



# TarHeel News

Summer 2021

## The Summer Conference

The Programs Council and everyone on the NCHFMA team is excited to get “[Back to The Beach](#)” with the upcoming in-person summer conference August 18<sup>th</sup>-20<sup>th</sup>. This will be our first live event since March 2020 and provides up to 12 CPE hours. Join us to network with friends old and new during the lunch sessions, afternoon social in the exhibit hall, the volleyball and golf tournaments, and the group event on Thursday evening on the North Lawn at the Hilton.

Networking is an important aspect of HFMA, however we cannot dismiss the valuable educational opportunities. We are thrilled to have Kevin McCarthy as our keynote speaker. Kevin will discuss Blind Spots; those hidden biases, limiting beliefs and thinking errors that cloud perception, drive destructive behaviors, and impair decision-making. Kevin’s blind spots sent him to federal prison for a crime he didn’t *knowingly* commit. Do you know your blind spots? We’ll also delve into patient access in the new normal, CFPBs new collection rules, surprise billing, legislative updates, diversity and inclusion, WFH technology, ethics and have a rousing game of NCHFMA “feud” with providers vs partners. Last but not least you don’t want to miss the CFO panel on Friday which can provide an additional 1.5 ACHE CPE’s.



# A Message from Our President

Dear NCHFMA Members and Partners,

I cannot tell you all how thankful I am for your continued support this year. It has been a year of firsts and a year full of professional and personal challenges for us all. These challenges have made me just that much more thankful for my NCHFMA family. I don't know about you all, but I have gotten very good at managing Zoom, WebEx, Teams, etc.; while still being a Mom full-time; substitute teacher most days, cafeteria worker, and activities planner at least 5 days a week. On top of all that, I think seclusion might have made my husband and me a little crazy, because we just gave in and allowed our son to get a new puppy... can you say COVID-Crazy... (picture below).

That said, I am **EXTREMELY** excited about seeing you all **IN PERSON** during our Summer Meeting in Myrtle Beach, SC, August 18<sup>th</sup> – 20<sup>th</sup>. This is going to be our first attempt at getting back to normal, at least as much as possible in today's world, so I want to encourage everyone to participate!

Please continue to support our NCHFMA Partners for your business needs, as they have continued to support us through this difficult year. We could not continue to provide the services, meetings, and large conferences to our membership without their support.

As we look forward to this new NCHFMA year, the Officers, Council and Committee Chairs want to thank you for your continued support and participation. This past year, all of the Board Members and Officers agreed to a second year in their existing roles to allow for a repeat year in what we hope will be a bit more normal than the 2020-2021 year. Our membership voted all those folks in, so we are pleased to be able to serve you again in 2021-2022.

There are a few other initiatives taking place for the Chapter and the Association. The main one impacting our Chapter at the moment is the conversion of our website to a new platform offered through the National HFMA. As we continue to make progress towards this change you may see some temporary impacts to the published website. If you have questions or need information, please feel free to contact any of your Officers or Board Members.

With that, thank you again – see you at the beach!

Camzy Thomason, NCHFMA, President, 2021-2022



# The Role of Physician Advisors in the Revenue Cycle

**By: Barbara Clifton, MD, CHCQM-PHYADV and Carolyn Dutton, MD, FACEP, FACP, CHCQM-PHYADV**

**Drs. Clifton and Dutton are members of Atrium Healthcare's Physician Advisor Services Department.**

As new members to NCHFMA, we have been most impressed with the professional fellowship and educational opportunities that are available through this organization on both a state and national level. We have each passed the first module of the HFMA Business of Healthcare Certification and hope to have the second module completed in the next few weeks. The information contained in the Certified Specialist in Managed Care module has also been a valuable tool to add to our knowledge base when dealing with managed care organizations. After attending the NCHFMA Chapter meeting in Pinehurst this past March, we realized that much of what we do as Physician Advisors is integrally linked with the interests and scope of HFMA. We wish we had found you sooner!

Some of you might not know what a Physician Advisor is and how we contribute in the healthcare arena. Traditionally, Physician Advisors work for hospitals and use their clinical expertise to optimize reimbursement. They intervene at multiple levels, by first working with case management to determine appropriate status, ensure that documentation supports the level of care delivered, oversee governmental and insurance compliance, and aid in a robust UR process. They also work to resolve misunderstandings with payer medical directors and escort the chart through the rest of the denial management labyrinth when clinical knowledge is needed. Besides the Revenue Cycle, Physician Advisors also contribute to more clinical aspects in our organizations like ethics, infection control, case management, readmissions, length of stay, discharge planning, authorizations and education of medical staff. Many part-time Physician Advisors continue to practice in their medical specialty as schedules allow.

Over the next few months, we will elaborate on how a Physician Advisor can be an invaluable Revenue Cycle team member from pre-authorization until the final bill is closed. Unlike many of our physician colleagues, we embrace the challenge and frustrations that are embedded in the complicated revenue cycle and we are excited to be included in the NCHFMA family.

# Physician Advisors in the Revenue Cycle - Part II

by **Barbara Clifton, MD, CHCQM-PHYADV**

Physician Advisors possess a unique skill set which combines clinical expertise with regulatory and financial knowledge and can be applied to all aspects of a patient's account to ensure excellent care is given and the facility is appropriately reimbursed in a timely manner. From pre-authorization to status determination, documentation, coding, and billing, an account must "get it right" the first time in order to ensure a clean claim or set up a solid basis for a strong appeal if the account is denied.

Physician Advisors work closely with Case Management to educate physicians about pre-certification and support Patient Registration and office staff in obtaining valid authorizations before cases can even be posted. Providing concurrent second level reviews and UR Condition Code forty-fours allows for correct status determination from the beginning. Physician Advisors ensure compliance by combining their medical expertise with CMS guidance and familiarity with InterQual and Milliman guidelines. Knowledge of a facilities contracts with commercial and Medicare Advantage plans allows Physician Advisors to optimize status and decrease the amount of denials and underpayments. They work closely with CDI and Coding teams to improve documentation and provide medical staff education to ensure the chart supports the level of care that was delivered.

It is not all about the chart and status, however; Physician Advisors also work closely with Case Managers and Discharge Planners to look at length of stay, readmissions, and troubleshoot difficult discharges. They have good relationships with local nursing home medical directors, home health agencies, EMS, Hospice, and Palliative Care. Physician Advisors can facilitate change with these supporting services, such as obtaining expedited post-acute care authorizations, which benefits both patients and hospitals. For example, clinical pathways for CHF, pneumonia, stroke, and COPD are initiated post-discharge to ensure a smooth transition of care and are often championed by Physician Advisors who understand the complexity of the disposition. Besides, clinicians rarely have the time and resources to devote to Case Management like Physician Advisors do. During the COVID-19 pandemic, Physician Advisors have been actively researching the plethora of CMS waivers to get patients to the optimal disposition while keeping the hospital census reasonable so that medical staff could focus on clinical care.

A Physician Advisor's goal is to have every admission get the appropriate level of care, with compliance and correct authorization, while receiving the best care with supporting documentation which then allows the submission of a clean claim without a denial. In addition, they strive to make sure the quality, safety and transition of patient care is excellent. To ensure this, consider the addition of a Physician Advisor to your revenue cycle toolbox.

# **Advanced Analytics: The Foundation of Revenue Cycle Transformation**

*Written By: Quintin Smith, MBA, CMPE, CRCR*

*Senior Consultant at Baker Tilly US*

Revenue cycle management (RCM) has long been a key pillar of healthcare CFOs' strategy to ensure liquidity and long-term financial solvency. While the shift from fee-for-service to value-based reimbursement has resulted in a focus on cost-reduction, there have been continued missed opportunities to improve revenue and cash collections performance. In fact, the average 350-bed hospital in the US misses \$22 million in revenue capture opportunities annually, according to a 2017 study (The Advisory Board, 2017). Healthcare provider organizations embarking on the journey to transform their RCM function should begin with the adoption of advanced analytics for monitoring performance and driving financially-meaningful change. To serve as a foundation for improvement, advanced analytics for RCM should consist of five components: guided discovery, multidimensional data, visual techniques, natural language generation, and measurable financial impact.

## **Guided Discovery**

Guided discovery refers to a visual navigation pathway that is structured in such a way that each "drill-down" takes the user to the next most logical area of poor performance in an effort to guide them to the source of the problem. For instance, the macro-view of a dashboard might include a performance score for patient access, revenue integrity, and patient financial services, and allow a user to click on one of the scores to examine specific drivers to the overall score. Such drivers may include registration denials, authorization denials, point-of-service collections, etc. Although there are a large number of data points from multiple sources that compose the overall dashboard, the user, perhaps a revenue cycle leader, can easily locate the information that is pertinent to the user. The value of guided discovery is that it allows for a simple and intuitive interface and the capability of examining large data sets, while limiting the view to the information the user needs for operational improvement.

## **Multidimensional Data**

A key component of guided discovery is the use of multidimensional data. A simplified example of multidimensional data is the examination of gross collections for multiple hospitals over several years. The data can be analyzed or pivoted in various ways in order to extract different insights. On a larger scale, harnessing multidimensional data enables healthcare organizations to measure performance of every stage of the revenue cycle with regards to location, service line, financial class, payer, timeframe, and more.



Using this capability, variances in high-level metrics can be investigated by examining all drivers that contribute to its performance. For instance, perhaps a significant inventory of unbilled claims have been held up within the Discharge Not Final Billed (DNFB) stage because of an issue with physician documentation that is impacting the timeliness of coding. The DNFB trend is moving upwards, but only for one particular hospital in the system. The data needed to pinpoint this issue is multidimensional in nature and, if identified quickly, will help drive cash faster once the issue is resolved.

A major hurdle to cross for many hospitals and health systems to fully utilize their multidimensional data is the absence of interoperability of the various systems they use. RCM data, much like clinical data, often live in fragmented systems that do not communicate with one another, or exist in different formats or languages. Some organizations have solved this issue through the use of an extract, transform, load (ETL) tools that formats virtually any file type from any system into one standardized specification that can be used for analytics. This innovation enables clients to aggregate various data, develop score capabilities, and allow for intuitive guided discovery.

## **Visual Techniques**

Assimilating the right data that provides valuable information to users is only half the battle. The data must be visualized in a way that is both efficient and enables rapid recognition of the “story” that the data is telling. Efficiency in data visualization means that insight can be derived in a manner that is not cumbersome. An example of this is having the ability to filter an entire dashboard by clicking on a part of a visualization, such as a chart or graph. Another example is having the ability to hover over an area of a visualization in order to see additional data or information. Both allow for multiple layers of data to be combined into one, seamless dashboard.

Rapid recognition of data means that users are able to quickly discern important details from data by the way that the data is visualized. Examples of visualization enhancements that promote rapid recognition include, but are not limited to: including a goal line on a graph to indicate target performance for a given metric, using color as indicators for good or bad performance (red is bad, green is good), using horizontal, rather than vertical, bar charts, and orienting visualizations and information in a left-to-right manner (to match Western language reading styles). When visualizations are built with rapid recognition in mind, disparate data are transformed to actionable intelligence.

## **Natural Language Generation**

Natural Language Generation (NLG) is a form of artificial intelligence that is deployed to automate time-intensive data analysis and produce plain-language “stories” to highlight the key insights within the

data. NLG appeals to the aspect of human psychology that learns best from rich and relevant stories. For example, rather than solely relying on visualizations to provide insight on back-end revenue cycle employee performance, a “User Scorecard” can be developed that uses NLG to present a unique and dynamic paragraph for each employee. Within the paragraph, key statistics and comparisons are given that provide a quick summary of how the employee has performed within the user-selected timeframe. NLG should be viewed as a key component of enterprise analytics strategy moving forward as a way to capitalize on the growing number of relevant insights that “big data” has to offer.

## **Measurable Financial Impact**

The value of advanced analytics for revenue cycle performance is null unless the ultimate goal is achieved – financial improvement. A common complaint from many healthcare leaders is a lack of data that is actionable. To solve this, key performance indicators (KPIs) should be developed that represent performance at key stages of the revenue cycle. The KPIs should measure the performance of a process that can be managed and have a bearing on cash flow to the organization. Examples include discharge not final billed (DNFB), clean claim rate, denials that can be directly linked to a human process (i.e. authorizations, eligibility, etc.), and many others. When designing KPIs for RCM improvement, it may be helpful to map out the “life of a claim,” the entire set of processes that must be executed in order for a billing claim to be accurately completed and submitted to the payer.

The second component to developing measurable financial indicators is time. High-level KPIs and metrics are important, but may not allow for key processes to be managed in a timely manner if they’re too broad. Consider breaking large metrics into daily, weekly, monthly, quarterly, and annual measures that reflect processes that RCM teams are performing routinely. Translate those metrics into actual dollar impact to illustrate the importance of the process to the teams. These metrics should also be trended over any period in order to measure improvement over time. An example is a series of dashboards that includes several metrics that measures performance of back-end revenue cycle team members by looking at their productivity in terms of accounts worked, effectiveness in terms of taking the right actions to resolve outstanding claims, actual cash driven by their actions, etc.

Lastly, scoring mechanisms can be an excellent way to evaluate an entire phase of the revenue cycle at a quick glance. Each major phase of RCM (patient access, revenue integrity, and PFS) should have its own score. A score is developed by summing the weighted total of KPIs within the phase. For example, the revenue integrity score may include metrics such as DNFB, final billed not submitted to payer (FBNS), coding denials, etc. Using guided discovery, each score allows for drill-down to investigate the key drivers to performance.

## **Reference**

You're probably leaving \$22 million on the table. Here are 4 things to do about it. (n.d.). Retrieved October 14, 2020, from [https://www.advisory.com/research/Revenue-Cycle-Advancement-Center/at-the-margins/2017/06/22-million-opportunity?wt.ac=howwehelp\\_flg\\_blog\\_research\\_dom\\_x\\_revenuecapture\\_3\\_q317\\_eloqua-mktg\\_web](https://www.advisory.com/research/Revenue-Cycle-Advancement-Center/at-the-margins/2017/06/22-million-opportunity?wt.ac=howwehelp_flg_blog_research_dom_x_revenuecapture_3_q317_eloqua-mktg_web)

# Your 2021-22 NCHFMA Board



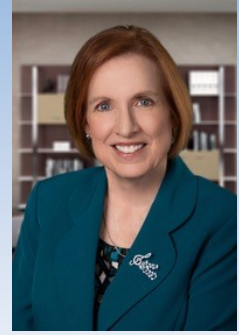
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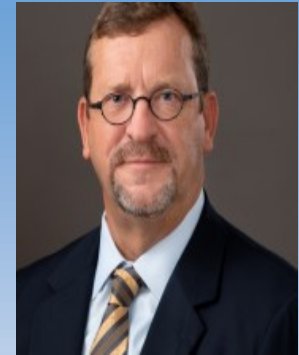
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## Meet Our Newest Board Members



**Elkin Pinamonti, Director of Membership**

Elkin, employed by Novant Health, is the Assistant Director for Patient Access and Financial Counseling overseeing front-end operations for seven facilities across North Carolina and Virginia. Employed in healthcare for eleven years, Elkin's career began in accounting where she quickly realized she had an interest in working directly with patients and in the development and growth of strong teams.

Elkin holds an undergraduate degree from the University of Central Florida and a master's degree in healthcare administration from Seton Hall University. She also holds a CHAM certification from the National Association of Healthcare Access Management. Elkin has been an active member of NCHFMA for four years.

She and her fiancé, Brian, currently reside in Winston Salem, NC. She enjoys long-distance running, hiking, and spending time with family. Both Elkin and Brian thoroughly enjoy spoiling their eight-pound fur baby, Rylie!

**No Photo**

**Wendi Bennett, Director of Programs**

Wendi is the Director Patient Financial Services for Novant Health. She began her career at Novant in 1992 as a legal collections representative for the organization's internal collections agency. Her current position has responsibility for the departments of Non-Patient Revenue, Cash, Reconciliation, Credit Resolution, Self-Pay, Vendor Management/Implementation, Legal/Liabilities, Bankruptcies and Estates.

Wendi has been a member of the North Carolina chapter of HFMA since April 2012 and is a past-chair of the Hospital Services Committee. In her down time Wendi enjoys traveling and spending time relaxing with family and friends at home.

## A Big NCHFM Welcome to our Newest Members

	<b>Name</b>	<b>Business Name</b>	<b>Title</b>
Cynthia	Triplett	Aurora Health Care	Quality Specialist
Renita	Richardson	Boice Willis Clinic, P.A.	Interim Revenue and Reimbursement Manager
Carole	Gilham	Brooks Howell Home	Executive Director
Dana	Martin	Centene Corporation	Grievance and Appeals Coordinator
Eli	Edson	Cerner Corporation	SSO
Christopher	Macrae	Change Healthcare	Sales Executive
Curtis	Wilkins	CHS blueridge	Patient access manager
Delbra	Taylor	CHS Blueridge Health	Financial Clearance Supervisor
Candice	Faison	Duke University Health System, Inc.	Revenue Manager
Harry	Creekmuir	Duke University Health System, Inc.	Manager
Brandie	Johnson	Duke University Health System, Inc.	Manager
Donna	Tunks	Ensemble Health Care	Specialist
Wendy	Jenkins	Ensemble Health Partners	Cash Posting Specialist
Paul	Koppang	Fifth Third Bank	SVP, Commercial Healthcare Banking
Elizabeth	Lindblad	Fifth Third Bank	Sourcing Consultant
Quintin	Smith	Guidehouse	Senior Consultant
Steve	Marsh III	J.P. Morgan	Commercial Banker
Lori	Adcock	MPower Me, LLC	Reimbursement Director
Dan	Bateman	Navis	Client Delivery, Manager
Todd	Faulkner	nThrive	Sales Director
Mercy	Buckman	Optimum Healthcare IT	Healthcare IT Analyst
Thelma	Achidi	Optimum Healthcare IT	Business Intelligence Analyst
Brittany	Brown	Outsource Receivable Services	Vice President
Stephanie	Hale	PatientCo	Enterprise Sales Executive
Alvin	Martin	Premier Healthcare Alliance	Manager Customer Success, Workforce
Doug	Webb	Premier Healthcare Alliance	Program Director
Shawn	Fichter	Premier Healthcare Alliance	Product Director
Ousman	Njie	Student	Student
Isaiah	Furqueron	Student	Student
LiNautica	hardy	Student	Student
Jennifer	Quintero	Student	Student
Shafonda	Grimsley	Student	Student
GWEN	THOMPSON	Student	Student
Michelle	Musialowski	Trinity Health	Billing and Followup
Quiyana	Shell	Trinity Health - Mercy Medical Center	Quality Assurance Specialist
Daniel	Yarborough	UNC HEALTHCARE	Government Programs Analyst
Christopher	Meinecke	UNC-Chapel Hill Dept of Anesthesiology	Business Officer
Joshua	Schlabach	Vispa	Product Coordinator
Leslie	Ingram	Wake Forest Baptist Medical Center	Corporate Financial Analyst II
Katie	Mullins	Wayne UNC Health Care	Senior Staff Accountant - Analytical
Cheree	Wells	Western Governors University	Doctorate candidate / faculty at WGU

## Chapter Events this Quarter

### **Summer Institute**

Wednesday, August 18 – Friday, August 20, 2021

Myrtle Beach Hilton

<http://www.nchfma.org/events/upcoming-events/ctl/details/mid/648/itemid/5296>

### **Golf Tournament**

Thursday, August 19, 2021

Pete Dye Course – Bare Foot Landing

<http://www.nchfma.org/events/upcoming-events/ctl/details/mid/648/itemid/5329>

### **Health Insurance Institute**

Thursday, October 21- Friday, October 22, 2021

Sheraton Four Seasons - Koury Convention Center, Greensboro, NC

<http://www.nchfma.org/events/upcoming-events/ctl/details/mid/648/itemid/5323>

## Note from the Editor

Welcome to the revised TarHeel News! You asked for it and we've done it...a version you can print and take along. It will be published four-times a year on the first month of each quarter and remember there are rewards (i.e. money) for published articles! Now that we are back to in person events you can also expect to see lots of pictures from our events; so when you see Chris Johnson at the Summer Conference remember to say 'cheese' and smile for the camera.