Ken Vance was honored with the Memorial Award during Thursday afternoons Annual Awards ceremony. Pictured with Ken is presenter Chris Johnson.

The Program Council planned a great night of fun with this years 'Caddy Shack' theme at the Pinehurst Fair Barn. Everyone enjoyed the delicious food stations, games, a costume contest and even a juke box!

NCHFMA Golfing for Charity Tourney

Ken Vance

Golf Director

This year's Annual Meeting Golf Outing was held on Wednesday, March 23rd on Pinehurst Course # 5. For the first time, rather than award prizes to the top teams, a donation will be made on their behalf to an area charity.

Ten teams participated in the event. As they say in Pinehurst, "It's a beautiful day in Pinehurst", and it truly was, at least for about 95% of the time, with only a couple of gentle showers that had little impact on play.

The winning teams and their charities were as follows:

First Place Gross with a score of 63 (Charity selected First Tee)

Jon Friesen

Michael Edwards

Matthew Curry

Matt Alford

First Place Net with a net score of 61 (Charity selected The Linden Lodge Foundation)

April York

Ken York

Chris Bennett

Ken Vance

Second Place Net with a net score of 61 (Charity selected First Tee)

Xander Younce

Chris Long

Ralph Swanson

Mark Unger

NCHFMA will make a contribution of $175 to the First Tee Chapter of the Sandhills and a $150 contribution to The Linden Lodge Foundation.

About the selected charities:

First Tee Chapter of the Sandhills is a youth development organization that enables kids to build the strength of character that empowers them through a lifetime of new challenges. By seamlessly integrating the game of golf with a life skills curriculum, the First Tee creates active learning experiences that build inner strength, self-confidence, and resilience that kids can carry to everything they do.

The Linden Lodge Foundation, Inc., is dedicated to the recovery of men and women with a serious and persistent mental illness by providing opportunities for their residents to live, work, and learn, while contributing their talents through a community of mutual support. The Foundation does this through providing a safe, stable residence and the development of innovative motivational, educational, and vocational prospects.

Thanks to all that participated!!

A Message from Our President

As I write this President's message I am sitting in Pinehurst, getting ready to attend our Caddy-shack themed party for the night (and yes, it has been a beautiful day in Pinehurst). I am sure it will be one to remember, just as my two years as President of the North Carolina Chapter have been ones I'll never forget. I think this is the perfect time to write my last President's update because I've been surrounded this week with Past Presidents, members, and new members and it has made me reflect on what NCHFMA means to me.

I joined the Chapter in 2003 with excitement, new ideas, and a little bit of apprehension. I was at my first meeting in Pinehurst (with a newly broken arm, fun-fun) and didn't quite know what to expect. It was during the dinner and dance of that meeting that I decided I was in for life. Larry Hughes, long time member, and all-around great guy, pulled me onto the dance floor broken arm and all and made me feel right at home. Home… that's what it feels like now when I come to these meetings, a big family reunion. Folks you've known for a lifetime, and folks you are meeting for the first time, but are still family.

We always tell new members that you get out of NCHMFA exponentially more than you put in, and for me that is true. No doubt the last two years in particular have been challenging, challenging for us all… but I am so very thankful for the opportunity and for the relationships and great people with whom I've had the privilege to work. From the bottom of my heart, thank you for allowing me to be your Chapter President for the last two years, it has been a true honor!

See you at the beach!

Camey

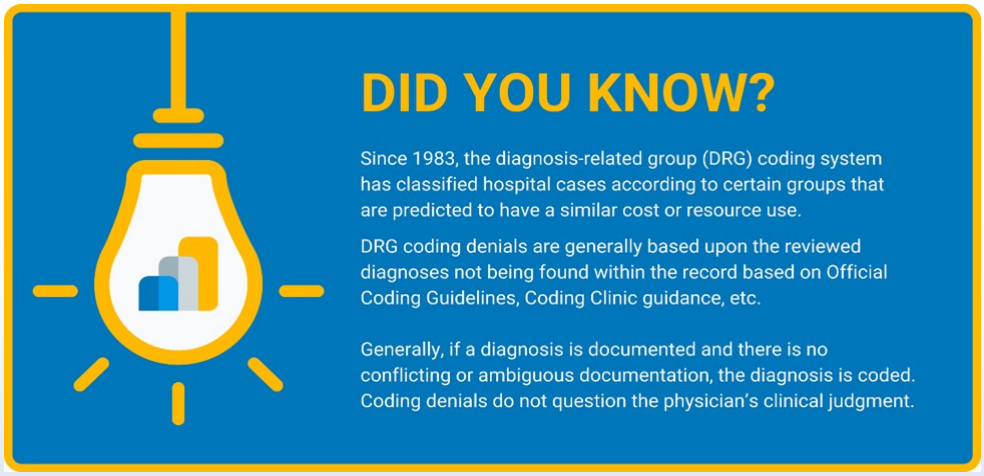
6 Steps to Effective Clinical Validation Review

By Megan Kelly, JD
Managing Attorney & Executive Director, Aspirion

According to a recent analysis, hospital claim denials from payers are steadily increasing—in just over four years, ***denials have increased by 23% in 2020****. The influx of denials stems from coding errors, poor clinical documentation, and query responses, DRG downgrading, and clinical validation audits. This article defines the process of clinical validation and provides helpful tips that benefit both the hospital bottom line and invariably the patient.*

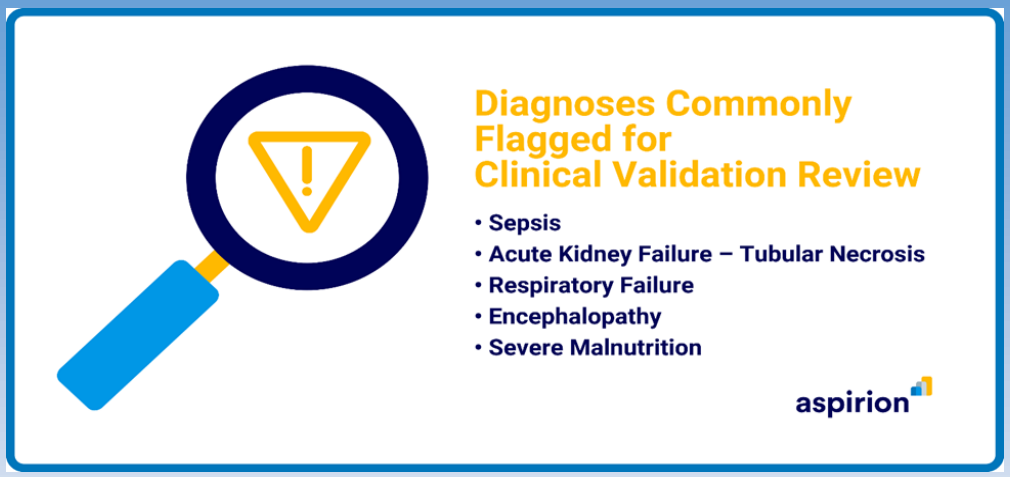
Clinical Validation Review Strategy

Clinical validation involves a clinical review of a patient's entire case to determine whether the patient truly possesses the conditions that were documented in the medical record. Defending clinical denials can be challenging and requires justification of official coding parameters as well as clinical discernment. Providers need to pay particular attention to not confuse clinical validations with DRG downgrades or coding denials.



STEP 1 – DETERMINE DENIAL TYPE

Determine that the denial is a Clinical Validation Denial as opposed to a DRG downgrade by reviewing the criteria that were used and the documentation provided by the payer. When a claim is denied for clinical validation, the payer is stating that even though the diagnosis is documented, it is not clinically supported. The payer may select clinical guidelines they wish to apply as a means to justify the lack of clinical support however, frequently, specifics surrounding the denial and guidelines utilized are not submitted to the provider. Given the clinical nature and complexity of these denials, a clinical validation review should be performed by a clinician or a CDI specialist.



STEP 2 – INITIAL CODING REVIEW

Coders and CDIS traditionally use clinical indicators to support a query for a vague or missing diagnosis. Clinical indicators offer support within a record for the diagnosis applied to a patient. They can consist of laboratory or diagnostic test results, treatments, and the patient's response to those treatments (medications, interventions, infusions, etc.), and imaging studies. A patient's assessments and plan of care should also be referenced. Patient symptoms, observations, and objective data such as vital signs should also be noted.

Consider all factors apparent in the initial coding review. Collaborate with the coding department. Ask questions such as:

Is there documentation in the medical record regarding the denied diagnosis?

Does the claim have other major complications or comorbidity (MCC) or complication or comorbidity (CC) that even if you removed this code, the DRG would not change?

Why it matters: CC and MCC can affect the weight of the DRG, thereby affecting reimbursement.

Does the medical record contain other conditions that could be coded as a "CC" or "MCC" that may be added to the claim to retain the billed DRG?

STEP 3 – HEALTH PLAN CLINICAL CRITERIA

Determine and assess any clinical criteria used by the health plan asking:

Are the criteria being used outdated?

Are the criteria "generally accepted" by the applicable medical associations?

Is there an agreed-upon standard guideline in the contract?

STEP 4 – REVIEW CLINICAL INDICATORS

As noted above, if there is a vague or missing diagnosis, CDI should feel comfortable querying physicians. Queries should be specific and should include any clinical indicators that support the diagnosis or are in question but should also include a lack of indicators (lack of supporting symptoms, lack of appropriate treatments, etc.).

If not already in place, providers might also contemplate establishing an escalation process to addressed unanswered queries and unsatisfactory responses. Finally, providers should consider establishing a multi-disciplinary committee to review cases submitted by CDI and coding when diagnoses are inconsistent with a patient's clinical picture or vice versa.

The attending physician is ultimately responsible for determining which diagnoses are applied to a patient's record based on all clinical indicators they determine to be relevant. In the end, quality documentation is vital; explanation of diagnosis, associated clinical indicators, and treatment plan within the medical record are necessary components to validate a disputed diagnosis.

STEP 5 – CLINICAL REVIEW

As noted above, it is essential to find clinical support/justification for a denied condition. Support and justification can be located within the medical record documentation and can include laboratory test results, treatments, imaging studies, as well as a patient plan of care, assessments, and treatment responses.

Ideally, a provider will also seek to meet the criteria that a payer cited to or locate alternate medical association criteria, CMS regulations, peer-reviewed articles, contract regulations, or commonly accepted medical practices to provide clinical support for a questioned diagnosis. If previously agreed upon criteria or internal policies are not met, physicians should be instructed to document a plausible alternative basis for the diagnosis where they cite a specific source or widely accepted medical practice.

Ultimately, when reviewing the medical record, contemplate taking the following steps:

Find clinical support/justification for the denied condition.
Find documentation in the medical record to support that the denied condition was treated.
Did the condition affect patient care concerning:
- clinical evaluation; or
- therapeutic treatment; or
- diagnostic procedures; or
- extended length of hospital stay; or

STEP 6 – REVIEW MANAGED CARE CONTRACTS

Your managed care contracts may contain provisions that assist you in managing the clinical validation process. When reviewing your managed care contracts, review specific provisions for the following:

Is there a limit specifying the amount of post-payment DRG downgrades and audits?
Are you tracking these in your system?
Is there a limit to the number of charts allowed to request?
What is the timeframe those charts are requested?
How are diagnoses defined in managed care contracts?
Are there agreed-upon clinical criteria cited in the contract?

Contemplate creating a contract matrix that speaks to these provisions. If these sorts of provisions are not located in a payer contract, use contract negotiations with payers as an opportunity to incorporate additional payer accountability into the clinical validation audit process.

It is important to leverage data on financial impact, resources, and clinical impact as a negotiating point when discussing the addition of potential contract provisions and associated language. Contract negotiations are a great time to negotiate for the specificity of criteria and an opportunity to gain internal clinical consensus in detail.

Effort Reaps Reward

Clinical review validation requires effort but when done right can reap the rewards. To be successful, leadership from critical areas must be involved. Managed care, revenue cycle, clinical documentation, health information management, utilization review, legal and compliance leader should coordinate in responding to denials and audits. Furthermore, CDI and physicians should train together specifically on high visibility diagnoses often targeted for clinical validations.

Once you have the right processes and protocols in place, your hospital can successfully adapt to the ever-changing payer guidelines and updates, like the most recent sepsis-related treatment review change implemented by United Healthcare on July 1, 2021.

Read more about policy changes as well as revenue cycle mitigation steps to tackle denials and boost appeal resolution for sepsis-related claims in a complementary article here.

Collaborating across the Revenue Cycle teams in a Virtual Environment

Gabrielle Werling
Consultant, Revenue Cycle Performance Management
Trinity Health

As you all know, the past two years have been challenging as we continue to adapt to working in a highly virtual environment. This has created many challenges across the different functional areas within Revenue Cycle, and we've had to quickly readjust in developing creative ways to collaborate and drive towards benchmark performance. Moreover, it's been critical to remain cognizant of the impact a more heavily remote workforce has on company culture, remembering that colleague engagement must be prioritized alongside performance improvement efforts.

Challenges in the Virtual Environment around Collaboration

To be more specific, being virtual has led to some challenges in different areas of the Revenue Cycle. For example, when working to optimize complex processes, it is sometimes a challenge to dialogue and develop documentation simultaneously via teams or Webex meetings. Without access to body language and the physical queues that exist during in-person meetings, it can also be very challenging to interpret someone's understanding of content and to make sure that everyone is on the same page. It becomes increasingly difficult to evaluate whether the audience is truly present. As our "to-do" lists continue to grow, multi-tasking during meetings has certainly grown as well, especially when meeting leaders are unable to gauge attendee attention. When evaluating workflow efficiency and effectiveness for some of the more complex Revenue Cycle processes, the ability to schedule time and shadow the team previously allowed for enhanced clarity as it relates to process breakdowns. The inability to often directly observe how things happen in real time has increased the importance of leveraging visual workflow tools such as Visio.

As it relates to colleague engagement, the pressure to be intentional about building healthy relationships amongst peers couldn't be higher. Prior to remote work, the conference room created a unique opportunity for learning more about others on a truly personal level. Shifting to virtual meetings has more or less eliminated the ability to catch up with colleagues before a meeting begins. In addition, onboarding new hires to a team that is primarily virtual has its own challenges. Acclimating new hires into an

existing team is certainly more difficult to achieve when that team is scattered across different physical locations. The need for a highly effective, fluid, consistent and captivating onboarding process is crucial. Once hired, attractive, exciting, and collaborative colleague engage activities are key to establishing deep-rooted relationships and to keep teams cohesive.

The Creative Shift in the Virtual Environment

To make the virtual environment work while driving performance across Revenue Cycle teams, we have had to get creative in what we do. Personally, we've started to leverage Visio more often as a visual management tool to gain alignment in understanding and ensure that process flow assessments don't miss key opportunities. Visio helps to ensure that everyone understands each component of a complex process and that everyone has something tangible to refer to when talking through risk points. We're also using recurring touch-base meetings with consistent agendas to ensure quick escalation of issues and to keep priorities organized. In addition to Excel and the use of Pivot Tables to track and trend data, we've developed several internal, homegrown tools that allow for real time, drillable insights into the areas with the most significant opportunity. These tools also help to achieve a common understanding of key performance indicators and to ensure there's consistency in the way we measure our metrics across different functional areas and physical facility locations.

As a means of retaining high colleague engagement, we've worked diligently to revise our onboarding material to ensure it's been adapted to represent a virtual environment. This has meant the creation of tools like an onboarding checklist, consistent and re-usable onboarding presentations, and the assignment of an "onboarding buddy" to create a sense of connection immediately upon hire. In addition, we formed a "Colleague Engagement Committee" that is laser focused on keeping engagement levels high by creating and organizing various social activities. Some of those events/activities are listed below:

- Creation of quarterly newsletter to highlight accomplishments, people, and new announcements
- Development of weekly mindfulness activities like virtual walks, exercise programs, meditation groups, or other similar events
- Organization of virtual games that allow participants to socialize and develop more personal relationships

Completion of personal and professional assessments that allow colleagues to better understand themselves and one another

Establishment of an organized forum for colleagues to formally recognize one another when they do things that represent the core values of the company

Creation of an internal mentoring/coaching program that allow colleagues from different functional areas to build relationships and connect in a meaningful way

Key Takeaways

As we continue to climb out of a worldwide pandemic, and the importance of having a successful Revenue Cycle becomes even more critical to ensuring we have the tools and care available to do so, becoming effective at operating in a virtual environment has now become an absolute priority for many Revenue Cycle stakeholders. To drive performance, we must rely on effective communication, and to drive effective communication we must rely on our ability to collaborate productively, keep colleague engagement high and take advantage of the tools and resources we have available for better transparency and increased intelligence. As key stakeholders in this incredible industry, I challenge each of you to dig deep and look for truly new and innovative ways to achieve your own desired outcomes in today's new environment of virtual collaboration and remote operations.

Helping Solve a $200 Billion Problem for Hospitals

Linda Yang CIO/COO

Glenn Getner, VP Revenue Cycle

Discover Claims

An Issue Every Hospital Faces

Since 2000, hospitals have provided more than $660 billion in uncompensated treatment. In 2019 alone, the American Hospital Association (AHA) Annual Survey of Hospitals recorded hospitals delivered $41.6 billion in uncompensated care at cost and that Medicare and Medicaid hospitals were underpaid by $75.8 billion. Yearly, the total losses estimated for US hospitals are over $200 billion.

Not only has COVID-19 disrupted the entire world, but it has put further strain on the United States' healthcare infrastructure. A report from the AHA stated that over a four-month period in 2020:

$2.2 billion was required to further support frontline workers

$2.4 billion was spent on purchasing personal protective equipment

$36.6 billion was lost due to COVID-19 hospitalizations

$161.4 billion in net revenues was lost due to cancelled surgeries and other medical services

The AHA and consulting firm Kaufman Hall reported that half of the hospitals in the country have started 2021 in the red, and without financial support from the government or initiatives to recover uncompensated treatment. Additionally, hospital margins are forecasted to decrease as low as -11% if the pandemic continues to surge across the country sporadically.

Innovating With AI

A company based in Charlotte, North Carolina with over 20 years of experience with revenue cycle technology solutions is taking an innovative approach to help hospitals recover funds from insurance companies and liability attorneys. Discover Claims has developed a data mining infrastructure that uses AI technology to help identify recoveries on written-off care and bad-debt accounts.

According to a report published by IBISWorld, a trusted industry research firm, personal injury lawsuits recovered $41 billion from property and casualty insurance companies. Many of the plaintiffs are patients treated by the hospital and received little or no compensation for their treatment. Discover Claims is at the forefront of identifying lawsuits for these types of hospital claims using state hospital lien laws and processes without talking to, contacting, nor collecting from patients.

For written-off charity accounts, the Discover Claims Hospital Uncompensated Healthcare System is the only solution to recovery, because patients are never contacted. The recovery solution is standardized and automated to seamlessly integrate with existing hospital processes and infrastructure. Accounts as far back as four years are assessed for recovery opportunities as well as the continual monitoring of accounts.

More information on Discover Claims can be found at www.discover-claims.com

References

American Hospital Association (2020 1 6) Fact Sheet: Uncompensated Hospital Care Cost. Retrieved from American Hospital Association: https://www.aha.org/fact-sheets/2020-01-06-fact-sheet-uncompensated-hospital-care-cost

The Twelve Concepts of Excellence

John Cook
George Brown Associates/1st Results

Live by what is important. Greatness comes from not just knowing what is significant or worth-while but choosing to it.

Lead in a way that is unique to you. Where you stand out as a leader and influence.

Lead in a way that your team has an exceptional experience. The workplace is alive. This workplace is a family and community. The workplace is charged with meaning.

Do the best you can while you still have the chance. Take advantage of opportunities.

Stay away from the places that cause you to slip and fall. You know them – bad habits and wrong choices

Know the seeds that are in your hand. Perhaps it is now time to make that discovery?

When a defining moment (an aha moment) comes, claim it, make an action list, and do it. These are the moments when there is complete clarity.

Experience a frame of mind change. Leading come from the heart, not from an agenda.

Be a catalyst for change (Merikay Hunt), even a catalyst for healing. Be alert. People are facing challenges.

Realize people are watching. People are seeking answers.

Have a place to go and quiet your mind. Make this a daily discipline.

Excellence at the core. Do not just do it, make it a masterpiece,

The hard part isn't understanding these concepts but finding ways to apply them to daily life. Forming new habits around such is a challenge. Here are some tips:

Face the challenges through honest conversations with self and trusted friends.
Open yourself to defining moments of understanding and clarity.
Write your vision with an action plan.

Today could be the most important day of your life, make a choice to pursue excellence. You may feel and know what is significant, but have you made a choice?

John Cook can be reached at johnc@1stresults.com or johndcookjr@gmail.com

Your 2021-22

NCHFMA Board

Camey Thomason,President

president@nchfma.org
Strategic Director
LabCorp
Medical Center Boulevard
Winston Salem, NC 27157

Ken Vance, President Elect
president.elect@nchfma.org

Christine Sibley, Secretary

secretary@nchfma.org
AVP Reimbursement
Atrium Health

Jason Nelms, Treasurer

treasurer@nchfma.org
Assistant Vice President
Atrium Health

Phone (704) 512-7029

Elkin Pinamonti, Director of Membership

membership@nchfma.org
Asst. Dir, Patient Access
Novant Health
Phone: 336-718-4935

Wendi Bennett, Director of Programs

programs@nchfma.org
Director, Patient Finance
Novant Health

Kim Coker, Director of Chapter Services

Email: cokerk1@labcorp.com

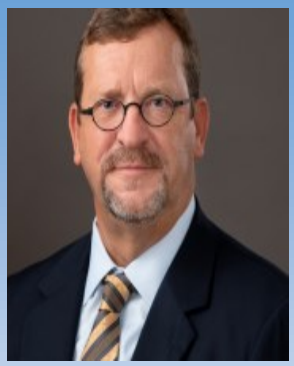
Director of Contracts and Commercial Finance

LabCorp

Phone: 336-683-3585

Elaine Peeler, Director of Communications

communications@nchfma.org
Manager, Rev. Cycle Quality Assurance
Novant Health
Office: 704-616-0954



Kent Thompson, Director of Education

education@nchfma.org
Chief Financial Officer
Hugh Chatham Memorial Hospital
Phone: (336) 527-7216

Ty Carson, Volunteer Council Chair

volunteer@nchfma.org

Regional VP, Business Development
GETIXHealth
Phone: (336) 655-3515

Marc Brewer, Technology Committee Chair

technology@nchfma.org
Chief Operating Officer
Bull City Financial Solutions
2609 N. Duke St., #500
Durham, NC 27704
Phone: (800) 436-6946

Welcome to our Newest Members

Wendy	Cox	Advocate Aurora Healthcare	Medical Coder
Matt	Thomas	Appalachian Regional Healthcare System	CFO
Nicole	Hester	Aston Carter	Account Manager - Revenue Cycle Services
Mary	Rice	Atrium Health Wake Forest Baptist	AVP, CFO, Physician Provider Group
Katie	Nelson	CAPIO PARTNERS	Regional VP-Client Engagement
Sierra	Osborn	Cerner Corporation	Academy Consultant
Wood	Colleen	Change Healthcare	VP Strategic Clients
Holly	Oehm	Duke University Health System, Inc.	Financial Analyst II
Nikola	Martin	Duke University Health System, Inc.	Manager, Patient Revenue
Tia	Jones	Duke University Health System, Inc.	Patient Account Analyst
Melissa	Kernodle	Duke University Health System, Inc.	Principal Auditor
Neil	Kinard	Duke University Health System, Inc.	Revenue Manager
Iris	Womack	Duke University Health System, Inc.	Revenue Cycle Specialist
Alison	Meyer	Duke University Health System, Inc.	Revenue Cycle Specialist
Keoisha	King	Duke University Health System, Inc.	PRMO
Joy	Mayhue	Duke University Health System, Inc.	Strategic Service Associate
Vanessa	Poole	Duke University Health System, Inc.	Financial Analyst
taneka	miles	Duke University Health System, Inc.	Patient Revenue Manager
Stephanie	Puryear	Duke University Health System, Inc.	Service Access Manager
Brian	Miller	Duke University Health System, Inc.	Revenue Cycle Specialist
James	Ashmore	Duke University Health System, Inc.	Revenue Manager - Clinical Labs
Graeme	Stewart	Duke University Health System, Inc.	Director of Finance
Darwin	Hedgepeth	Duke University Health System, Inc.	Supervisor
Angela	Cummings	Duke University Health System, Inc.	Director of Revenue Integrity
Maria	Holguin	Ensemble Health Partners	Customer Account Specialist

Welcome to our Newest Members

Lisa	Smith	Ensemble Health Partners	
Susan	Brill	Ensemble Health Partners	Accounts Receivable Specialist
Jessica	Covell	Ensemble Health Partners	Accounts Receivable Specialist
Keith	Williams	Iredell Memorial Hospital	Director of Patient Financial Services
L Renee	Woodard	Johnston Health	Patient Accounts Manager
Christopher	Dominianni	KPMG LLP	Senior Manager
Tamara	Williams	North Carolina State Health Plan	Financial Analyst
Connie	Sato	Novant Health	Assistant Director, Utilization Review
Margo	Jones	Novant Health-New Hanover Regional Medical Center	Manager Patient Financial Services
Sandra	Hurley	Recruiting Solutions	Patient Accounting Associate 1
Assia	Falih	Student	
ERIC	NEW	Student	
Roger	Diaz	Student	
Nirali	Patel	Student	
Denita	Jackson	Student	
Cindrella	Phillips	Trinity Health	Billing & Follow-Up Representative II
Shari	Whetsell	Trinity Health	Billing and Follow up
Felisha	Edwards	Trinity Health	Billing and Follow-up Representative I
Veronica	McClain	UNC Rockingham Health Care	Sr. Financial Analyst
Stevan	Ireland	Vidant Health	Director, VMG Fin Svcs Ops
Vanessa	Westberry	WAKE FOREST BAPTIST HEALTH	Patient Rep 111
Jason	Ward	WAKE FOREST BAPTIST HEALTH	Accounting Manager

Upcoming Events

More Information can be found on all of these events by going to NCHFMA.org
and clicking on **Events**

April 2022

Region IV Lunch and Learn - CRCR Certification Coaching Class: Unit 2

07 April 2022 at 12:00 pm – 1:00 pm ET

Region IV Lunch and Learn - CRCR Certification Coaching Class: Unit 3

14 April 2022 at 12:00 pm – 1:00 pm ET

Region IV Lunch and Learn - CRCR Certification Coaching Class: Unit 4

21 April 2022 at 12:00 pm – 1:00 pm ET

May 2022

Region IV Lunch and Learn - CRCR Certification Coaching Class: Catch-up

05 May 2022 at 12:00 pm – 1:00 pm ET

August 2022

NCHFMA 2022 Summer Meeting - Hilton

17 August 2022 – 19 August 2022
Hilton Myrtle Beach Resort
We look forward to seeing you at the 2022 Summer Meeting at the beach August 17-August 19, 2022.

November 2022

2022 Eastern Regional Conference - Grove Park

13 November 2022 – 16 November 2022
Omni Grove Park Inn
Registration will open at end of May 2022. We look forward to seeing you at the Omni Grove Park for the 2022 Eastern Regional Conference.

March 2023

NCHFMA 2023 Spring Meeting - Pinehurst

22 March 2023 – 24 March 2023
Pinehurst Resort

August 2023

NCHFMA 2023 Summer Meeting - Hilton

23 August 2023 – 25 August 2023
Hilton Myrtle Beach Resort
We look forward to seeing you at the 2023 Summer Meeting at the beach August 23-August 25, 2023.