MS HFMA

August 2021

PUBLICATION FOR THE MISSISSIPPI HEALTHCARE FINANCE COMMUNITY

Mississippi Headlines

info@mshfma.org

hfma mississippi chapter
healthcare financial management association

OFFICIAL NEWSLETTER OF THE MISSISSIPPI CHAPTER OF HEALTHCARE FINANCIAL MANAGEMENT

President's Message

Andres Posada, President

Thanks to everyone for attending our June one day virtual event. The attendance was outstanding which is a great reward for everyone that worked hard to put this event on. Our program committee, led by Kimberly Williams and Caitlin Chancellor, worked tirelessly to make sure this event went without a glitch, and they sure accomplished it. They are also currently working hard on putting the finishing touches on our Summer Institute coming up in August… This is how my initial message began and was submitted for publication in the newsletter; however, since submitting it, we have had to make some unfortunate changes.

Our Summer Institute will be postponed due to surge of COVID numbers in our state. Our event will be rescheduled to December 1st through the 3rd. This will be one of the first times, if not the first one, that we will hold a meeting in December. It will be great to have as many members as possible at this meeting and celebrate the Holiday season together. Our hope is that COVID will allow us to meet in December, but we will keep monitoring the situation.

In addition to our reschedule Institute in December, I would also like to mention the Region 9 meeting that will be held in New Orleans, LA, October 31st through November 2nd and HFMA's Annual Conference in Minneapolis, MN, November 8th through 10th. Both are monitoring the COVID situation and will make decisions as needed.

In other news, your MS officers Kimberly Williams, President-Elect; Bert Pickard, Treasurer; Walker Roberts, Secretary; and myself, recently had the pleasure of attending the Leadership Training Conference put on by the Association. The event was a great success and taught us how to be more effective leaders. Our Chapter's new leaders will do a great job as a result and make our chapter the best it can be for every member.

Finally, to all our members and vendors- we appreciate you. This is your chapter. If you or anyone you know wants to be more involved with the chapter, please reach out to any of us. We are always looking for volunteers. Join us so we can keep our chapter great now and in the future!

Warm Regards,

Andres Posada
President
Mississippi Chapter of HFMA

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Upcoming educational opportunities

Save the Date!

MS HFMA Summer Institute August 25 thru 27, 2021

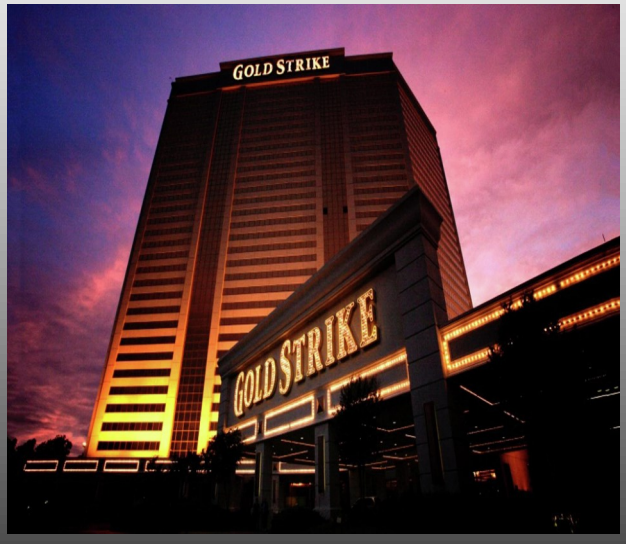
Golden Nugget Hotel & Casino
Biloxi, MS
12 CPE HRS

REGISTER HERE!

Region 9 HFMA Conference

October 31 thru November 2, 2021
Sheraton New Orleans

REGISTER HERE!



Midsouth HFMA Annual Conference

Jan 26th thru 28th, 2022
Gold Strike Casino, Robinsonville, MS

REGISTRATION DETAILS COMING SOON

hfma healthcare financial management association

MISSISSIPPI HEADLINES

PUBLICATION FOR THE MISSISSIPPI HEALTHCARE FINANCE COMMUNITY

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All article submissions must be typed and submitted as a Microsoft Word document.

Please email your submission to:

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Mississippi HFMA…Your Educational Resource...

HFMA's Online Membership Directory

Have you visited HFMA's Online Membership Directory lately? Log in at **www.mshfma.org** or

http://www.hfma.org/login/index.cfm. When you select "HFMA Directory," not only can you search for members of your chapter, you can also search for all your HFMA colleagues by name, company, and location—regardless of chapter! Using an online directory instead of a printed directory ensures that you always have the most up-to-date contact information. While accessing HFMA's Online Membership Directory, you can view your current contact information and make edits to your profile. You can also see products you have ordered, events you have registered for, your CPE credits, your Founders points, and more! It's vital that HFMA has your correct information, so please take a moment to review your record now. By doing so, you'll ensure that HFMA continues to provide you with valuable information and insights that further your success.

HFMA Membership Benefits

As you experience the value HFMA provides, don't forget to value the experience. HFMA offers opportunities to network with those who face similar challenges and successes. If you are looking to gain experience in a safe environment, or would like to share the experiences you've gained, opportunities to volunteer at the Mississippi Chapter or at a national level are plentiful.

The bottom line is that HFMA is comprised of more than 35,000 people just like you. What do we know about our members? We are value driven. We are forward thinking. We are innovative. And together, we are defining, realizing, and advancing the profession of the financial management of health care.

To learn more about the benefits of your HFMA membership visit **http://www.hfma.org/Membership/**.

WELCOME TO OUR NEWEST MISSISSIPPI HFMA MEMBERS!

Dianne Bishop, Analyst, ACCUREG	Biloxi, MS
Jennifer Wentworth, Deputy Admin for Finance, MS Division of Medicaid	Jackson, MS
Zeddie Parker, Office Director, MS Division of Medicaid	Jackson, MS
Jixuan Pang, Billing , Trinity Health	Diamondhead, MS
Renita Ware, CRCR, Payment Resolution Specialist, Trinity Health	Tupelo, MS
Richard Manning, Payment Methodology, MS Division of Medicaid	Jackson, MS
Kimberly Johnson, Recreational Therapist	Gautier, MS
Rycki Bouvier, Controller, The Dermatology Clinic	Gulfport, MS
Virginia Denise Glasper, Billing, Trinity Health	Vicksburg, MS
Sharon Frascogna, ED/ Treasury Mgmt Officer Sr. , J.P. Morgan	Madison, MS
Beth Jones, Director, Revenue Cycle Proj. Mgr., Trilogy Revenue Cycle	Cleveland, MS
Michelle Crumlich, Director of Managed Care, Magnolia Regional HC	Corinth, MS
Thomas Fuller, VP of Finance, Mid South Rehab Services	Ridgeland, MS
Tavia Dennis, Validation Lead, CloudMed	Oxford, MS

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Collecting in Challenging Times

By Ken Dulaney, Past President, MS HFMA

Self-Pay Collections. Not too many people in medical world would consider that to be at the top of their priority list when it comes to running a practice. Some might even go so far as to just let it go unattended for months because it is such a small part of their cash flow.

We all know that cash flow is important and in times like we have just come through, nickels add up quickly. Your collections process could provide you with critical cash if done well. But, there is often more to it than just collecting money. ***One has to consider the patient experience, the overall revenue cycle process, and the allocation of employee effort before launching a new collections campaign.*** So, my advice is to have another conversation with your third party bad debt collector. They likely have some updates that will help you and surely will appreciate your asking them how to make their job easier. For instance…

First, the **TCPA, (Telephone Communications Practices Act)** is a key topic in the third party collections world right now. Having "Express Written Consent" to contact a consumer via text, email, cell phone, etc., is critical for your agency. Why? Let me tell you a fictional, yet possible, story…

Grandma Jones goes to Walmart and buys a prepaid phone and 100 minutes so she can keep up with her family, especially those adorable grandbabies. The Louisiana Lakers basketball team, who Grandma loves, sends Grandma a "Thank you" text, thanking her for coming to the most recent game and inviting her to come back and cheer for her team again. The result? Grandma joins a class action lawsuit which could cost the Louisiana Lakers tens of millions.

A good "**Express Written Consent Agreement**" although brief, could save you from a massive headache in the future. Get one asap. Your collection agency should be able to provide you with one easily. If they can't, feel free to email me and I will forward the wording to you.

Second, here is a question we are hearing often nowadays. "Does affecting a consumer's credit on a medical debt mean anything anymore?" Well, that depends. Most agencies have realized that affecting credit is not really helpful in today's world. When FICO 9 came out it was clear that the newer credit scoring equations used by the bureaus minimized (or eliminated in some cases) the effect on a consumer's credit score. To make matters worse state statutes of limitations have become a big issue for collectors so having affected a consumer's credit years ago could come back to haunt both the collector and you the client. I believe that in the not-too-distant future that you, the client, will tell your agency to stop affecting credit on your consumers. It seems just a little to risky to many expert practice administrators, research shows that it really does not have much bearing on whether or not you get paid. A good collector collects the vast majority of money over the phone by being professional.

Finally, have a good **financial responsibility statement** in place within your consumer agreement with the patient or guarantor. Be specific on what you will add if the account gets turned over to collections. This will not only save you money but could virtually eliminate the negotiation of rate since the fees you are paying now would be paid by consumer. This is good news for your agency since they are a for-profit company and struggle just as much as every other business in this climate. Allowing them to show a better profit means they can provide a better service to you. Just ask them. I bet they will agree. Again, if you need that wording, I am happy to provide via email. Just let me know.

(DISCLAIMER: This article should not be considered legal advice. Consult your legal counsel before making any changes. We are not attorneys.)

A good plan can bring in some much-needed cash if done well. Hang in there and happy collecting!

Ken Dulaney
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Hospital-at-home programs are gaining traction and have well-documented benefits, experts say

By Nick Hut, HFMA.org

As hospital-at-home programs increasingly become entrenched in core health system operations, one advocate says the benefits could hardly be clearer.

"This is probably one of the best-studied transformational ways of caring for someone that we have in the peer-reviewed literature," said David Levine, MD, assistant professor of medicine at Brigham Health and Harvard Medical School.

Although the U.S. healthcare industry has gotten around to evaluating the hospital-at-home model only relatively recently, Levine said, high-quality studies go back "decades" in countries such as Australia and Italy.

Levine helped conduct what he described as the first randomized controlled trial of U.S. home hospital care for acutely ill patients. Published in January 2020 in the *Annals of Internal Medicine,* Levine's study showed that costs per episode were 38% lower for home patients compared with a control group of hospital patients.

Utilization was significantly lower for lab tests, imaging studies and consultations, while 30-day readmission rates were 7% for home patients and 23% for the control group.

"We have a really deep, international evidence base for this kind of care model," Levine said July 28 during a panel discussion that took place as part of the American Hospital Association's Leadership Summit.

Bruce Leff, MD, professor of medicine with The Johns Hopkins School of Medicine, added that "some studies — not all — have shown important reductions in delirium [and] acute confusional states that may have long-term cognitive effects; [and in] the use of sedative medications, which can have cognitive effects in older adults. Some studies have shown actual better functional outcomes because you're at home and you can move around."

In addition, he said, some meta-analyses have demonstrated reductions in mortality at six months.

"If we had a drug with that kind of outcome — if hospital-at-home were a drug and not a service delivery model — we would all be sitting on beaches in the Caymans counting our money," Leff said. "But that's never been our goal. Our goal has been to improve care delivery."

Why the model is gaining momentum

In November, CMS announced the availability of an Acute Hospital Care at Home waiver, removing restrictions on treating patients in their homes. The waiver, which is in place for the duration of the COVID-19 public health emergency, makes home-based acute care services available to Medicare beneficiaries following ED visits or inpatient admissions. Hospitals are paid based on the same DRG codes they would use for analogous in-hospital care.

Six organizations, including Brigham and Women's Hospital, originally were approved for the waiver. Since then, more than 125 have applied and taken steps to establish the infrastructure needed to provide home-based acute care.

"I think we're on the precipice of keeping this sustained in a much larger way," said Linda DeCherrie, MD, clinical director of Mount Sinai at Home, the home-care program of Mount Sinai Health System, which also was one of the first six organizations to receive waiver approval.

The waiver may alleviate concerns for more organizations about whether revenue from hospital-at-home programs can make up for the associated costs. Before the waiver, Leff said, risk-based payment arrangements such as Medicare Advantage contracts represented the "sweet spot" for funding hospital-at-home programs.

With the influx of participants through the waiver, "You've gone from the boutique phase of hospital-at-home into an early-adopter phase," he said. "And I think if payment is sustained over time, you'll actually see that curve move up quite a bit."

The question, though, is what happens when the public health emergency ends. Until more is known about the fate of the waiver, Leff said, hospital-at-home programs face the prospect of ending up like "Cinderella at the ball" when the clock strikes midnight.

Getting started with hospital-at-home …. **READ THE ENTIRE ARTICLE HERE!**

Potential Revenue Opportunities That Promote Growth for 2021 and Beyond.

Brandy Hoell, MSN, RN, CCM, Partner, Trilogy Health

Managing chronic conditions over the continuum of care has become more of a challenge as we continue to see the shift to value-based care reimbursement models. Providers must find ways to coordinate in a cost-effective way the management of these conditions while optimizing the revenue opportunities. Additionally, providers must meet the quality outcome metrics that has become a mainstream requirement of the healthcare system. These types of models are a challenge for healthcare providers in a time where margins are smaller and often obsolete. There are reimbursable programs focused on population health that can support and grow revenue with a focused care team approach.

Examples of population health billable revenue streams are programs such as Chronic Care Management, Behavioral Health Integration and Remote Patient Monitoring. The Chronic Care Management program is focused on patient outreach for those that have at least one chronic diagnosis. The eligibility for these services has expanded over the past couple of years, which is creating more opportunity for these types of programs. Behavioral Health Integration is a similar program focused on those with a mental health diagnosis that uses a psychiatric collaborative care model approach with a primary care provider, psychiatric consultant, and care manager working directly with the patient. Another component of these types of reimbursable services is Remote Patient Monitoring. This is a monthly billable service to Medicare for both the monitoring and the Care Management services. All these programs require a Care Management team approach to managing chronic conditions in collaboration with the provider network at the facility or clinic level. By instituting these services, the facility is providing a service that can support revenue growth for 2021 and beyond. By frequently contacting patients, this impacts the overall care and allows for the patient to stay connected to the facility. Staying connected and increasing capture of all needed services through the facility will also increase pull through revenue at a system level.

These types of population health revenue streams have the potential for not only bringing in additional revenue but also for positively impacting the quality outcomes. Quality outcomes are becoming more important with additional payors expanding into basing portions of reimbursement on outcomes. It is important to review the potential for your facility to ensure you are not leaving revenue on the table. Having a team dedicated on executing your population health strategy is the key to success. If you are not currently maximizing your opportunity for these types of billable services, you can contact Trilogy Population Health for a complimentary evaluation of your revenue potential.

Brandy Hoell, MSN, RN, CCM

Partner, Population Health

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Why Using Data to Hire Healthcare Providers is More Important in 2021 than Ever Before

Bert Pickard, Director, HORNE Healthcare

Hiring is tough. Under normal circumstances, it's challenging to staff your facility with reliable and high-quality caregivers. Not only are executive and financial leaders managing significant labor shortages, they may also find themselves wading through a labor pool that still hasn't settled in the wake of the COVID-19 pandemic. Adding to this complexity, the 2021 changes to Stark and Anti-Kickback laws make it difficult to balance the demands of physician salary requirements, the federal government, and your own facility's budget.

As we settle into a "new normal," it's more important than ever to make data-informed hiring decisions so you remain compliant and profitable. Here are three reasons to consider reliable data before making any offers:

1.) We still don't understand how COVID-19 has impacted fair market value.

2020 created incredible shifts in the labor pool which impacts fair market value—in ways that we couldn't have predicted. For example, while overall physician compensation remained similar from 2019 to 2020, many specialties' incomes shifted.1

Plus, your team needs to make sure that you're aligned with CMS's recently revised definition of fair market value (effective January 19, 2021). High-quality data is critical for making offers that will attract the right physicians while remaining compliant.

2.) New Stark Law updates go into effect in 2021.

In November of 2020, CMS released new regulations (effective January 19, 2021) which enacted a new definition of commercial reasonableness and revised the volume or value standard. Both changes will impact how you make hiring decisions. Your executive, legal and financial teams need to work together to make sure your hiring practices are up to par in light of these new standards.

3.) Bad hiring decisions come at a high cost.

Regulations and cultural expectations are more nuanced than ever, so executive teams can't afford to make decisions based on bad data. Forgoing research now might create more margin in the short term, but in the long run, you could be hit with exorbitant penalties, legal fees and settlement costs that could devastate your bottom line. In our current climate, you can't afford not to invest in data.

Data-informed hiring represents a powerful investment of your time and money. Whether it's a Physician Needs Assessment, advice on federal compliance, or proprietary tools that help incorporate real-time data into your hiring process, HORNE LLP is ready to help you and your executive team make the most of your data and ensure the best hiring decisions possible.

Contact HORNE today to understand how important data-informed hiring is to your facility's future.

1 Kane, Leslie, MA. "Medscape Physician Compensation Report 2021: The Recovery Begins" Medscape,

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READ THE ENTIRE ARTICLE ON MSHFMA'S BLOG:

Bert Pickard, Director

HORNE Healthcare

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The Value of Certification

Many healthcare organizations in today's challenging economy recognize their workforce as their most valuable asset. As such, these organizations tend to hold workforce development as a primary business strategy.

Investment in developing the talents, knowledge and skill sets of staffs are critical to the organization's success. HFMA's *Healthcare Financial Pulse* research identified this dynamic and noted that successful organizations today commit to the "bread and butter" of financial management, i.e. technically strong and comprehensive financial management.

Likewise, many individual financial managers today recognize the importance of assuming personal responsibility for their careers' success. More than ever before, individuals understand the importance of acquiring and maintaining comprehensive skill sets to ensure their ability to provide the financial management demanded today. These individuals frequently seek out relevant professional development opportunities.

The larger business environment resulting from these forces is a heightened interest in workforce development initiatives including certifications and credentialing. Credentialing programs have exploded across the past couple of decades and include:

- professional associations offering certifications
- community colleges offering curriculum-based certificates
- corporate sponsored in-house credentials for employees
- technology companies providing proprietary credentials to customers

HFMA certification provides a fundamental business service to our industry, namely HFMA certification offers:

- Assessment of job-related competency
- The opportunity for an individual to demonstrate skills and knowledge
- Independent verification of the skills and knowledge
- Confirmation that an individual is current in the practice field

The value of HFMA certification can be seen in several reported "value-adds":

- Increased departmental cooperation
- Heightened self-confidence among participants
- Increased performance against selected metrics
- Verification of staff knowledge and skills
- Assistance in structuring career paths

HFMA is committed to being the indispensable resource that defines, realizes and advances healthcare financial management practice. As such, HFMA provides professional certifications to achieve this purpose in today's business environment. This makes HFMA Certification a smart workforce investment strategy.

For more information on HFMA Certification, visit http://www.hfma.org/certification/.

Study: Medicare access narrows racial gaps in coverage, healthcare costs

by Paige Minemyer FIERCEHEALTHCARE.COM

Access to Medicaid may help address racial disparities in insurance coverage, access and self-reported outcomes, according to a new study.

The research, published in JAMA Internal Medicine, tracked more than 2.4 million Americans and found that immediately after turning 65, and thus becoming eligible for Medicare, coverage for Black respondents increased from 86.3% to 95.8%.

Among Hispanic respondents, coverage increased from 77.4% to 91.3%.

By comparison, white respondents had the highest level of coverage before gaining Medicare eligibility, at 92%. But coverage rates did increase for whites, too, reaching 98.5% after age 65, according to the study.

In addition, the study found that gaining Medicare coverage narrowed gaps in access to a usual care provider, cost of care and flu vaccine rates between white and Hispanic participants. Similar results were not found between white and Black patients, however, according to the study.

"The results highlight an underappreciated aspect of Medicare: it is associated with sharp reductions in racial and ethnic disparities at age 65 years," the authors wrote.

"However, racial and ethnic disparities were not eliminated by Medicare, supporting the view that disparities are shaped not only by policy decisions but also other social determinants of health, such as structural racism, that persist among elderly individuals," they said.

Expanding Medicare eligibility has been a hot-button political topic of late, with plans ranging from lowering the eligibility age to 50 or 55 to a Medicare for All single-payer system.

READ THE ENTIRE ARTICLE FROM FIERCEHEALTHCARE.COM HERE.

THE LATEST NUMBERS

National Debt at last edition - $28,297,182,000,000.00

National Debt as of today—$28,581,957,178.00

Total Debt to GDP Ratio: 143.49%

Debt Per Taxpayer: $227,473.00 Debt Per Citizen $85,734.00

Mississippi Debt $16,698,740.652 Population: 2,977,660

National Unemployment Rate – 5.9%, down from 6.1% last edition

Mississippi Unemployment Rate as of today—6.2%

National Average Household Income - $63,179 / Mississippi - $43,567

Ken Dulaney
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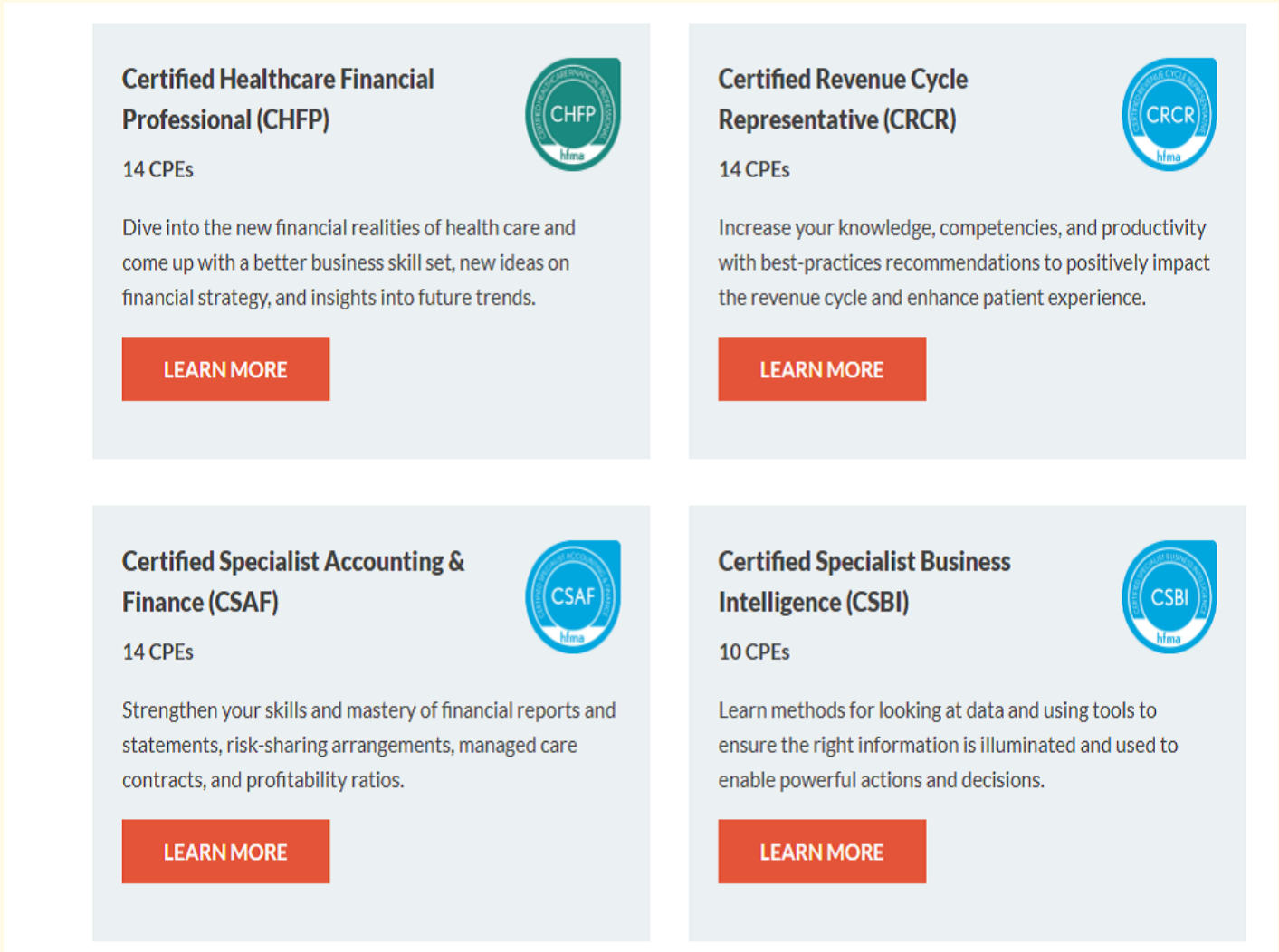
Certification Pathways

Your future, you decide!

Certification programs with HFMA have become extremely user friendly on the website and guide you along your path to professional excellence. I'd like to share how you can validate your expertise and demonstrate your commitment to the profession with certificatio



CREDENTIALS MATTER

David Williams

Carr, Riggs & Ingram

The process for application, testing and certification can be found on the HFMA.org website at hfma.org.

David Williams, Certification Chair

CPA, MPH, FHFMA

David.williams@cricpa.com

HFMA has credentials for those seeking certification or certified specialist programs.

Let's discuss the CHFP program which includes a the broad range of business and financial skills essential for succeeding in today's high-value healthcare environment:

- Business acumen
- Collaboration
- Financial strategy
- Understanding future trends

The CHFP is geared toward financial professionals, clinical and nonclinical leaders, and payers – all those whose jobs require a deep understanding of the new financial realities of health care. The CHFP program includes two modules (*both modules must be successfully completed to earn the CHFP*): The CHFP consists of two online modules:

- **The Business of Healthcare:** A big-picture overview of healthcare finance, risk and risk mitigation, new payment models, financial accounting and cost analysis, strategic financial issues, managing financial resources, and shifting payment models.
- **Operational Excellence:** The application of business acumen includes exercises that use a case study approach to understanding the business of health care.

In addition to the CHFP, HFMA offers specialist programs in accounting/finance, managed care, physicians practice management and business intelligence. For more information contact me.

Thanks,

David Williams

For more information on HFMA Certification, visit http://www.hfma.org/certification/.

Www.HFMA.org/Certification

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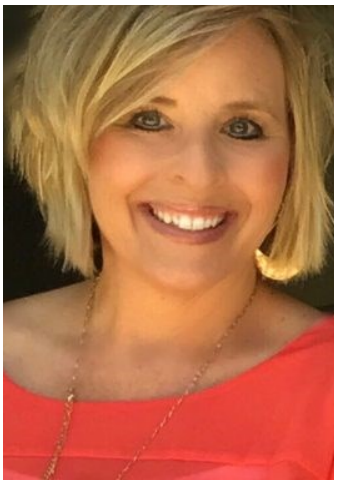

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ABOUT HFMA

HFMA is the nation's leading membership organization for healthcare financial management executives and leaders. More than 35,000 members—ranging from CFOs to controllers to accountants—consider HFMA a respected thought leader on top trends and issues facing the healthcare industry. HFMA members can be found in all areas of the healthcare system, including hospitals, managed care organizations, physician practices, accounting firms, and insurance companies.

The Mississippi Chapter of HFMA, along with other regional chapters and the national HFMA, helps healthcare finance professionals in Mississippi meet the challenges of the modern healthcare environment by:

- Providing education, analysis, and guidance.
- Building and supporting coalitions with other healthcare associations to ensure accurate representation of the healthcare finance profession.
- Educating a broad spectrum of key industry decision makers on the intricacies and realities of maintaining fiscally healthy healthcare organizations.
- Working with a broad cross-section of stakeholders to improve the healthcare industry by identifying and bridging gaps in knowledge, best practices, and standards.

Vision

HFMA's vision is: "To be the indispensable resource for healthcare finance."

Purpose Statement

To define, realize, and advance the financial management of health care by helping members and others improve the business performance of organizations operating in or serving the healthcare field.

Quality Statement

Quality is the foundation of the Association and the keystone of its efforts to ensure member and customer satisfaction. HFMA's objective is to:

- Consistently provide services and products that meet the quality expectations of its members, customers, and employees.
- Actively pursue a program of continuous quality improvement that enables employees and volunteers to do their jobs right the first time.
- Quality is a major, strategic association goal. It lies at the heart of everything done for members and customers. HFMA strives continually to improve the quality of services and products offered, the processes and procedures used to produce them, and the manner in which they are delivered.

Values Statement

We believe that service to members is our highest priority.

We believe in excellence in all that we do.

We believe that teamwork is essential in meeting the objectives of HFMA.

We believe in the importance of individuals.

We believe in encouraging innovation and creativity.

We believe in conducting HFMA with financial responsibility and a prudent approach to business.

hfma
healthcare financial management association

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