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Summer 2021 • vol 67 • num 4

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Who's Who in the Chapter 2021-2022

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Half Page	\$ 800	\$ 720 / \$ 1,440	\$ 680 / \$ 2,040	\$ 640 / \$ 2,560

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OBJECTIVE

Our objective is to provide members with information regarding Chapter and national activities, with current and useful news of both national and local significance to healthcare financial professionals and as to serve as a forum for the exchange of ideas and information.

EDITORIAL POLICY

Opinions expressed in articles or features are those of the author(s) and do not necessarily reflect the view of the New Jersey Chapter of the Healthcare Financial Management Association, or the Communications Committee. Questions regarding articles or features should be addressed to the author(s). The Healthcare Financial Management Association and Communications Committee assume no responsibility for the accuracy or content of any articles or features published in the Newsmagazine.

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Scott Besler
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The President's View . . .

Welcome to the Summer Edition of the Garden State *FOCUS*, kicking off Chapter 2021-2022 for what will surely be a year of transition. We began 2021 with a stay-at-home approach in both our personal and professional lives and are now cautiously emerging into public spaces, following what is the greatest public health crisis many of us will face in our lifetimes. A special thank you to immediate past President Stacey Medeiros for ably guiding the chapter through the pandemic and positioning us to successfully emerge on the other side.

Although we had to cancel live education events this past year, the Chapter is proud to have hosted more than 35 virtual education sessions or member networking opportunities, exclusively or in partnership with other chapters and organizations. Hats off to the Education Committee and each forum that put great effort into identifying timely topics that could be delivered and received from the comfort of our remote workspaces. As a membership-driven organization, our ability to continue offering relevant education and keeping spirits up with fun networking events – like our cooking demonstration and wine tasting – reflects our commitment to keeping the needs of our members forefront in everything we do.

Accordingly, we will move into a hybrid model this year, with some live events mixed with virtual ones. After much deliberation and safety considerations, we're excited to announce that our popular Annual Institute will be returning to Atlantic City this year (more on this on page 6)! This summer the Chapter is hosting a networking event at the Somerset Patriots' home game August 3, and our Women's Leadership & Development Conference is returning on September 22; more information about both these events is available on the Chapter's website.

I'd like to thank our Board, committee Chairs & Co-Chairs and members who volunteer their time to aid in the continued success of the New Jersey Chapter.

The theme adopted by HFMA's National Chair is Bolder. Brighter. Better. I am honored to have been selected to lead the Chapter during this period of transition, and look forward to working with each of you on ensuring that we will indeed come back boldly, seeing a brighter future, and embracing the chance to determine together what our "better" looks like.

Sincerely,

Jill A. Squiers



Jill Squiers



From The Editor . . .

The summer is finally here – for many this season, in this year, was more anticipated than those during our middle school years, well before we found our way into healthcare. We continue our anticipation as we look forward to our chapter resuming our “regularly scheduled programming”. We thank the efforts of Stacey Medeiros, who as our past President, kept our chapter thriving during a time that was new to all of us. We cannot thank her enough and are proud to have her as a leader for the chapter. I would also like to wish Michael McKeever the best as he enters retirement. I met Mike my first day in healthcare and I will miss him and we wish him the best.

Sadly, the chapter lost a very strong and instrumental supporter when Tom Shanahan passed away on May 12th, 2021. Tom was a gregarious man that always had a story and was willing to help anyone that asked. He was a catalyst when Middlesex County first was able to reclassify into the New York labor market. Tom managed to get each hospital to agree and made it happen – all while he was on vacation with his family. Millions of dollars came into the county and without Tom, it may not have happened. God bless you Tom – you will be missed.

During the next few months the chapter will begin to have a good mix of both virtual and in-person events. These types of events may continue into the foreseeable future as the chapter decides which type of delivery works best for our membership. We want you to feel comfortable and will do our best to bring you the content you need on various platforms. We also know that getting together and sharing our ideas and methods is what will help the chapter continue to be one of the nation’s strongest chapters.

Lastly, we wish our new chapter President, Jill Squiers all the best as she leads the chapter into this new year. Jill, is more than ready and all that know her are excited for what Jill will bring to our chapter. Her innovation and will is only surpassed by her love of the chapter.

We hope to see you at the 2021 Annual Institute at the Borgata, in Atlantic City (October 6-8)

Thank you and enjoy the rest of your summer!!!



Scott Besler

A handwritten signature in black ink that reads "Scott Besler". The signature is written in a cursive style with a large, prominent 'S' at the beginning.

Please stay well during this challenging time!



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The Annual Institute is Back In-Person!

After last year's Annual Institute went virtual due to the COVID-19 pandemic, the HFMA New Jersey chapter will be returning to an in-person Annual Institute in 2021. This year's event will be held from October 6 – 8 at the Borgata in Atlantic City.

The Annual Institute is the hallmark event for the chapter and we are excited to welcome everyone back. The Annual Institute Executive Team has been in close contact with the Borgata in regards to the safety guidelines around COVID-19. As the rules continue to evolve, our conference will follow the safety precautions in place by the Borgata and the state of New Jersey as of the time of our event. As of now, attendees can expect the following:

- **Masks** – attendees who are fully vaccinated will not be required to wear a mask while in the Borgata and attending any of our events. We ask attendees who are not vaccinated to continue to wear a mask during the event, with the exception of when eating and drinking. Borgata employees are also required to be masked if not vaccinated.
- **Capacity Limits/Social Distancing** – as of May 28, limits on indoor gathering and social distancing rules were removed in New Jersey. We ask those attendees who are not fully vaccinated to maintain social distance between themselves and other attendees of the event. In addition, our event space at the Borgata is much larger than is needed for the number of attendees that typically attend, meaning there is plenty of space for people to spread out comfortably.
- **Smoking** – Governor Murphy has not allowed smoking to resume in casinos as of this writing. Should this hold until October, the casino will be smoke free during our event. Attendees who wish to smoke can utilize dedicated outside space to do so.

Now that we've gone over safety, here is what else you can expect from this year's event:

Education

Attendees have the opportunity to collect **17 CPE credits** over the course of the event. Our event will be kicking off Wednesday at noon, when we will welcome back Day Egusquiza to speak over lunch. Over the course of two and a half days our event will feature six different general sessions and multiple opportunities for smaller breakout sessions.

During breakout sessions, attendees will have four sessions to select from. Education will wrap up on Friday morning with the ever-popular panel which will discuss lessons learned from the pandemic.

Networking

Since COVID-19 restrictions have been lifted we are happy to be able to provide many of our usual networking events again this year:

- **Wednesday Night – Charity Event (6:00pm – 7:30pm, Vendor Hall)** – This year's benefiting charity will be the NJ Sharing Network. You can count on food, drinks and a raffle for a chance to win cash and prizes. The event will wrap up no later than 8:00pm to ensure attendees have time for dinner with friends and colleagues.
- **Thursday Night – President's Reception (6:00pm – 8:00pm, Location TBD)** – Weather permitting, this event may be held outside in the Borgata Beer Garden. Determination of a final location will be made within 24 hours of the event and communicated to attendees. Light hors d'oeuvres and drinks will be provided.
- **Thursday Night – Late Night Event (10:00pm – 1:00am, Premier Nightclub)** – Our late night party is back! Join us for drinks, music and dancing.

Registration for the Annual Institute is expected to open at the end of July. Watch our website, www.njhfmmainstitute.org, for details including our special early bird pricing. Attendees can also visit the website for information on booking hotel rooms at our special group rate of \$139 per night. Further details on the event and the schedule will appear in the next issue of *FOCUS*.

This event would not be possible without the generous support of our sponsors. We have been fortunate so many of our sponsors have come back to support us for this year's event and we thank them all. Although many of our sponsorships are spoken for, there are still some opportunities available. Please visit the Annual Institute website for the most up-to-date offerings.

On behalf of the Annual Institute committee, we look forward to seeing you all at the Borgata in October!



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Monetizing Expanded Care Delivery: The Emergent Transformation in Digital Therapeutics and Reimbursement Models



Bob Gold

by Bob Gold

What Are Digital Therapeutics?

In the last decade, telehealth and digital healthcare have expanded and refined, but without sufficient patient input or consideration for patients' psychosocial status and lifestyle factors. Many provider organizations have implemented patient portals, apps, and appointment reminder software that have not, for the most part, proven to improve adherence, or outcomes, while costs and adverse events continue to increase. Modern healthcare has become highly transactional and not relational. Digital therapeutics are designed to reverse that trend and help patients become more actively engaged in their care, connecting them and their caregivers directly, within their own environment, fostering a cycle of engagement, action, and resiliency. Highly engaged patients actively partner in their care, increasing adherence, thus helping to reduce the everyday burdens on care teams. These results are achieved by applying evidence-based behavioral science and telehealth systems of remote care that simplifies the ability of patients and clinicians to achieve their desired goals.

The Science of Precision Health

The science of precision health digital therapeutics technology is a proprietary behavioral and cognitive science of precision health, proven to positively impact reality and data, not just monitor or report on it. This is achieved by becoming a partner and supporter in a person's day-to-day lifestyle. No two people are identical when viewed from a combined emotional, behavioral, physical, and metabolic perspective, and with this foundational guiding principle in mind, digital therapeutics precisely treats each person, not just their disease. The scientific methods and algorithms behind this technology have produced

significant evidence-based improvements around the world in managed long-term care, transitions of care, and gaps in care for patients with chronic and highly complex conditions. One of the primary means of deploying digital therapeutics technology is through personalized concierge programs, a cloud-based virtual care coordinator that offers "snackable bites" of individualized and timed mobile messaging, interactively guiding patients and caregivers through their healthcare journey.

Meeting People Where They Are: Connecting Providers, Patients, and Caregivers

Digital therapeutics bridge the communication gap between patient and provider, significantly improving key indicators and metrics while simultaneously improving quality of life for both patients and providers. Consistent and adaptable digital engagement can help patients make positive changes in their behavior and extend the telehealth therapeutic beyond the typical 15- to 30-minute in-office or telehealth visit. This is accomplished through flexible patient-partnered care plans that are adjustable to patients' ever-changing activities of daily living driven by emotional, social, and physical factors. *Lived Environment Therapy* delivers the treatment plan right to the patient and activates the patients in their home through content that is provided in "snackable bites" for easy understanding. This personalized digital resource is a true "concierge" type service, sent to the patient, with zero expectation that the patient will be asked to, or even more boldly, perform an activity that takes them away from their daily routine. Patients and caregivers already spend more than a third of their waking hours on a mobile device for general purposes, and digital therapeutics capitalize on this trend by

meeting patients/caregivers wherever they are and delivering interactive, easy-to-access digital health therapies directly to the palm of their hand. Using proven behavioral engagement science, digital therapeutics empower patients in their own settings using Lived Environment Therapies to stimulate action, foster retention, and develop resiliency. The ability to communicate in real-time is what makes digital therapeutics incredibly unique and successful for providers and their patients when aiming to achieve positive outcomes in personal health as well as financial viability.

The Value of Digital Therapeutics for Providers: Extending the Point of Care

The term “point of care” generally refers to the physical point in time at which patients receive care from their provider; however, another “point of care”, meaning the *intention* of care, should be to empower patients to take a more active role in their condition management. Ironically, these two definitions intersect at the point of digital therapeutics. These programs extend care beyond traditional office environments or tele-video visits to give patients seamless continuity of treatment and the peace of mind that comes from consistent contact with their care team. By leveraging behaviors and actions that are already familiar to patients and caregivers within their lived environment, digital therapeutics stimulate interest, driving increased patient activation when outside the walls of healthcare providers.

In today’s value-based payment structure, providers can not only appreciate increased reimbursements but also take advantage of opportunities to obtain shared savings dollars and avoid potential penalties for unnecessary ED visits and hospital readmissions by extending the point of care directly to a patient’s lived environment.

Patient and Caregiver Roles: Empowering Human-Centered Decision-Making and Support

When patients believe they have direct influence and shared decision making in their care plan, that it considers their specific lifestyle factors, and they can accomplish the tasks within the plan, it becomes practical and possible to achieve sustainable lifestyle behavior modification. Accomplishing this level of behavioral and cognitive modification, which leads to meaningful, improved quality metrics and health outcomes, requires proactively delivering individualized content and resources, at the right time and place, in a consistent manner.

Patients are not alone in engaging directly with clinicians, practice managers and staff; caregivers are often active in their loved ones’ treatment; attending appointments and acting as their advocate during interactions with care providers. For this reason, it is important that digital therapeutics also

include resources for this significant population to empower caregivers of patients through the same level of supportive digital engagement.

Digital Therapeutics Impact Costs

1) Patient scalability and referrals

Physicians and practices are overwhelmed. Digital therapeutics activate and engage the patient’s care plan outside of their in-person or telemedicine visit in their lived environment. This allows practices to scale the treatment of patient populations, which has a direct correlation to increased revenue and gross profit margins.

2) FTE utilization

Along with scalability, proper FTE utilization is important to value-based care. Digital therapeutics triage regular communications and feedback loops with patients, *reducing up to 50%* of non-reimbursable patient calls/communications to practice staff. Because digital therapeutics communicate directly with the patient, patients are engaged on a different level, with the ability, for example, to communicate in-the-moment needs and potential adverse events, electronically delivering stress/distress readings directly to social work for further follow up. When staff can focus on direct patient care, staff retention rates increase, and staffing/human resources costs are reduced.

3) Reimbursements

As a result of the Covid-19 pandemic and the effectiveness of digital therapeutics, CMS revised Remote Patient Monitoring (RPM) reimbursements and Medicaid expanded coverage for tools beyond traditional therapeutic indications to include innovative digital tools for new areas such as precision cardiac rehab and prenatal/postpartum care. The CMS 2021 Final Rule now includes RPM services to remotely collect and analyze physiological data from patients with acute conditions, whereas previously CMS covered only chronic conditions. Furthermore, CMS Collaborative Care Models (CoCM) are teams of physicians, nurses, psychologists, care coordinators and social workers led by a primary care provider (PCP) to conduct combined medical and behavioral RPM, with 2021 reimbursements for CoCM increasing by about \$8 per patient per month when compared to 2020. Previously, only physicians were authorized to supervise performance of diagnostic tests, but CMS also changed this rule for 2021 to include: Nurse Practitioners (NPs), Clinical Nurse Specialists (CNSs), Physician Assistants (PAs), Certified Nurse-Midwives (CNMs) and CRNAs who can now supervise the performance of DTx approved diagnostic tests. CMS is expanding RPM clinical authorization and increasing services covered due to

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the effectiveness of DTx and the high demand for personalized digital therapies, casting a much larger reimbursement net for providers and payors alike. Digital Therapeutics also make it easier for multi-specialty medical groups, accountable care organizations (ACOs) and clinically integrated networks (CINs) to keep more patients in-network, as relevant communications from healthcare organizations drive a patient's health consciousness and their brand loyalty.

4) Value-Based Contracting

Hospitals and practices rely heavily on outcomes data and patient satisfaction scores for optimal reimbursements. Reducing ED visits and unnecessary hospital readmissions, combined with the collection of more e-PRO and metabolic data are essential to achieving higher levels of payments in a value-based contract with payors. An increasing number of payors, such as CVS Caremark, Express Scripts, Blue Cross Blue Shield, Medicaid, and Highmark Health are coming to market with sophisticated and (often) clinically proven digital health tools and services to attain higher levels of payments. Digital therapeutics are now poised to take a larger share of the healthcare market as research estimates that up to \$250 billion, or 20% of all Medicare, Medicaid, and commercial outpatient, office, and home health spend could be for digital therapeutic products and services (Landi, 2020). Improved outcomes, as a result of digital therapeutics and value-based contracting, are also attracting corporate employers and the emerging employee benefit trend to engage digital health for improved organizational well-being and employee wellness.

Looking Ahead: The Future of Digital Engagement

There is a risk of payors and providers losing substantial market share influence and falling behind the curve because of digital complacency, while simultaneously holding the option to be the driver of med-tech and digital therapeutics in supporting care delivery outside of the clinical setting. Given the rapid pace of technological advances and increasing

consumer engagement with all things digital, slow adaptation to these advances could leave many conventional payors behind. Nonpayers, such as technology giants like Amazon or Microsoft, are currently seeking to establish themselves in central positions of digital health ecosystems, necessitating further collaboration between digital therapeutic companies and conventional payors. Both conventional payors and digital therapeutic companies require stronger relationships to build frameworks and models that improve and transform the monetization of expanded integrated care delivery. With investments in overall digital health forecasted to reach over half a trillion dollars over the next five years, it is a safe bet that digital therapeutics will not only be along for the ride but driving the train to cost-effectively address more complex and chronic care needs (Li, 2020). The time is now for digital health and conventional payors to collaborate, partner, and model the pathways forward to drive the emergent transformation in monetizing expanded care delivery.

About the author

Bob Gold is the founder and Chief Behavioral Technologist at GoMo Health®, which delivers digital therapeutic (DTx) solutions that integrate psychosocial care and resources with clinical directives to create more precise and personalized physical and behavioral care plans. Bob can be reached at bgold@gomohealth.com.

Winning at Employee Recruitment and Retention in the Work From Anywhere (WFA) Future



Wendell White

by Wendell White



Photo by Chris Montgomery / www.chrismontgomery.com

An expanded employee recruitment market for healthcare and other industries, with previously limited work from anywhere (WFA) options, will be one of the lasting changes from COVID-19-driven remote-work adoption. Organizations traditionally limited by the local talent pool will now more readily recruit statewide, regionally, or nationally. It's important to note that hiring an employee from another state can be, from a regulatory standpoint, like opening a branch location in that state. Consult your legal, accounting, human resources and insurance departments before beginning the process. The requisite steps aside, consider some of the recruitment expansion benefits from a wider acceptance of remote work.

- Organizations in smaller or rural communities can recruit from a nearby town or a metropolis across state lines with deeper talent pools
- Organizations in higher-cost regions can recruit from lower-cost regions
- Mature workforces are susceptible to targeted recruitment from outsourcers and/or from organizations launching electronic health record (EHR) implementation projects
- Employees will have greater flexibility in choosing where they work, without sacrificing where they live

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- Employees have a wider potential of part-time opportunities that can transition to full-time with satisfying experiences

Winners and Losers

Like with most changes, organizations will become either net winners or net losers. How do you position your organization as a net winner in the changing labor market? This can be an expansive topic, but the short answer is, good leadership. It's often said that employees don't leave organizations, they leave managers. It's equally true that great leaders attract and retain good to great talent at a higher rate than average to poor managers. I have built out entire departments within months just by hiring a great manager. The manager's former employees kept calling, making recruiting relatively easy.

Effective training programs, fair compensation, and resources to do the work are still required, but you create an incentive for good employees to move to your organization and a hedge around existing team members by maintaining good leadership.

Build the Hedge

Great leaders, the type that deliver high performance, have the respect of their team and anticipate the next challenges – they are indispensable. There are typically not enough of them, so when you do have them, ensure that you live the organization's values and are supportive, while challenging them to continue to grow.

Most organizations have a core group of steady managers with some poor managers. Steady managers are typically tenured managers with dependable performance, who occasionally exceed expectations. Steady managers are an undervalued and under-developed asset. They can flourish with coaching, development and encouragement to instill confidence.

Maximize Resources

Emerging and often younger leaders are another undervalued resource. Healthcare organizations are known for writing job descriptions that only incumbent managers can fill, which lock out younger emerging leaders from advancing until they have nearly a decade on the job. When organizations do manage to get out of their own way and promote emerging leaders, they are infrequently intentional about their development. Once promising star managers leave their department, or retreat, afraid of risk taking and challenging historical practices. Younger leaders growing up in a virtual world of gaming and social media may bring some unique value to communication and engaging with WFA team members.

Address Weaknesses

Finally, we keep too many poor managers in the wrong role. The two common archetypes of poor healthcare leaders are the incredibly likable person with an underdeveloped leadership skill set and the personally competent jerk/tyrant. Organizations allow their workforce to suffer as casualties of their poor leaders' indecision, fear, inflexibility, disorganization, or disengagement. Both archetypes can sometimes be redeemed. The likable incompetent may need to be paired with another leader or step-down while continuing development. The high performing jerk/tyrant can sometimes benefit from an intentional personal and professional improvement plan, including counseling, but often they are best redeployed to lead processes and technology, rather than people. Ultimately, some will not survive the intentional development or redeployment efforts.

Prepare Now

The open season on employee movement may still be months to a year away in your market, but it doesn't mean you should wait to be intentional around your managers. Some revenue cycle executives have shared that their managers struggled more with the forced transition to remote work than their team members. Start now with an intentional development plan that focuses on the virtual communication and coaching skills necessary for managing a remote workforce. Extend your personal coaching time, invest in coaches and facilitators to reframe their mindset from viewing the present time as surviving crisis to seeing opportunity. Internal human resources consultants, university based certificate programs, and/or choosing a consulting/advising firm that matches your values and vision should all be considered. Organizations with courageous, flexible, imaginative, caring, and inclusive leaders will win in the new remote employment marketplace.

About the author:

Wendell White and HealthRev Advisors create high performing leaders and teams that allow their clients to maximize revenue cycle value. Wendell is an innovator, speaker and principal for HealthRev Advisors, LLC. He lives in Richmond, VA.



What's In Your Beach Bag?

NJ HFMA Members share their personal and professional reading picks

Recommended by Morgan Harkness:

- **The Four Winds** by Kristin Hannah (work book club)
- **American Dirt** by Jeanine Cummins (work book club)
- **The Hate U Give** by Angie Thomas (also a movie!) (personal book club)
- **Educated** by Tara Westover (personal book club)
- **Ten Arguments for Deleting your Social Media** by Jaron Lanier (personal book club)

Deb Carlino is re-reading the **Outlander books** by Diana Gabaldon because the 9th book is coming out in the fall.....
Go Tell the Bees I'm Gone. I also joined the official Facebook reading group.

Derek Evans has 2 book suggestions:

Work related: **Working Backwards**

Great book on key business practices from one of the worlds largest and most competitive companies.

Pleasure: **The Premonition: A Pandemic Story**

I haven't read it (since its just coming out) but it's by the same author as *Moneyball*, *Liars Poker* and *The Big Short*. Focuses on the Covid pandemic

Pat Simmons recommends a co-worker, Alan M. Blank's, detective series. And, incidentally, Alan recommends them as well! Quick reads and full of witty repertoire:

Trouble in Bay Town, A Sonny Knight Adventure

Not Dead Yet, A Sonny Knight Adventure

They Do that For The Dead, A Sonny Knight Adventure

Mike McDonough just finished the following book:

"Leaders: Myth and Reality"

by General Stanley McChrystal.

McChrystal profiles thirteen famous leaders from a wide range of eras and fields—from corporate CEOs to politicians and revolutionaries. He uses their stories to explore how leadership works in practice and to challenge the myths that complicate our thinking about this critical topic.

Brian Herdman recommends **Project Hail Mary**

by Andy Weir – If you loved the *Martian*, you'll love this story about a lone astronaut trying to save earth from extinction.

Barbara Piascik recommends **"Where the Crawdads Sing"**

•Focus on Finance•

New IRS Guidance on 2021 Employee Retention Credit

By Daniel Mayo



Daniel Mayo

Q. What is the Employee Retention Credit?

A. The employee retention credit (ERC) is turning into the gift that keeps on giving. It was enacted on March 27, 2020 as part of the CARES Act, and then was expanded greatly on December 27, 2020 by the Consolidated Appropriations Act, 2021, which among other things eliminated the ban on the ERC if a taxpayer received a paycheck protection program (PPP) loan. Congress then expanded the ERC to the last two quarters of 2021 in the American Rescue Plan Act of 2021, enacted on March 11, 2021, and added a new section to the Internal Revenue Code, §3134.

The IRS has weighed in on the ERC too. It issued 94 frequently asked questions (FAQs) on its website and a 102-page notice, Notice 2021-20, on March 1, 2020, explaining the workings of the 2020 ERC.

Most recently, on April 2, 2021, the IRS issued Notice 2021-23 concerning the ERC for the first two quarters of 2021. At 17 pages, it is a light read compared to the previous 102-page notice. According to the IRS press release accompanying Notice 2021-23, the Notice explains the changes to the ERC for the first two quarters of 2021, including:

- the increase in the maximum credit amount,
- the expansion of the category of employers that may be eligible to claim the credit,
- modifications to the gross receipts test,
- revisions to the definition of qualified wages, and
- new restrictions on the ability of eligible employers to request an advance payment of the credit.

The IRS also stated that it will provide further guidance regarding the ERC for the third and fourth quarters of 2021.

Q. What are the details and practical implications of Notice 2021-23.

- A.**
- Eligible employers –
 - The Notice states that tax-exempt organizations qualify for the ERC, and adds that public colleges and universities qualify, as well as governmental entities whose principal purpose or function is to provide medical or hospital care, provided they satisfy the other requirement of an eligible employer. This is good news for these organizations, but it is also welcome news for tax-exempt elementary and secondary schools. While it is unclear exactly how the partial shutdown rules apply to these organizations, at least the IRS acknowledges that educational organizations can qualify.
 - Decline in gross receipts –
 - Decline in gross receipts threshold is reduced from 50% for the 2020 ERC to 20% for the 2021 ERC.
 - Comparison is 2021 v. 2019, so Q1 2021 v. Q1 2019, and Q2 2021 v. Q2 2019.
 - Businesses can elect to qualify using gross receipts from the immediately-preceding calendar quarter.
 - For Q1 2021, the election involves a comparison of Q4 2020 v. Q4 2019. If a business was not in existence as of the beginning of Q4 2019, then the election cannot be made.
 - For Q2 2021, the election involves a comparison of Q1 2021 v. Q1 2019. If a business was not in existence as of the beginning of Q1 2019, then the election involves a comparison of Q1 2021 v. Q1 2020.
 - Most helpful is that the election can be made for either quarter and it does not need to be made for both quarters. This allows a taxpayer that meets the test for one quarter to qualify for two quarters of the 2021 ERC. For example, if a business has a Q1 2021 decline in gross receipts of more than 20%, then it can claim the ERC for Q1 2021, and Q2 2021 using the election. There was concern that the IRS would require an all-

or-nothing approach to the election, but it did not and this is great news for businesses.

- If a business was not in existence at the beginning of any calendar quarter in 2019, then the comparison is to the same quarter in 2020.
- Amount of the ERC –
 - The ERC is 70% of eligible wages and healthcare costs up to \$10,000 per employee for the relevant calendar quarter. This means that the ERC resets each quarter; thus, the maximum credit per employee is \$14,000 for the first two quarters of 2021.
- Qualified wages –
 - As expected, the amount depends on the monthly average of full-time employees during 2019. Thus, if a business had on average 500 or less full-time employees in 2019 (a “small eligible employer”), then eligible wages include wages paid to all employees (i.e., for time providing services and for time not providing services) even if the employer has more than 500 employees in 2021. Recall this threshold is 100 employees for the 2020 ERC.
 - If a business had more than 500 full-time employees in 2019 (a “large eligible employer”), then qualified wages are limited to those wages paid to employees for time they did not perform services.
 - It remains unclear whether part-time employees are included in the determination of the number of “full-time employees.” The Bluebook to the CARES Act, prepared by the Joint Committee on Taxation, states at footnote 145 that part-time employees are included in the calculation, but the IRS has addressed the issue multiple times and refuses to state with clarity whether part-time employees are included, referring generally to §4980H. In Notice 2021-23, however, the IRS went further than it has previously – it referenced §4980H(c) (4), the section that includes full-time employees, instead of providing a generic reference to §4980H, which includes a provision that seems to require the inclusion of part-time employees. Although not entirely clear, this suggests that part-time employees should not be included in the calculation.
 - The exclusion of part-time employees would expand the 2020 and 2021 ERCs dramatically. For example, if a business had 450 full-time employees and 800 part-time employees in 2019, and the same number of employees in 2021, then it could qualify for the 2021 ERC with respect to all the wages of its 1,250 employees.
 - The aggregation rules apply for purposes of determining the number of employees in 2019, and presumably for the eligibility determination and the determination of the maximum amount of credit per employee too.
- The 2020 wage limitation for large eligible employers does not apply to the 2021 ERC. Recall this rule limits wages paid by large eligible employers to the amount paid during the 30 days preceding the period of the shutdown or the first day of the quarter in which there was a decline in gross receipts.
- Just like with the 2020 ERC, wages used to support the 2021 ERC may not be used to claim credits under §§45S, 41, 45A, 45P, 51, and 1396; however, an employer can use the same wages to claim the 2021 ERC and the work opportunity credit under §51.
- Claiming the credit
 - Businesses can access the 2021 ERC by withholding required deposits of federal income and payroll taxes. The IRS provided penalty relief in Notice 2020-22 for businesses that take this route.
 - If the amount of the ERC exceeds the quarterly withholding, then small eligible employers may request an advance on the credit by filing the Form 7200 or the new Form 941 (Rev. 3-2021). Note the amount of the advance generally is limited to 70% of the average quarterly wages paid in calendar year 2019, determined after applying the aggregation rules. Advance payments are not available to large eligible employers.
 - Reports of delays in the refund process suggest that reductions in withholding may provide quicker access to ERC funds.

Finally, although not mentioned in the Notice, recall that the amount of the 2021 ERC will be taxable in 2021 by virtue of expense disallowance, so businesses should keep this in mind when preparing quarterly estimates.

Withum healthcare entity ERC refunds since March 2020 include \$10M, \$5M, \$1.5M, and \$350K. Find out if you're eligible now. Reach out to Daniel Mayo, Principal, National Lead, Federal Tax Policy at dmayo@withum.com with any questions and to determine your eligibility.

When Patients Pass – The Compliance Issue Every Provider Needs to Know



Angela Horn

by Angela Horn

Probate is a creature of state law, managed by more than 3,450 courts across the United States to promote an efficient system for collecting and liquidating the assets of a decedent and making distribution to creditors and heirs. In 2008, DCM Services conducted an informal survey of more than 100 health systems and other providers in an effort to understand current practices in the management of accounts for deceased patients. At that time, almost 85% of survey respondents indicated that they did not search for probated estates or file claims. Survey respondents also acknowledged that they knew there was opportunity to enhance compliance and gain substantial revenue by creating an effective estate strategy but noted that they lacked the expertise and resources to search and file. Fast-forward to 2021 and we almost never hear this reply. Why?

Estates Emerge Among Top Provider Challenges

The answer is simple. The convergence of important socioeconomic and demographic trends means that no successful provider can afford to ignore the opportunity. The Baby Boomer generation has aged into retirement, and the Centers for Disease Control (CDC) tells us that this group of people account for more than 75% of persons who pass away each year. By 2050, the number of people on Medicare who are 80 years and older will nearly triple; the number of people in their 90s and 100s will quadruple. We also know that, with regard to healthcare services, this group vastly outspends other generations at three times the percentage of the population they represent. Finally, we know that self-pay percentages are rising for many providers by double digits year over year.

The end result is that revenue which at one time may have been thought of as a rounding error, or icing on the cake, has now become sizable enough that it is imperative for providers to capture it as a matter of maintaining fiscal health. However,

while many providers have recognized the value of estate revenue, they often miss the crucial compliance risks associated with failing to develop best practices in this area.

The CMS Requirement Many Providers Miss

Chief among the risks in the unique area of estate revenue cycle is failing to comply with 42 CFR 413.89 (e). This statute codifies the Centers for Medicare and Medicaid Services' (CMS) requirements regarding bad debts, charity, and courtesy allowances, and it requires an estate search to be conducted and documented for every decedent whose bill goes on the cost report. CMS' Provider Reimbursement Manual Part I §308 states that in order for a bad debt to qualify for the cost report it must meet four basic criteria:

1. The debt must be related to covered services and derived from deductible and coinsurance amounts.
2. The provider must be able to establish that reasonable collection efforts were made.
3. The debt was actually uncollectible when claimed as worthless.
4. Sound business judgment established that there was no likelihood of recovery at any time in the future.

Defining the Risk

§310 further defines the reasonable collection efforts as requiring a "genuine rather than a token collection effort and requiring documentation of those efforts."

Auditors and other compliance professionals have interpreted the CMS requirement that reasonable collection efforts were made in the context of a patient who has passed away to mean that:

- An estate search has to have been conducted with the courts

- Those search efforts have been documented. It is noted that reliance on a family member's statement is not sufficient.

Examples of sufficient documentation used to determine that a deceased patient has no estate may include a screen print of the system used for inquiry or a signed attestation from the Registrar Office of Wills. CMS has given guidance indicating that providers must retain evidence showing the date on which a search was conducted in a screen print or in the electronic system of record.

Despite the fact that the language of the statute has been essentially the same and in place for decades, it may be that many providers are unaware of the requirement until they are audited to the specific estate-related mandate. If this is the case, and the provider is unprepared, it can stand to lose hundreds of thousands or millions in reimbursement dollars.

Proactive Identification Is Key

In order to be prepared as a provider and not find yourself surprised by an audit, procedures must be put in place to ensure that all of the bills for patients who have passed receive estate searches. Since the Provider Reimbursement Manual requires that the provider's effort to find an estate and file a claim be a bona fide effort and similar to any effort that would occur for non-eligible debts, the process should be the same for all accounts. This includes patients who pass both inside and outside of a facility. Often, a provider is unaware that a patient has passed if the death occurs outside the facility. There are many cases where it can take an extended period of time to learn of the death when a provider relies on family or other reactive notification of a patient's passing.

The probate code of each state assigns a finite time in which to file claims, and in the majority of jurisdictions the time for providers to present their claims is as little as 60 or 90 days from the opening of the estate and appointment of a Personal Representative. This means that even providers who do search for estates often find them too late and fall out of compliance with the requirement to make genuine efforts to collect. It makes sense that, in order to comply, a provider should put in place one of the available decedent identification tools to proactively identify all patients who pass in a timely fashion.

Comprehensive, Continuous Searches Overcome Compliance Hurdles

Claim filing windows are brief as noted above. However, while the requirement is clear that an estate search must be conducted, and it must be directly with the court or with a search engine which interfaces with the courts. Estates can take months and even years to open and 15 to 20% of the time, those probated estates are in a court which is somewhere other than the venue

which corresponds to the patient's last address. If an estate is not located at the last address in provider records, it could be in any of the 3,450+ probate courts in the US.¹⁶ Since the effort to collect on a debt by finding an estate must be genuine and not token, it follows that repeated and comprehensive searches are required. A provider could not search, for example, weeks after the patient passes and conclude that there is no likelihood of recovery in the future. A manual search conducted in a single location is also likely to miss a significant percentage of estates because those estates will open in a location other than the address of record.

Providers must create processes which can meet the requirement through automation and repeated, continuous nationwide searches. This can help overcome the challenges and insure genuine and effective estate searches in compliance with the rules.

Efforts will be for Naught without Documentation

We have all heard of the philosophical question posed initially by George Berkeley in his work, "A Treatise Concerning the Principles of Human Knowledge," which can be paraphrased as asking whether a tree that falls in a forest with no one to hear it actually falls. To be certain, it is true that a provider who fulfills its duty by conducting even comprehensive and continuous searches falls short of compliance if those searches are not documented so that an auditor can see evidence of those searches. The CMS Provider Manual further requires documentation of reasonable collection efforts. Whether a provider is using an automated tool or manually conducting estate searches, there must be a process in place to secure real time documentation should an audit occur. This documentation should include one of the items described above, such as screen prints or reports from a search engine, notes from conversation with probate courts in the providers system of record made concurrent with those conversations, and/or correspondence both to and from the probate courts which corroborates a request and a reply.

The Components of a Successful Strategy

While understanding the requirements of a compliant estate strategy is key, what matters most is what you do with that information. Turning again to the survey of more than 100 health systems regarding estates, remember that the number one self-described hurdle to putting in place a successful strategy was not financial constraints or even information technology resources. The major hurdle was a lack of expertise or confidence in their own internal knowledge base. In order to surmount this challenge, a provider first needs to conduct proactive searches to timely identify both decedents and estates.

Secondly, it is important to have a good mechanism to produce documentation which details the evidence of searches and search results. Providers will also want to have a process in place to produce the required claim packages in the event that

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an estate is located, and a process to manage those claims to collect on the sums owed. This can be a bit tricky as there are more than 3,450 probate courts in the U.S. and estates can be located in any of them. In 15-20% of cases, probate is opened in a location other than the address of record. This phenomenon may be for any number of reasons, but most often occurs when patients are traveling for care or have multiple residences. Each court has unique requirements for its claim packages including forms, affidavit requirements, filing fees, number of copies, and even the color of paper and ink.

The process will also need to manage claim filing deadlines which, as noted previously, can be as short as 60 days from the opening of an estate. Any process for finding estates should be able to search proactively for descendants and estates to ensure timely filing. This means that nationwide, proactive searches are a requirement. Once a claim is filed, putting in place a process for claims recovery is also important. We have learned that while the filing of a timely and valid claim entitles a provider to the assets available for its class of claims and provider claims can take priority, an optimal post-claim collection strategy can produce more revenue and even expedite payment.

Finally, depending on the resources available internally and your overall revenue cycle strategy, you may choose to acquire the tools and the knowledge to build a self-managed process, or you may choose to partner with an expert to build your estate strategy.

The Rewards of Compliance

In conclusion, while compliance with 42 CFR §413.89 and the rules described in PRM 15-1, sections 308 and 310 will mean real dollars and cents for every organization who can prove it is entitled to reimbursement when they have searched, documented that search, and failed to find an estate, there is a very sizeable opportunity for nearly all providers when they do find an estate.

When an estate is located in a timely manner, the provider has a chance to present a claim and receive payment to the full extent of its claim and estate assets. In fact, many state probate codes recognize a health care provider's services at or near the time of passing take priority and are paid over all other general creditors' claims. As providers continue to strive to meet today's regulatory and economic challenges, it is worth taking a moment to recognize that every now and then, like with estates and the CMS requirement, the two challenges coalesce and the benefits of best practice are twofold!

About the Author:

Angela Horn is VP and Corporate Counsel at DCM Services. She has spent more than a decade specializing in the area of probate and probate litigation. She is a nationally recognized expert in the area of probate and creditors rights. Angela works with many of the nation's largest health systems. She frequently speaks to regional and national organizations on the topic of probate and estate recoveries. Angela can be reached at Angela.Horn@dcm services.com.

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How to Identify Medicaid-Eligible Days for Initial and Amended Cost Reports

by Mike Newell



Mike Newell

In late 2014, a Provider Reimbursement Review Board's (PRRB) decision highlighted numerous issues supporting the need for hospitals to perform retrospective reviews of initial Medicare Disproportionate Share Hospital (DSH) calculations.

The case of *Barberton Citizens Hospital v CGS Administrators, LLC/Blue Cross and Blue Shield Association* (Barberton) led to a series of changes—including both PRRB actions and Centers for Medicare and Medicaid Services (CMS) actions in 2016—that impacted the filing of amended cost reports to include additional Medicaid-eligible days.

These changes still impact how hospitals approach this process today. Hospitals need to evaluate their overall Medicare DSH compilation program to verify it's timely, comprehensive, and captures all Medicaid-eligible days the hospital is legally entitled to claim.

Summary of the Barberton Decision

In *Barberton*, the Medicare Administrative Contractor (MAC) challenged the PRRB's jurisdiction to hear a Medicaid-eligible days appeal. The MAC asserted the hospital couldn't be dissatisfied with the MAC's determination because the hospital didn't claim the additional Medicaid days at issue in the initial cost report.

The MAC relied upon the PRRB's decisions in *Norwalk Hospital v Blue Cross and Blue Shield Association* and *Danbury Hospital v Blue Cross and Blue Shield Association*. In these decisions, the PRRB ruled that it's a hospital's obligation to submit Medicaid-eligible-days data during the cost-reporting process.

It also ruled that a hospital has the burden of proof to ensure only days verified with the state as Medicaid eligible are claimed due to Health Care Finance Administration Ruling 97-2, which requires hospitals to claim only state-verified Medicaid-eligible days.

To be heard by the PRRB, a hospital must establish a practical impediment for why it couldn't claim the days at issue when the cost report was filed.

This article won't discuss the legal implications this decision

has for pending or future PRRB cases regarding the Medicaid-eligible days issue in this article. It will, however, use the provider's assertions and the PRRB's conclusions to highlight the importance of retrospective reviews of Medicare DSH calculations and the pursuit of appeals or reopenings of cost reports to include the identified additional days.

The Ruling

In *Barberton*, the PRRB ruled the following.

Established Impediment

The provider established there was an impediment associated with retroactive eligibility determinations.

Namely, in-process eligibility determinations could take up to a year after the date of service, making it impossible for the provider to claim the days in the initial cost report.

State Database Issues

There may be issues with the state's database. In this case, there were gaps in the Medicaid eligibility database that could result in an eligibility match receiving a negative determination even though it might've received a positive determination at a future point.

Unbeknownst to the hospital, changes to eligibility determinations or demographic data are continually updated in the eligibility database. These changes yield different eligibility verification results based on the timing of the matching frequencies.

Database Access Limitations

In this case, there were limitations around accessing the state's database because necessary data elements were continually being updated.

The state's database was dynamic and more times than not, matches performed a significant period of time after the cost report was already filed would yield more complete and comprehensive results.

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An Additional Note

The PRRB also noted the provider's process of identifying Medicaid-eligible days for the initial cost report was comprehensive and that it included, "all available and practical means to identify, accumulate, and verify with the state the actual Medicaid-eligible days that were reported on its Medicare cost reports, and was diligent in following that process."

However, even with the robust process confirmed by the PRRB, the hospital's consultants identified a substantial number of additional Medicaid-eligible days that the hospital didn't identify.

Filing Amended Cost Reports

In the 2016 Outpatient Prospective Payment System (OPPS) final rule, CMS acknowledged that documentation of all Medicaid-eligible days may not be available when filing the initial cost report due to items outside the control of the hospital.

Therefore, CMS established a process so that hospitals can submit an amended cost report to claim additional Medicaid-eligible days, which should be accepted by the MAC.

This opportunity comes with conditions reminiscent of the Barberton decision. Namely, a hospital must do the following:

- File the amendment within 12 months of the initial cost report filing
- Describe its Medicare DSH process used for filing the cost report
- Detail the additional days at issue
- Describe why these days couldn't be initially claimed

What Hospitals Can Do

After all these years, many hospitals aren't complying with these requirements.

CMS data shows many hospitals never revisit their Medicare DSH calculation after filing the cost report and aren't adhering to this 2016 requirement. Additionally, many hospitals still handle this process internally without employing independent resources for a second look which, while not required, is often beneficial.

So, where should hospitals start?

Complete Retrospective Medicare DSH Reviews

Medicaid eligibility determinations are a dynamic process and hospitals can't be assured that they've captured all the days they're legally entitled to claim until long after filing the cost report.

As with many functions in many businesses, you can't be an expert in all things, so consider independent help. Determining a patient's Medicaid eligibility is much more of a detailed and comprehensive process than recognized by hospitals.

All states have different processes and procedures for obtaining eligibility matches, and most states have hundreds of eligibility codes to evaluate—many of which aren't eligible for inclusion in the Medicare DSH calculation.

File PRRB Appeals

Where appropriate, it may make sense for hospitals to file PRRB appeals.

Pursue Cost-Report Reopenings

Analyzing cost-reports for federal fiscal years 2014–2019 in the HCRIS database showed that where days did change, on average Medicaid-eligible days increased between 1% and 9%.

Practical Next Steps

Evaluate Current Process

Evaluate your current process for compiling Medicaid days in the initial cost report to verify you're putting your best foot forward.

This includes verifying you meet the standard the PRRB set forth in Barberton, which included using all "available practical means to identify, accumulate, and verify Medicaid-eligible days" when filing cost reports.

You'll also want to make sure you meet the standard set by CMS in the 2016 OPPS final rule.

Consider a Third-Party Review

Consider employing an independent third-party review of Medicaid eligibility days subsequent to the filing of the cost report but within the timeline established by the current CMS process to amend cost reports.

Yes, you can refresh the work you performed internally at a subsequent date, but that wouldn't necessarily give the hospital the best opportunity to ensure it's capturing all the Medicaid patient days it's legally entitled to claim.

About the author

Michael Newell is a Partner in Moss Adams' Health Care Consulting practice. He has worked in healthcare financial management since 1982 and specializes in preparing and reviewing Medicare DSH and Worksheet S-10 for cost report filings. Mike can be reached at michael.newell@mossadams.com.

•Who's Who in NJ Chapter Committees•

2020-2021 Chapter Committees and Scheduled Meeting Dates

*NOTE: Committees have use of the NJ HFMA conference Call line.

If the committee uses the conference call line, their respective attendee codes are listed with the meeting date.

PLEASE NOTE THAT THIS IS A PRELIMINARY LIST - CONFIRM MEETINGS WITH COMMITTEE CHAIRS BEFORE ATTENDING.

COMMITTEE	PHONE	DATES/TIME/ ACCESS CODE	MEETING LOCATION
CARE (Compliance, Audit, Risk, & Ethics)			
Chair: Danette Slevinski – danette.slevinski@gmail.com	(516) 617-1421	First Thursday of the month	Conference Call
Co-Chair: Leslie Boles – lboles21@gmail.com	(732) 877-9864	9:00 AM	(712) 770-5393
Board Liaison: Fatimah Muhammad – fmuhammad@saintpetersuh.com	(732) 745-8600 Ext. 8280	Access Code: 473803	
Communications / FOCUS			
Chair: Scott Besler (Editor) – scott.besler@toyonassociates.com	(732) 598-9608	First Thursday of each month	Conference Call (712) 775-7460
Board Liaison: Brian Herdman – bherdman@cbiz.com	(609) 918-0990 x131	10:00 AM Access Code: 868310	In-person Meetings by Notification
Education			
Chair: Hayley Shulman – hshulman@withum.com	(973) 532-8885	Second Friday of the Month	Zoom Meeting
Co-Chair: Sandra Gubbine – Sandra.Gubbine@atlanticare.org	(609) 484-6407	9:00 AM	(646) 876-9923
Co-Chair: Lisa Weinstein – lisa.weinstein@bancroft.org	(856) 348-1190	Access Code: 89425417190	via Zoom
Board Liaison: Kim Keenoy – kim.keenoy@bofa.com	(732) 321-5935		
Certification (Sub-committee of Education)			
Chair: Amina Razanica – arazanica@njha.com	(609) 275-4029	See Schedule for Education Committee	
Board Liaison: Chair: Amina Razanica – arazanica@njha.com	(609) 275-4029		
FACT (Finance, Accounting, Capital & Taxes)			
Chair: Alex Filipiak – Alexander.Filiak@rwjbh.org	(732) 789-0072	Third Wednesday of each month	Conference Call
Co-Chair: Hanna Hartnett – Hanna.Hartnett@atlanticare.org	(609) 569-7419	8:00 AM	(872) 240-3212
Board Liaison: Dave Murray – dmurray@rumcsi.org	(856) 298-6629	Access Code: 720-430-141	via GoToMeeting
Institute 2021			
Chair: Maria Facciponti – facciponti.maria@gmail.com	(973) 583-5881	Third Monday of each month	Conference Call
Co-Chair: Brian Herdman – bherdman@cbiz.com	(609) 918-0990 x131	2:00 PM	(712) 770-4957
Co-Chair: Stacey Medeiros – Stacey.Medeiros@penmedicine.upenn.edu	(609) 423-8731	Access Code: 865290	
Board Liaison: Maria Facciponti – facciponti.maria@gmail.com	(973) 583-5881		
Membership Services/Networking			
Chair: Nicole Rosen – nrosen@acadia.pro	(862) 325-5906	Third Friday of each month	Conference Call
Co-Chair: John Byrne – JByrne56@gmail.com	(917) 837-2302	9:00 AM Access Code: 267693	In person Meetings
Board Liaison: Heather Stanisci – hstanisci@ArcadiaRecovery.com	(862) 812-7923	(712) 770-5335	by notification
Patient Access Services			
Chair: Daniel Demetrops – ddemetrops@medixteam.com	(845) 608-4866	Second Thursday of each month	Conference Call
Co-Chair: Jacqueline Lilly – jacqueline.lilly@atlanticare.org	(609) 484-6408	at 4:00PM	(712) 770-5377
Board Liaison: Amina Razanica – arazanica@njha.com	(609) 275-4029	Access Code: 196273	
Patient Financial Services			
Chairman: Ruby Ramos – ruramos77@yahoo.com	(908) 884-7259	Second Friday of each month	Conference Call
Co-Chair: Steven Stadtmayer – sstadtmauer@csandw-llp.com	(973) 778-1771 x146	10:00 AM	(712) 770-4908
Co-Chair: Maria Facciponti – maria.facciponti@elitereceivables.com	(973) 583-5881	Access Code: 120676	
Board Liaison: Maria Facciponti – facciponti.maria@gmail.com	(973) 583-5881		
Payer/Provider Collaboration			
Chair: Tracy Davison-DiCanto – tracy.Davison-DiCanto@scasurgery.com	(609) 851-9371	Contact Committee for Schedule	
Board Liaison: Lisa Maltese-Schaaf – LMaltese-Schaaf@childrens-specialized.org	(732) 507-6533		
Physician Practice Issues Forum			
Chair: Michael McLafferty – michael@mjmaes.com	(732) 598-8858	Third Wednesday of the Month	In person Meetings
Board Liaison: Erica Waller – erica.waller@penmedicine.upenn.edu	(609) 620-8335	8:00AM	with call in available via WebEx (Contact Committee)
Regulatory & Reimbursement			
Chair: Jason Friedman – Jason.friedman@atlantichealth.org	(973) 656-6951	Third Tuesday of each month	Conference Call
Co-Chair: Chris Czvornyyek – chris@hospitalalliance.org	(609) 989-8200	9:00 AM	(712) 770-5354
Board Liaison: Scott Besler – scott.besler@toyonassociates.com	(732) 598-9608	Access Code: 382856	
Revenue Integrity			
Chair: Tiffani Bouchard – tbouchard@panaceainc.com	(651) 272-0587	Second Wednesday of each month	Conference Call
Board Liaison: Jonathan Besler – jbesler@besler.com	(732) 392-8238	9:00 AM Access Code: 419677	(712) 770-5021
CPE Designation			
Chair: Lew Bivona – lewcpa@gmail.com	(609) 254-8141		

New Jersey Supreme Court Ruling Expands Employers' Potential Liability in Failure-to-Accommodate Disability Claims

by Joel Clymer and Maja M. Obradovic

The New Jersey Supreme Court has finally settled the issue of whether New Jersey employees must demonstrate the existence of an adverse employment action (i.e., transfer, suspension, failure to promote, termination, etc.) to establish that their employer failed to accommodate a disability under the New Jersey Law Against Discrimination (LAD). The Court's June 8, 2021 unanimous decision in *Richter v. Oakland Board of Education* held that the adverse employment action element is not necessary to state a failure-to-accommodate claim under the LAD.

The Court further held that the so-called "exclusivity" provision of the New Jersey Workers' Compensation Act (WCA), which relegates employees to recovery under the WCA for any bodily injury sustained at the workplace, does not bar an employee's complementary LAD claims. These two rulings will have far-reaching implications for employer liability in all LAD cases moving forward and reinforce the importance of an employer's responsibility to engage in the interactive process with employees, especially as workplaces reopen in New Jersey.

Background

Typically, an employee, as plaintiff, must demonstrate the following elements to establish that an employer has failed to accommodate their disability: 1) the plaintiff has a disability; 2) the plaintiff is able to perform the essential functions of the job with or without reasonable accommodations; and 3) the employer has failed to reasonably accommodate the disability.



Joel Clymer



Maja M. Obradovic

However, prior to *Richter*, the Supreme Court's 2010 decision in *Victor v. State*¹ left open the question of whether a plaintiff is also required to prove that an employer took some adverse employment action against the plaintiff. Although two later decisions in *Royster v. State Police* (2017)² and *Caraballo v. City of Jersey City Police Department* (2019)³ recited the original elements listed above, both decisions remained silent as to whether an adverse employment action was an additional required element.

The plaintiff in *Richter* (a teacher) filed a lawsuit against her employer (a school district), alleging that the school district's failure to accommodate her disability (type 1 diabetes) led to her suffering a diabetic seizure in front of her students that resulted in serious and permanent physical injuries. On several occasions, the plaintiff requested accommodations by way of adjusting her work schedule to assist in the effective management of her condition, however the school district ignored the requests and failed to engage in an interactive process. Importantly, the school district never took adverse employment action against the plaintiff.

The school district initially moved to dismiss the plaintiff's claim because she sought and obtained workers' compensation benefits to cover the costs of her injuries via the WCA's exclusive remedy provision. After that motion was denied, the school district moved for summary judgment, arguing that it never

took adverse employment action against the plaintiff. The motion for summary judgment was granted. On appeal, the Appellate Division affirmed the motion to dismiss and reversed the grant of summary judgment, holding that a plaintiff need not demonstrate the existence of an adverse employment action to establish a failure-to-accommodate claim under the LAD. The school district thereafter sought relief as to both motions before the New Jersey Supreme Court, which upheld the Appellate Division's decision.

Significance of *Richter* Ruling

By eliminating the adverse employment action element, the Supreme Court in *Richter* finally put to bed the question of whether an employee can prevail on a failure-to-accommodate claim under the LAD where an employer has not suspended, terminated, or otherwise taken adverse action against the employee. This holding solidifies the legitimacy of failure-to-accommodate claims under the LAD where an employee toils on with a medical condition as the employer ignores her/his accommodation request. Further, to avoid any potential confusion as to whether an employer's failure-to-accommodate in any given instance theoretically constitutes an "adverse employment action," the Supreme Court explicitly held that "an employer's failure to accommodate is itself an actionable harm."

The *Richter* Court also held that the WCA's exclusive remedy provision does not preclude LAD claims because it would purportedly result in a "double recovery" to successful plaintiffs. The Court noted that the LAD's overarching purpose of eliminating the "cancer of discrimination" from the workplace requires that it be harmonized with other statutory frameworks that offer relief for different workplace harms. Specifically, the Court held that there was no danger of a potential double recovery for successful plaintiffs that have received workers' compensation benefits for the injuries alleged in their complaints because these two statutes were enacted to address different workplace harms. However, the Court did not foreclose employers from seeking a workers' compensation lien to offset those portions of workers' compensation benefits that were paid to successful plaintiffs, as provided in Section 40 of the WCA.

Key Takeaways for Employers

The Supreme Court's holdings will obviously have a far-reaching impact on New Jersey employers, as it significantly expands potential liability for employers to all LAD claims across the board. However, the most important takeaway from *Richter* is the importance of an employer's responsibility to proactively engage in the interactive process with employees

who have a disability. When an employer receives a request for an accommodation, it should engage in the interactive process in good faith to determine a reasonable accommodation that would not present an undue hardship to the employer. Employers should also be mindful that requests for accommodation do not need to contain any special triggering language to implicate the LAD or the federal Americans with Disabilities Act (ADA). An employee simply expressing concern about their ability to perform the functions of the job because of a medical condition could be sufficient notice.

To avoid potential workplace injuries to employees (such as in *Richter*) – and to avoid potential liability for same – employers should follow up on all arguably vague disability accommodation requests and engage in the interactive process. As workplaces continue to reopen in New Jersey, employers must be especially sensitive to employees with particular medical conditions that place them at higher risk of contracting COVID-19, or that would otherwise exacerbate its symptoms. Finally, employers must be mindful of ADA/LAD considerations when developing and implementing workplace vaccination policies and carve out exceptions (both written and by way of an interactive process) to accommodate employees with qualifying disabilities as they re-enter the workplace.

Footnotes

¹Source: *Victor v. State*, 203 N.J. 383 (2010)

²Source: *Royster v. New Jersey State Police*, 227 N.J. 482 (2017)

³Source: *Caraballo v. City of Jersey City Police Dep't*, 237 N.J. 255 (2019)

About the Authors:

Maja M. Obradovic is a partner and co-chair in the Employment Law Department at Greenbaum, Rowe, Smith & Davis LLP. She concentrates her litigation practice primarily in the representation of public and private employers in employment related disputes at both the state and federal level. She can be reached by email at mobradovic@greenbaumlaw.com.

Joel Clymer is an associate in the Employment Law Department at Greenbaum, Rowe, Smith & Davis LLP. He focuses his practice in the areas of commercial litigation and employment law, with experience that encompasses the investigation, evaluation and litigation of employment discrimination claims from filing through trial. He can be reached by email at jclymer@greenbaumlaw.com.

New Members

Gabriella Medina
Student
Student at King's College PA
gabriellamedina@kings.edu

Andrew Zub
King's College
Graduate Assistant/Assistant Football Coach
andrewzub@kings.edu

Aimee Gribbon
Cooper University Health Care
Director of Professional Billing
gribbon-aimee@cooperhealth.edu

Detras Powell
Trinity Health
Customer Service
detras.powell@trinity-health.org

Pooja Nair
poojan311@gwmail.gwu.edu

Richard Tea
rtea44@gwu.edu

Allison Aued
allison.aued@student.ashford.edu

Althea Oenga
St. Joseph's Medical Center
Business Intelligence Developer
oengaa@sjhmc.org

Sean Fisher, CRCR
seanfischer@knights.ucf.edu

Caitlin Tauro
caitlin.tauro@student.ashford.edu

Leanne Wright
Little Hill Foundation
Financial Coordinator
leannew@alinalodge.org

Kevin Lear
kevinlear1990@knights.ucf.edu

Diana Lima
diana.lima2@student.ashford.edu

Fabiola Jean
Columbus Hospital LTACH
Biller
fabiola.jean@columbussh.org

Sherika Russell
RCCA
AR Specialist
sherika862@gmail.com

Christine Clark
Atlantic Health System
Lead Physical Therapist
christineann319@gmail.com

Karen Basile
Valley Health System
Sr. Analyst/Budget & Analytics
kbasile@valleyhealth.com

Roshni Patel
Children's Hospital of Philadelphia
Financial Analyst II
roshnii.patel07@gmail.com

Janette Martinez
janette.martinez@student.ashford.edu

Staci Silberstein
Urology Management Associates
Director of Finance
ssilberstein@njurology.com

Meenakumari Pillay
mpillay@wgu.edu

Christine Catona, CSBI
christine.catona@student.ashford.edu

Thomas Fivek
Deborah Heart & Lung Center
Financial & Decision Support Analyst
fivekt@deborah.org

Alana Lythus
Saint Peter's University Hospital
340B Reimbursement Specialist
ascotland@saintpetersuh.com

Marisa Faruolo
Saint Peter's University Hospital
340B Program Analyst
mfaruolo@saintpetersuh.com

Carol Ash
RWJ Barnabas Health
CMO
carol.ash@rwjbh.org

Frank Lofaro
Aerotek
Account Manager
flofaro@aerotek.com

Morgan Harkness
AmeriHealth NJ
Administrative Assistant
morgan.harkness@amerihealth.com

Toni Magliulo
Student
toni.magliulo@student.ashford.edu

Terry Brown
Change Healthcare
Strategic Sales Executive-Provider
terry.brown@changehealthcare.com

Anuj Desai
Change Healthcare
AVP, Partner Development
anuj.desai@changehealthcare.com

Derek Evans
Change Healthcare
VP, Decision Analytics
derek.evans@changehealthcare.com

John Freeman
Change Healthcare
Deal Strategy & Performance Coach
john.freeman@changehealthcare.com

Ann Gallagher, CRCR
Change Healthcare
Sr Product Manager, Patient Access
ann.gallagher@changehealthcare.com

Jeffery Paschell
Change Healthcare
Remote Sales Specialist
jeff.paschell@changehealthcare.com

Puneet Kaur
Student
puneet.kaur@student.ashford.edu

Sherri Putnam, CRCR
sputnam@stevens.edu

Sharon Gruben
sharon.gruben@student.ashford.edu

Warren Yabut
warren.yabut@student.ashford.edu

Nikki Chrystal
nikki.chrystal@student.ashford.edu

Eugene Rosales
Medicus IT
Business Development Executive
erosales@medicusit.com

Dana Vitale
dmvital@ashford.edu

Kathryn Gregory
KPMG LLP
Advisory Associate
kathryngregory@kpmg.com

Elisa Wallace
Inspira Health Network
Manager, Revenue Integrity
wallacee@ihn.org

Leena Anklesaria
Children's Hospital of Philadelphia
Revenue Cycle Manager
anklesari@chop.edu

Dana Vitale
Student
dana.vitale@student.ashford.edu

Shamy Jean-Baptiste
KPMG LLP
Associate
shamyjeanbaptiste@kpmg.com

Amy Stewart
UnitedHealth Group
Senior Network Contract Manager
amy_stewart@uhc.com

Jennifer Ritacco
Trinity Health
Patient Account Rep
jennifer.cardaciritacco@trinity-health.org

Bhumi Patel
Virtua Hospital
Patient Service Liaison
bp730419@sju.edu

Brittany Kauffman
Guidehouse
Managing Consultant
bkauffman@guidehouse.com

Joseph Romano
J.P. Morgan
ED / Treasury Mgmt Officer Sr
joseph.m.romano@jpmorgan.com

Pat Dandrea
St. Francis Medical Center
Insurance Verifier
dandreap@stfrancismedical.org

Ana Pagan
Trinity Health
Payment Resolution Specialist
ana.pagan@trinity-health.org

Jessica Duino
Penn Medicine Princeton Health
Supervisor CFB/PFS
jessica.duino@pennteam.upenn.edu

John Fazen
Penn Medicine
Manager of Capital Budget and Stats
john.fazen@pennteam.upenn.edu

Joseph Gonzalez
Penn Medicine
Assistant Controller
joseph.gonzalez@pennteam.upenn.edu

Vincent Huhman
Penn Medicine
Senior Accountant
vincent.huhman@pennteam.upenn.edu

Amanda Simone
Penn Medicine
Director of Revenue Cycle
amanda.simone@pennteam.upenn.edu

Jeannette Petrulla
jeannette.petrulla@student.ashford.edu

Gretchen Weed
J.P. Morgan
VP, Treasury Services Officer
gretchen.m.weed@jpmorgan.com

Ashley Rosskopf
ashley.rosskopf@student.ashford.edu

Jesse Valentine, CRCR
New York City Health & Hospitals Corp
Assistant Director
valentij9@nychhc.org

John Gurski
Financial Analyst
jmg6342@psu.edu

Christie Jensen
Cooper University Health Care
Applications Analyst-Epic Hospital Billing
jensen-christie@cooperhealth.edu

New Jersey Legislates Requirement that New Warehouse Construction be “Solar-Ready”



Barbara J. Koonz

by Barbara J. Koonz

On June 3, 2021, in a continuing effort to support the widespread installation of solar photovoltaic generating systems on commercial rooftops, the New Jersey Legislature passed a bill (A-3352/S-3504) requiring that newly constructed warehouses be designed as “solar-ready buildings.” The bill, which is expected to be signed into law by Governor Phil Murphy, applies to warehouses for which an application for a construction permit has not been declared complete by the enforcing entity by July 1, 2022.

The new law defines a solar-ready building as a “building that includes a solar-ready zone,” which in turn “means a section of a roof or building overhang designated and reserved for the future installation of a solar photovoltaic or solar thermal system, which is *at less 40 percent of the roof area . . . minus the area covered by skylights, occupied roof decks, vegetative roof areas, and mandatory access or set back areas*” (emphasis supplied). The “solar-ready” requirement is applicable to “warehouses” defined as “any building, room, structure, or facility of at least 100,000 square feet used primarily for the storage of goods intended for sale.”

The primary sponsor of the legislation is Senator Bob Smith, a consistent supporter of energy initiatives that foster the reduction of green-house gas emissions. The new law is consistent with the New Jersey Master Energy Plan’s (EMP) ambitious goal of generating 34% of the state’s total electricity consumption from solar energy by 2050. As of 2020, approximately 5% of New Jersey’s electricity is derived from solar generation.

It is expected that New Jersey’s growing warehouse market will serve as a prime location for the installation of roof-top

solar installations and, given the State’s reluctance to encourage the development of grid-supply solar projects on green-fields, the use of commercial building rooftops is critical to the achievement of New Jersey’s solar installation goals.

The new law directs the Department of Community Affairs (DCA) to adopt regulations establishing the standards for the design and construction of solar-ready buildings. The law provides that the regulations shall incorporate the provisions of the 2018 International Energy Conservation Code (IECC), *Appendix CA* concerning solar-ready zones. In fact, the definition of “Solar-ready Zone” in the law is taken from the IECC. The IECC provides, among other things, that solar-ready zones shall be free from obstructions, including pipes, vents, ducts, HVAC equipment, skylights and roof-mounted equipment. The IECC also includes requirements regarding roof loads, pathways for routing of conduit and piping, reservation of space in the main electrical service panel for future solar electric installation, and solar specific construction document requirements.

About the Author

Barbara J. Koonz is a partner in the Environmental Department at Greenbaum, Rowe, Smith & Davis LLP, where she chairs the Energy, Renewable Resources & Sustainable Development Practice Group. She focuses her practice in the areas of environmental and energy law, with an emphasis on environmental permitting for redevelopment, environmental compliance and renewable energy projects. She can be reached by email at bkoonz@greenbaumlaw.com.

Reduce Your Stress Today

by Traci Blank, CMS-CHt, CPC



Traci Blank

Seventy-five percent of the ailments that lead us to the doctor are caused by stress and anxiety taking a physical manifestation in the body. Stress shows up for everyone differently. For some people, their heartbeat may race, others may get stomach aches or headaches, and for others it may be jitteriness, sweating or feeling faint. However stress comes up for you, it's probably wreaking havoc and causing additional stress in your day.

When people feel stress they usually will try to ignore it by distracting themselves or they will allow it to paralyze them from further action. In either case, there is a better way. When we know how the mind works, we know that emotions are messages from the body and the more we ignore them the more intense they will be. Emotions are like little kids who want to show their parents something. In this analogy, the parent is talking to someone and telling their child (the emotions) he/she needs to wait. The longer the child has to wait, the more intensely they will try to interrupt what the parent is doing. However, once the child is acknowledged, then he/she will no longer hassle the parent. The same applies to emotions, once they deliver their message, they can go away. They simply want to deliver the message.

So how can we receive the message our stress is trying to deliver to us? We can tune into our body. We shouldn't try to apply logic, because emotions aren't always logical. Instead, we can pay attention to our subconscious mind and see what needs we are not meeting. This might be that we don't feel safe or comfortable in a situation. It may be that we aren't being our authentic self or that we don't trust ourselves or others. Or, it may be something completely different. But by receiving the message, we can find a way to meet our needs in a healthy manner.

Another thing we can do when we feel stress is manifesting is to give ourselves the directions of what we want to experience. We can even integrate our unmet needs into these directions. For many, we notice we feel a certain way and that becomes our focus. We are subconsciously reinforcing the stress because what we focus on is what we get. So, if we focus on how much our stomach hurts, then the mind says

“oh you want your stomach to hurt” and makes it hurt more. Instead, focus on what you want instead of the stomach ache. Maybe you want your stomach to feel comfortable or to feel calm in body and mind. So, either focus on the imagery of what that would look, sound, and feel like for you. Or, put it in the form of a positive affirmation: first person, present tense, positive language (what you do want, not what you don't want). Once you have your imagery and/or affirmation give yourself that instruction throughout your day and notice how much better you feel! Bonus points if you add your unmet need to your affirmation. An example of this may be: because I know I am safe, I am comfortable and calm in body and mind.

Other things you can try to reduce your stress and anxiety is to retrain your mind to go to positive and deep breathing techniques. As a culture, we have trained our minds to assume the worst. If you listen to the way many people speak, most people will tell you what they don't want in their lives but have a hard time articulating what they do want. Notice those negative thoughts in your mind and notice how your mind may assume the worst. Each time, say to yourself “cancel, cancel” then put in the reverse thoughts. For example, if you notice yourself thinking, “I can't do that!” immediately say to yourself, “cancel, cancel, I can do that!”. Try to make the reversal the exact opposite, even if it's something you don't believe, to put in the new programming you want your mind to believe. If you keep doing this, over time you will notice your mindset shifting and automatically going towards the positive. Deep breathing allows our bodies to slow down and realize there is no danger here, it's safe to relax. Try breathing diaphragmatically: in through your nose, pausing for a moment or two at the top, and out through your mouth. Try this method for 3-7 breaths and notice how quickly your mind and body both feel more relaxed.

If stress has become a constant in your life that interferes with your life, it may have become an anxiety that you live with and can begin to define a large part of who you are. But it doesn't have to stay this way. Hypnotherapy is the most

successful technique to calm anxiety either independently or as part of a larger treatment plan. Hypnotherapy helps the body and mind in many ways: First, just going into hypnosis moves the body from fight or flight to a restorative state. This calms the body down and allows blood to flow through the whole body, increasing circulation to and boosting the digestive, reproductive, and immune systems. Secondly, during hypnotherapy we can communicate with the body and give it instructions on how we want it to respond, such as for the heart rate to be steady or the body to regulate itself. Thirdly, we train the mind to assume the best. People with anxiety struggle with their thoughts going through every possible scenario, usually towards the worst thing that can happen. Instead, hypnotherapy trains the mind to move towards the positive. Finally, you get to the root of the issue. Not only do you become aware of what the sensitizing event might be, but you can also change the way your mind decides to react in that situation and subsequent situations to create a new thought process about the event and about yourself in general.

Give these techniques a try to reduce your stress and anxiety today. To learn more about anxiety, hypnosis, these techniques, or anything else, please check out my website www.TracingYourPath.com or contact me anytime.

About the author

Traci Blank, FIBH, CMS-CHt, CPC is a medical support clinical hypnotherapist who specializes in anxiety. Her company, Tracing Your Path Hypnotherapy, LLC is located in Somerville, NJ. She can be reached at traci@tracingyourpath.com.



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Hospital Analytics - Stories from the Front Line

by John Nettuno

Business Intelligence – Enterprise Analytics - St Joseph’s Hospital Overview

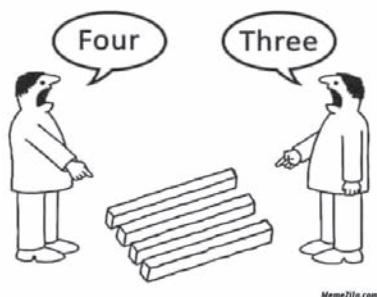
There are many ways to look at data analytics. It is similar to exploring a magnificent building. You can look at it from the front, the back, the side, the top, from the inside out, or just explore different rooms. Analysts frequently use the word “dimensions” to refer to these different views.

For the majority of this article, I purposely avoided the use of jargon and preferred to keep the language as plain as possible when dealing with this subject. It is a blueprint for people who want to know how to use data analytics to further business goals and improve business processes.

Most of the information contained herein comes from experiences gained over the past ten years. I have worked with many talented people to whom I am indebted.

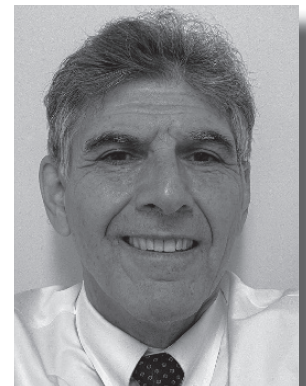
This article will review the many areas that encompasses data analysis and why it is important. It will address the following questions:

which is correct ?



- What is data analytics?
- Why it is important?
- Is there a methodical way to approach it?
- How to manage it?
- Do I need to do data Integration and modelling?
- How much does it cost?

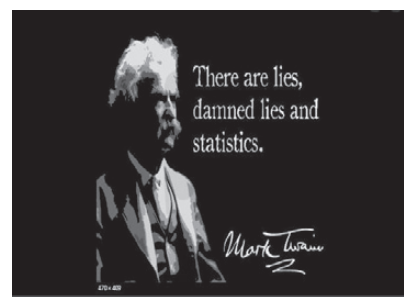
Please note that my goal is to present a methodology more than an instruction manual and to be a little entertaining at the same time. I will cover the areas of data integration, modelling data, key performance indicators, and management, but the complexities of these subjects are beyond the scope of this article. Those interested in more information are welcome to contact the author for additional information.



John Nettuno

Data Analytics - Introduction

My favorite quote, when discussing data analytics, is one



originated by Benjamin Disraeli, the British Prime Minister, and popularized by the writer, Mark Twain:

“There are lies, there are damned lies, and statistics”.

- Data can viewed in multiple ways.
- One person’s view of data can be completely different from another person’s view of that same data.
- For analysts, the goals are to present the data with accuracy, clarity, and adherence to the requirements.

Data Analytics Basics – Those numbers do not seem right!



When approaching data analysis on any business processes, we typically want answers to the following questions:

- “What happened?”
- “Are there trends we see?”
- “Where are we going?”

Any department that has a measurable business process can benefit from data analysis because data contains measures and facts. Without facts, decisions are based on emotion or feeling.

Analysis answers are especially important in finance, budgeting, and accounting as these departments have always focused on numbers.

Data analysis provides the path to good decisions. Its objective is to improve the business process.

Increased sales, reduced costs, better financial management, elimination of wasteful effort, competitive advantage, and im-

provement in business processes are the results of good data analysis.

Alternative scenarios – Let’s be “hypothetical”

Alternative scenarios are an easy way to improve business processes. They generally do not involve complex mathematics. Rather, they involve the substituting of alternative variables in known processes and evaluating results.

Positive trends are to be highlighted and accelerated. Alternative strategies can identify and reverse negative trends.

Elements like pricing, overhead, and expenses can test new business strategies.

Adjustments can change losses to profits and can make the difference between success and failure.

Types of Data Analysis – What is your competition doing?

The table below shows four different types of data analysis.

Types of Data Analytics

	Descriptive	Diagnostic	Predictive	Prescriptive
Answers the question..	What Happened?	Why did it happen?	What will happen next?	What should we do?
Level Of Advancement	Low	Medium	High	Very High
Incorporate AI and machine learning?	Not usually	Sometimes	Usually	Always
Level of popularity	Used by almost all organizations	Used by many organizations	Used by growing group of organizations	Not widespread

Source: Gartner, Michigan State University and others

Transaction processing application systems (invoicing, cost accounting, material handling, human resources, etc.) provide much descriptive data analysis in the form of reports. Unfortunately, this reporting is basic, and provides little competitive advantages because everyone has it.

In a world without competition, it would be enough. In today’s environment where growth separates winners from losers, analytics is mandatory.

Good analytics requires tools necessary to present the data clearly. There are many tools available on the market for this, but it is best to start with quick attainable goals and expand as needed.

Simple tools can answer the “What happened” and “Why did it happen” questions.

The question “What will happen next” will require more data and skills to model it.

Prescriptive Analysis is for visionaries. If you want to be the next Google or Amazon, think this way! You will need to use advanced algorithms and overlay complex data sets over each other to achieve this level of decision support.

In my personal experience, the question “What you should do”, reminds me of one faced in seeking the best location of a new clinic in NY. Standard population demographics and patient locations were used to select from a list of potential sites. This gave us one set of answers based on our patients.

However, geospatial modeling gave us the added ability to overlay additional variables like demographics of new potential patients, proximity to traffic hubs, commuting times and traffic patterns. This provided us a completely different analysis and led to a different final decision.

Geospatial modeling is ideal for this kind of decision-making.

In a world where there are subtle differences between winners and losers, good data analysis will increase your odds for success and help you make more timely decisions. Old data is usually bad data.

The Problem and Alternatives – Death by Spreadsheets

I like spreadsheets and use them frequently.

They are the most used analytical tool, and they are extremely important tools for analysts studying data details, aggregating, making charts, and Power Point presentations.

They are great for “ad hoc” reporting and used extensively in that domain.

However, they are prone to human error, have limited restrictions on distribution, and most importantly, cannot handle large datasets.

Large datasets require databases, reporting, and analytical tools. These are the tools of an analytics department.

The skills required are communication, analysis, problem solving, data modeling, and creativity. The better the skills the better the outcome.

These are the proper tools and skillsets needed to analyze large quantities data of data.

While it is easy to get confused in the technology of analytics and mathematics involved, it is the communication of ideas, facts and trends that is most important.

Requirements, Accuracy, and Presentations - The Three Pillars of Analytics

The analyst’s job is to provide good data analysis in a clear concise format and communicate a message, idea, or concept to his stakeholder.

Doing this requires a minimum of three things in this order:

- Clear goals and requirements

continued on page 30

continued from page 29

- It is a good idea to ask those requesting data what are their end goals. What decisions do they expect to make from getting the data requested?
- Answers usually lead to more questions. Requirements gathering is an art and requires experience.
- Accurate data
 - There are frequently multiple sources of the same data. You will always use the most reliable source of data.
 - Similar data with different names must be standardized or conformed. Confusing elements should be avoided
 - Data granularity is key and must be defined properly to allow “drill downs” and to examine details.
- Understandable Presentations - A picture is worth a thousand words.
 - It is very easy to confuse an audience with multiple charts, graphs and grids. Storyboards must make sense and not be confusing.
 - Keep pictures simple and concise. Use a progression of ideas that start with an overview or summary, and use successive tabs to lead the viewer to pertinent detail.
 - Resist the urge to put all information in one storyboard.

4. Strategize to get what you want.
5. Build your storyboard. If alternatives are required, then,
6. Use a trial and error iterative approach to look at various outcomes.
7. Select the best outcome that achieves the goal.

Goals and Solutions

“There is Gold in Them Thar Hills” - Mark Twain

Good stakeholders know where they want to go. They just do not always know how to get there.

The relationship between the stakeholder and the analyst is important here. Good reporting will involve teamwork and patience between the two.



Answers typically lead to more questions, and what appeared to be simple frequently becomes a journey.

The ability to think strategically to develop a flexible plan increases the chance of success.

Problem Solving Stages

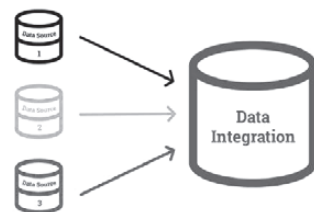


Data Integration (ETL) – “Bringing it all together”

It is important to remember that we are usually dealing with large quantities of data in complex transaction processing systems where there is a limited amount of control.

Bringing necessary details together usually involves the extraction of data from one or more systems, as the data needed usually resides on disparate systems.

(Extract, Transform, and Load data) is the process of doing that.



Transforming the data makes it suitable for reporting usually by giving it a friendly name or changing its format so it is readable.

Some things to keep in mind:

Transaction processing systems like Electronic Medical Records systems (EMRs) and Material Requirements Planning system (MRP) in hospitals and organizations record everything about every transaction. It is common to find transaction tables that have millions and tens of millions of rows of transactions.

Some considerations:

- The data in transaction systems, by design, is constantly updating and changing. For example, the number of patients in a large hospital is constantly changing. This requires constant updating for accuracy.
- Transaction systems frequently have as many as fifteen thousand tables as every procedure is recorded and stored. The large number of tables helps speed up individual transactions.
- Reporting and analytical systems use another set of specialized tables, which are much larger and have a different design.

Problem Solving – The Steps

An approach that has worked well is as follows:

1. Define your goal.
2. List what is unknown.
3. List what is known.

- Modeling is part of the transforming the data including the creation of these specialized tables.

The Integration process is the first step in preparing the data for reporting.

Data Modeling

Data modeling is a process used to organize the data so it and report it in a way that meets the requirements of the business process.

For the analyst, it is the way the data is stored in the tables for later aggregation. It should include the lowest granular level of the data required to analyze the process. Think of a retail receipt as an example.

Proper choice of granular data allows accurate building of counts, sums, averages, and aggregates, and performance indicators in reporting.

Modeling can be simple or complex depending on the requirement and goals of the reports required.

Good model design always starts with answers to the following questions:

1. *Identifying the business process (i.e., revenue, profit, cost)*
2. *Source of the measurement (i.e., invoices, statements)*
3. *Granularity of the data needed (i.e., specific charges or invoices)*
4. *Attributes that describe the data (i.e., products or services), and aggregates (i.e., sales totals, profits, period comparisons, time periods)*

Divide the data into groups and hierarchies.

Departments, managers, business lines, and products are groups.

A simple grouping would be “all departments” or “total employees” in a hospital.

One-to-many relationships define a hierarchy. For instance, an employee only has one manager. This relationship is a hierarchy. Another common hierarchy is time. Time hierarchies are snapshots and these occur in a day, a week of the year, a month, quarter, or simply a year.

Measurements are the numbers like costs, number of patients, revenue, deposits, etc.

Presenting Data - “Beauty is in the eye of the beholder”

First Rule: Know your audience. What worked in your last warehouse can fail miserably the next time you try it. Every audience is different and may require a change in the manner to present the data.

Communication is key here. Listening to your audience and understanding their needs is most important.

As a rule, simplicity is always better when presenting data. The better you understand what concepts are required, the

easier it is to achieve your goals.

The creation of storyboards and reports are the most creative part of the analytical process. They are what everyone sees.

The Do’s and Don’ts in Presenting Data

Pictures tell a story. This is the essence of a storyboard. Use them to show specific goals like summaries, aggregations, and quantities. Percentages show relative measures and trend lines help with understanding.

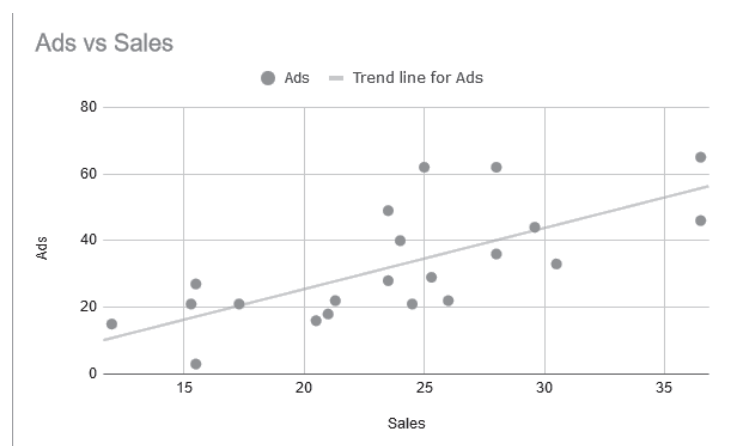
Many numbers in a report can be confusing.

The presentation of the data is key objective, an appropriate type of chart must be selected to display the data, and its design is key to its message.

- Dot plots, bar, line, or pie charts are the most common and are excellent choices for simplifying spreadsheets or grids.
- Trend or regression lines add clarity to dot plots and confusing line charts.
- Percentage and Pareto charts help when looking at distributions.
- Images and URLs add greater clarity and faster understanding.
- Forecasting charts help with predicting outcomes and future directions.
- Heat Maps are good for showing population densities especially on geospatial charts.

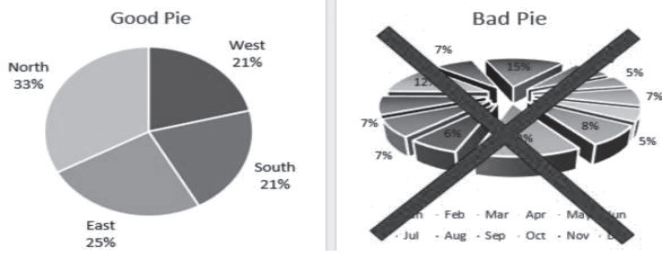
Below are some typical examples:

Dot chart with Trend Line



continued on page 32

Good and Bad Pie Charts



Images or URLs charts

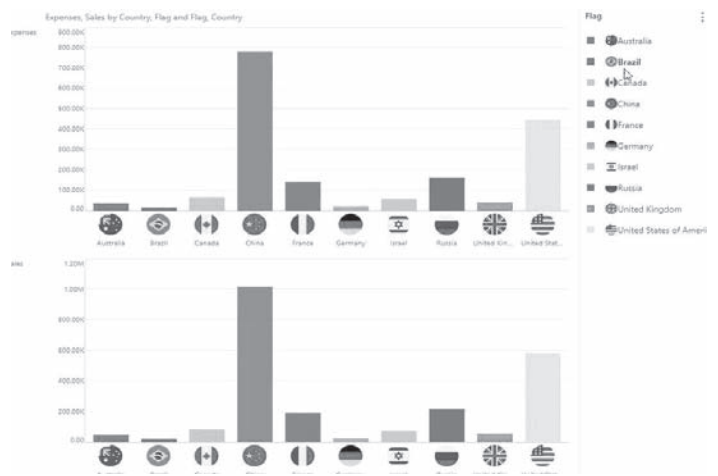
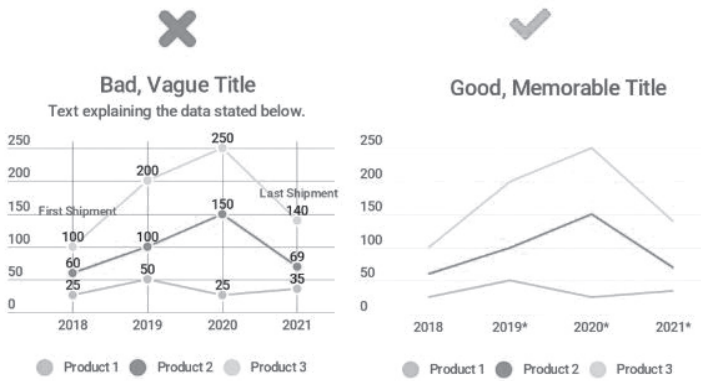
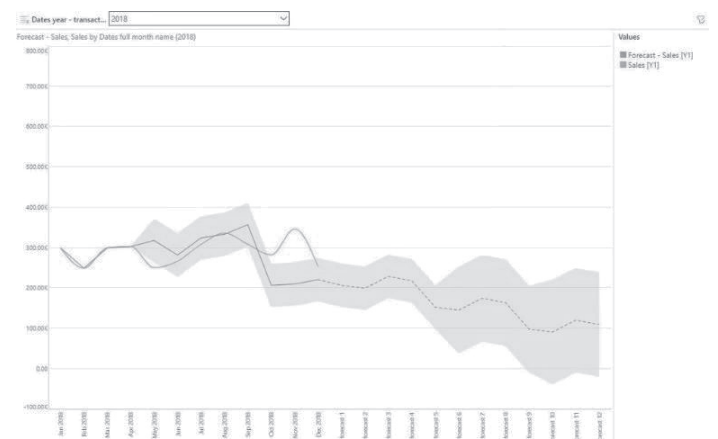


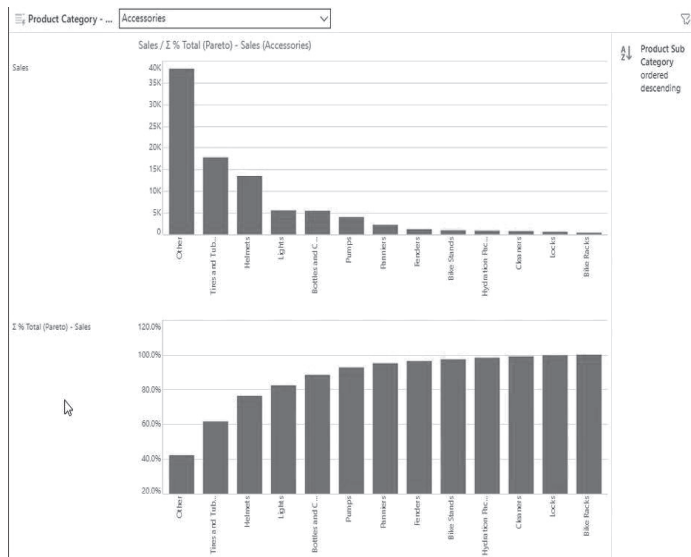
Image or URL charts.



Forecasting



Pareto graph distribution (bottom) with bar chart



Geospatial



Source: Graphs and charts courtesy of Pyramid Analytics

It is a good practice to use pictures and graphs for analytics and decision-making and use spreadsheets or grids for more detailed reporting.

Analytical Systems. It costs how much?



Both data and reports for data analytics systems reside in a data warehouse, which is simply another database used for reporting.

Reporting databases are completely different from transactional databases like

medical records or accounting systems, which why they are separate entities.

Because their designs goals are completely different, these systems work better when they are separate. Additionally, analytic systems require data from multiple sources and best practice is to get that data from the original source.

The analytical software, the infrastructure (cloud based or on-site), and staff are the major expenses here.

There are many software solutions, and many of these are expensive. However, with a little research, a number of excellent low-cost systems from smaller stable companies are available.

Gartner Inc., a global research company, rates software and business intelligence platforms. They rate the top 20 company's tools in this area. Their analysis includes all major platforms with their strengths and weaknesses. Before starting a project, it is well worth getting a copy.

Virtually all platforms listed are capable of analyzing large quantities of data. Some tools are more popular, some superior in certain areas, but they all work.

It is important to note that today, these toolsets are complete platforms, which handle everything from database to integration, including transformation and displaying of data.

The fewer tools you have to use, the simpler the process, and the lower your overall cost.

It is easy to start with a basic warehouse platform and build upwards from there, demonstrating improvements as you move ahead.

Ask anyone who runs a leading organization how they use analytics. If the effort is worth it?

They will usually reply that this is why they are an industry leader.

Managing Data and Report - Summary

Finally, you cannot manage a process unless you have a way to measure it.

One of the best ways to do this is to measure the frequency of storyboard and report usage.

Some reports are more valuable, and an index of importance can be a value index.

The number of views and value index of the storyboards provide a more objective performance measurement of your analytics.



Display this data as a measurement audit in a performance storyboard.

Not only does this process measure the consumption of data, it serves as a feedback mechanism to the analysts helping them assess their work.

Do not forget to archive reports and storyboards that are no longer used. It is not only an expense to store and process it, but it detracts from your important data.

Think of a data warehouse like a closet where you should periodically remove old items.

This audit can provide a way to review work, improve the present methodology, and help keep your analytics both relevant and easy to access.

About the Author

John Nettuno is Manager of Enterprise Analytics & Information Technology at St. Joseph's Healthcare. He can be reached at nettunoj@sjhmc.org.

SAVE the DATE



September 22, 2021
8:00 AM - 5:00 PM
Women's Education Event
DoubleTree by Hilton Hotel
Tinton Falls – Eatontown



October 6-8, 2021
45th Annual Institute
The Borgata
Atlantic City

Watch for updates on all of these events, or visit the Chapter website at hfmanj.org

•Focus on...New Jobs in New Jersey•

JOB BANK SUMMARY LISTING

NJ HFMA's Publications Committee strives to bring New Jersey Chapter members timely and useful information in a convenient, accessible manner. Thus, this Job Bank Summary Listing provides just the key components of each recently-posted position in an easy-to-read format, helping employers reach the most qualified pool of potential candidates, and helping our readers find the best new job opportunities. For more detailed information on any position and the most complete, up-to-date listing, go to NJ HFMA's Job Bank Online at www.hfmanj.org.

[Note to employers: please allow five business days for ads to appear on the Website.]

Job Position and Organization

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Inspira Health

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RECEIVABLE - NEPTUNE, NJ
Med-Metrix

SUPERVISOR, HOSPITAL PATIENT ACCOUNTS
RECEIVABLE - PARSIPPANY, NJ
Med-Metrix

SENIOR WORKFLOW IMPLEMENTATION
CONSULTANT
Med-Metrix

ACCOUNTING SUPERVISOR – LONG TERM CARE
CentraState Healthcare System

FINANCIAL ANALYST
CentraState Healthcare System

DIRECTOR, CENTRAL BILLING OFFICE (CBO)
Hunterdon Healthcare System

In Remembrance of Thomas G. Shanahan, FHFMA, CPA

*President, Chief Hospital Executive at
Raritan Bay Medical Center
& NJ HFMA Past President (2000-2001)*



1959 - 2021

I first met Tom in 1987, he and I were on our way to a long friendship. Our paths took both of us to the same Providers at times, St. Elizabeth and Rahway were two Hospitals we worked at. Then as a client for many years and our career through HFMA. Our friendship is what I cherish most!

Tom was larger than life, great smile, sense of humor, loved stories (over and over again but you still laughed)! He had the unique ability to blend his humor and smarts into someone who you respected as your peer, friend and colleague. He could adapt to situations and fit like a glove. No pretense, no ego, always an ear for listening and providing sage advice and encouragement to all who knew him.

We golfed at many an outing, had dinner at many a restaurant. There were lots of Yankees games, oh and some work too! Always some interesting after parties, stories that can only be told in a proper environment. I must say Tom did cancel on me more times than any other human being, but always with a smile. He was dedicated to his family and to his career.

I heard the song My Way the day of Tom's wake and that song so sums up the man Tom was. I dare you to find someone that has a bad thing to say about my dear friend. I will miss you Tom more than you know. Tom had four brothers, I consider myself the 5th! I'm sure there are many others out there that consider themselves siblings as well.

Rick Parker

Whenever describing Tom Shanahan my words are always "he is one of the good ones". Because he truly was. One of the most vivid memories I have of him – outside of the support and mentorship he provided, goes back a few years to 2000 – the NJANI, his year as chapter President. Jane Ann Sheehan and I had the coveted slot – first thing on Friday morning – we were talking about APCs which were hot at the time, so we expected to get at least a handful of people – if we were lucky.

However, what we were not expecting was Tom to be right there – front and center showing his support and encouraging the membership to show up and to get their education. He told us he would be there and there he was. Mind you, this was after a long Thursday evening of ensuring that the membership was active and enjoying the event – I am sure it included a very late night and a good deal of celebration.

Even if it was not his presidential year, he would have been offering support and encouragement – I am fortunate and appreciative to have been one of the many on the receiving end of his generous spirit.

George Kelley



I've known Tom for a lot of years since both of us worked in the NJ healthcare industry as CFOs and both of us were very active in the HFMA. We spent lot of time together both in business settings like HFMA or NJHA meetings and in social settings. We've shared many a beer and laugh together. Yankee games, golf outings, and industry social events. I never saw Tom in a bad mood, he always had a smile on his face and usually a good story to tell! One of my favorite stories is at a National HFMA leadership training conference in New Orleans. As usual a group of NJ attendees would get together during the event. Since this was Tom and Rick Parker's first time in New Orleans I offered to show them around Bourbon Street. We met in the lobby of our hotel and made the short trip down to the French Quarter where we went up to the first window bar and ordered hurricanes, the local drink of the town. After consuming these, and realizing it could be a long night and it was early we decided to switch to beer to pace ourselves. We promptly walked into a bar and asked for three beers. The bartender asked if we wanted a regular, large, or big ass beer (64 oz.) and I'll leave it to our reading audience to decide which one we ordered! We proceeded to have a great time that night strolling down Bourbon Street. Then again, whenever I was with Tom it seemed to be that way. I will miss you my friend and will be sure to raise a toast to you at my next Yankee game.

Greg Adams



Tom was an incredible person. After knowing each other a long time through HFMA, he and I started our CFO careers together at similarly sized NJ hospitals. Often, we advised each other. Throughout the years, we supported each other's advancements.

It breaks all of our hearts to lose such a noble, humble friend at such an early age.

He was the ultimate professional, always inclusive to those surrounding him. And we must always remember what a fun person he was to golf with, which he and I (and many others) did across the country at all the HFMA events (and no, we never missed sessions.....!).

A great man was taken way to soon; Tom you are missed by many.


With love,
Cheryl H. Cohen

I first met Tom Shanahan when he was Controller at St. Elizabeth's Hospital (now Trinitas). Over the next 30 years he became a treasured colleague, client and, most important, friend. I have lots of memories of time spent with Tom, but two stand out. In 2000-01, Tom was Chapter President and Mike Monahan President-Elect. Tom encouraged me to apply for the Frederick C. Morgan Award, HFMA's highest honor. I pulled together as much background material as I could muster and worked with Tom to polish it for submission. Thanks to strong support from the New Jersey Chapter and from Manny Evans of the Northeast Pennsylvania Chapter who served on the National Board, I was selected to receive the award at the 2001 ANI in San Antonio. After my acceptance speech at the closing banquet, several New Jersey Chapter members joined us in closing a local bar on the Riverwalk. Ann and I felt quite safe with Tom and Mike as our bodyguards.


The second memory is from the wettest HFMA Golf Outing ever! Entering Fiddlers' Elbow that morning there was a lake on the fairway of the Meadows Course and I was certain that play would be cancelled. However, we were moved to the members-only Forest Course where we squished with every step we took. Tom and I wound up side by side in a deep greenside bunker adjacent to the 9th green – only the flag was visible. Tom was away and hit a sand wedge to within two feet of the pin – a great shot! I took a deep breath, struck the ball well and it rolled into the cup. Two of the best shots either of us had ever hit. We then squished through the rest of the course. It was the highlight of a dismal day.

When my time comes, I pray that Tom will be waiting for me at the Pearly Gates to complete his foursome for a round at Augusta. Slainte my friend!

John Dalton




hfma new jersey chapter
healthcare financial management association



garden state
focus
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November/December 2010 • vol 57 • num 3



- The 2010 Annual Institute
see page 7
- Understanding Emergency
Department Capacity
see page 12

From The Editor . . .

Dear Readers,

In the spirit of the season, and inspired by this issue's cover photo, I'm skipping my typical letter and instead am giving you a song and the chance to win a holiday gift. The clever reader who is first to correctly identify Santa and his hospital affiliation will win free attendance at an upcoming Quarterly Meeting. Email your guesses to Laura Hess at njhfma@aol.com. The winner will be selected by random drawing from all the correct answers received on January 3rd. May you all enjoy a happy and very healthy new year!



Elizabeth G. Litten

Santa Baby, slip a putter under the tree, no not for me
You've been an awful good boy
Santa baby, and hurry down the chimney tonight

Santa baby, some popcorn and a Yankees jersey, too, pinstripe blue
I'll wait up for you dear
Santa baby, and hurry down the chimney tonight

Think of all the fun I've missed
Think of all the CFOs that I haven't kissed
Next year I could be oh so good
If you'd check off my Christmas list
Boo doo bee doo

Santa honey, I wanna yacht and really that's
Not a lot
I'll keep it in the bay by you dear
Santa baby, and hurry down the chimney tonight

Santa cutie, there's one thing I really do need, the deed
To one of your two hospitals dear
Santa cutie, and hurry down the chimney tonight

Santa baby, I'm filling
my stocking with bonds and checks
Sign your 'X' on the line
Santa baby, and hurry down the chimney tonight

Come and trim my Christmas tree,
With some decorations bought at Tiffany's;
I really do believe in you
Let's see if you
Believe in me
Boo doo bee doo

Santa baby, forgot to mention one little thing, a claddagh ring
The kind that Irish guys wear
Santa baby, and hurry down the chimney tonight

Hurry down the chimney tonight
Hurry down the chimney tonight

Cheers,

Elizabeth G. Litten

Tom Shanahan was definitely “one of the good ones”. He was my first NJ HFMA “boss” when he was chapter president in 2000-2001. I remember him calling just to check on me one day. He said he used to get a bunch of HFMA calls daily...and they just stopped. He figured I was getting them now and wanted to be sure it was going okay.

The second thing that comes to mind when I think of him was when we schemed up the photo above. The good sport that he was, Tom put on his Santa suit and went over to the Freehold Mall. Our plan, which was all prearranged, was for him to sit in the Santa chair for a photo shoot for our Focus holiday cover and associated contest to guess who it was in the suit. What we didn't know was that apparently only one Santa is permitted in the mall at a time! Let's just say he couldn't take the suit off because he didn't have street clothes on underneath, security got involved, and we got some great mileage out of that story for a long time!

There were a few other great stories, but we won't include them here. ☺ Rest easy my friend. You will be missed.
Laura Hess



July 14th, 11 retired NJHFMA members gathered at Steve Kirby,'s home for a clams casino appetizer followed by linguine with white clam sauce after digging over 200 clams from Barnegat Bay. We couldn't let the day pass without hoisting a Slainte to our dear colleague and friend, Tom Shanahan.

Back row: Grant Leidy, Joe Lemaire, Geoff Liss, Ron Guy.
Center: John Calandriello, John Dalton, Frank DeMiro
Front: Joe Currie. Steve Kirby, Phil Besler, Brian Sherin

2021 NJ HFMA Golf Outing Mercer Oaks May 6, 2021







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Jill Squiers
NJ HFMA President
jill.squiers@amerihealth.com
AmeriHealth New Jersey



Brian Herdman
NJ HFMA President-Elect
BHerdman@cbiz.com
CBIZ KA Consulting
Services, LLC



Heather Stanisci
NJ HFMA Treasurer
hstanisci@arcadiarecovery.com
Arcadia Recovery Bureau



Maria S. Facciponti
NJ HFMA Secretary
facciponti.maria@gmail.com
Elite Medical Receivables
Solution



Heather Weber
NJ HFMA Asst. Treasurer
heather.weber@bakertilly.com
Baker Tilly

Advisory Council



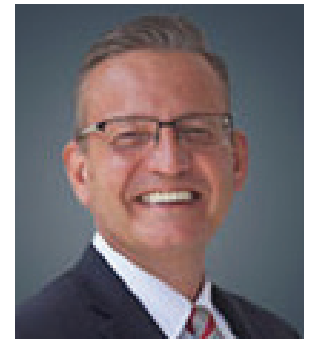
Stacey Medeiros
stacey.medeiros@
pennmedicine.upenn.edu
Penn Medicine



Michael McKeever
m.mckeever2@verizon.net
Retired



Erica Waller
erica.waller@pennmedicine.upenn.edu
Penn Medicine Princeton Health



Scott J. Mariani
smariani@withum.com
WithumSmith+Brown, PC

Board of Directors



Jonathan Besler
JBesler@besler.com
BESLER



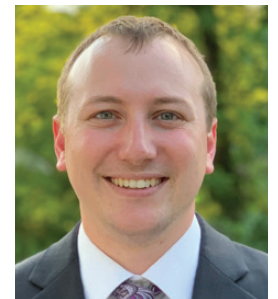
Scott Besler
Scott.Besler@Toyon
associates.com
Toyon Associates



Michael George
michael.george@us.pwc.com
Pricewaterhousecoopers
LLP



Lisa Maltese-Schaaf
LMaltese-Schaaf@
childrens-specialized.org
Children's Specialized
Hospital



Jason Friedman
JasonFriedman88@gmail.com
Hackensack Meridian Health

Board of Directors (Cont'd)



Jane Kaye
jane@hcfadvisors.com
Healthcare Finance
Advisors



Dave Murray
DMurray@rumcsi.org
Richmond University
Medical Center



Amina Razanica
arazanica@njha.com
New Jersey Hospital
Association



Hayley Shulman
HShulman@Withum.com
WithumSmith+Brown, PC



Nicole Rosen
nrosen@acadia.pro
Acadia Professional

Associate Board Directors



Kim Keenoy
Associate Board Director
Bank of America
Kim.Keenoy@bofa.com



Fatimah Muhammad
Associate Board Director
Saint Peter's University
Hospital
fmuhammad@
saintpetersuh.com



Alex Filipiak
Associate Board Director
Alexander.Filipiak@rwjbh.org
RWJBarnabas Health



Roger Sarao
RSarao@NJHA.com
New Jersey Hospital
Association



Mike Costa
mcosta@ambulnz.com
DocGo

Ex-Officio

Committees



Danette Slevinski
Compliance, Audit, Risk
& Ethics (CARE) Committee
slevindl@uhnj.org
University Hospital



Leslie Boles
Compliance, Audit, Risk
& Ethics (CARE) Committee
lboles21@gmail.com
Waud Capital Partners



Scott Besler
Communications Committee
Scott.Besler@Toyon
associates.com
Toyon Associates



Hayley Shulman
Education Committee
HShulman@Withum.com
WithumSmith+Brown, PC



Sandra Gubbine
Education Committee
Sandra.Gubbine@atlanticare.org
AtlantiCare Health System

Committees (Cont'd)



Lisa Weinstein
Education Committee
lisa.weinstein@bancroft.org
Bancroft



Amina Razanica
Certification Committee
arazanica@njha.com
New Jersey Hospital
Association



Alex Filipiak
Finance, Accounting, Capital
& Tax (FACT) Committee
Alexander.Filipiak@rwjbh.org
RWJBarnabas Health



Hanna Hartnett
Finance, Accounting, Capital
& Tax (FACT) Committee
Hanna.Hartnett@atlantcare
AtlantiCare Regional Medical
Center



Maria S. Facciponti
Institute Committee
facciponti.maria@gmail.com
Elite Medical Receivables
Solution



Stacey Medeiros
Institute Committee
stacey.medeiros@
pennmedicine.upenn.edu
Penn Medicine



Brian Herdman
Institute Committee
BHerdman@cbiz.com
CBIZ KA Consulting
Services, LLC



Nicole Rosen
Marketing/Networking
nrosen@acadia.pro
Acadia Professional



John Byrne
Marketing/Networking
JByrne56@gmail.com
The NYBB Group



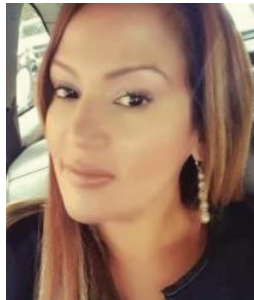
Daniel Demetrops
Patient Access Services
Committee
ddemetrops@medixteam.com
Medix



Jacqueline Lily
Patient Access Services
Committee
jacqueline.lilly@
atlantcare.org
AtlantiCare Health System



Steven Stadtmauer
Patient Financial Services
Committee
sstadtmauer@csandw-llp.com
Celentano Stadtmauer &
Walentowicz, LLP



Ruby Ramos
Patient Financial Services
Committee
ruramos77@yahoo.com



Tracy Davison-DiCanto
Payer & Provider
Collaboration
Tracy.Davison-DiCanto@
scasurgery.com
Surgical Care Affiliates



Michael McLafferty
Physician Practice Issues
Forum
michael@mjmaes.com
MJM Advisory and
Educational Services, LLC

Committees (Cont'd)



Jason Friedman
Regulatory and
Reimbursement
JasonFriedman88@gmail.com
Hackensack Meridian Health



Chris Czornyek
Regulatory and
Reimbursement
chris@hospitalalliance.org
Hospital Alliance



Tiffani Bouchard
Revenue Integrity
tbouchard@panacainc.com
Panacea Healthcare
Solutions



Lew Bivona
CPE Designation
lewcpa@gmail.com

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