



Letter from the President	2
Can't You Hear Me Knocking?	3
Contract Testing and Analysis	5
New Members	7
Member Spotlight: Ashlee Solomon	12
Certification Information	15
Event Recap: 2020 Leadership Conference	16
Event Recap: Tailgate Happy Hour and Sock Drive	17
Leadership Team	18
Event Recap: New Member Reception	19
Chapter Calendar	20

President, Central Ohio HFMA, James Monroe



Greetings, HFMA Members.

At the writing of this letter, I cannot believe it is almost November.

It seems like yesterday it was February and we were on the brink of a pandemic. So much has changed since in what seems like a very short amount of time. As noted in a recent Presidential debate, one death is too many when it is the byproduct of anything outside of a long life and natural causes. However, the current global, national, and personal state of affairs are completely outside our control. All we can control is our own personal responsibility and contribution to either the problem or the solution.

Central Ohio HFMA leadership has taken that to heart, and we want to be a part of the solution, part of making the most and best of a bad situation. It is our hope we are setting that tone for our membership, HFMA as an association, and healthcare as a whole. Your leadership team is working hard to appropriately navigate the shifts we have seen to continue bringing value, quality education, engagement, and networking during the challenges of 2020. Hopefully, you have seen that as we progressed through the year.

There will always be good and bad times, ups and downs, with some times being better and some being worse, some being shorter and some being longer. There are also pros and cons during all those times. Some people will thrive and some will suffer. Some businesses will flourish and some will fail. That said, there will always be a reason to respond well and remain positive.

As President of our great chapter for the 2020-2021 year, I see it as my duty and responsibility to promote the positive, encourage such thoughts and actions. In that regard, I applaud our officers, directors, committee chairs and members for juggling more than ever in their personal lives and day jobs but still giving all they can to make this the best damn chapter in the land. Our team is staying positive and responding accordingly. They are an inspiration to me, and I hope to give back a little bit of what they give me.

To that end, we continue offering educational events, networking opportunities, and social engagement. Please check out the events we have held throughout the pandemic and the November event scheduled for the 17th. As we look to 2021, we are planning virtual events, onsite events, and possibly hybrid events depending on what shakes out as we move through winter. Regardless, trust that I and all your leadership team are committed to making the most of whatever we are dealt.

We look forward to leading and serving our membership. If you have any questions, concerns, or would like to get more involved, feel free to seek out me or one of us.

Sincerely,

James

the BUCKEYE connection



Can You Hear Me Knocking?

If you like the Rolling Stones song by the same name, you'll really appreciate this scary fact, Americans are only answering their cell phones 47% of the time according to Hiya, an authority on the subject. Less than half of all attempts to reach consumers on their cell phones are successful and yet statistics show that [Americans check their cell phone every 12 minutes](#) or 80 times each day!

Additionally, it's a catch-22 for agencies when considering leaving a message for consumers as they are liable if they do not identify themselves, yet they are also liable if on the off-chance someone who is not the consumer overhears your message when they listens to it as this would violate the privacy of the individual. Believe it when we write it - this is only the tip of the iceberg in the minefield of arctic ice that is the current state of collections regulations.

So, what can you do to help appease this? First and foremost, you need to educate your patients and customers that you and your third-party partners will need to be able to reach them on their cell phones and you need their permission to do so. This can be a [simple step in your intake process](#) that can be logged into their patient and customer records during this process.

Secondly, it's time to start asking them how they would like to be contacted. Gen-Xers, and in particular, Millennials would rather be contacted via email and text message, while Traditionalists and Boomers will mostly still prefer a phone call. Let them choose what works best for them, and don't forget to obtain their permission for your organization as well as your third-party partners.

To learn more about including your third-party partners while protecting your own interests in these consumer records, check out our blog post, [Common Sense Prevails](#).

To read more about American cell phone statistics on AccountsRecovery.net, [click here](#).

To learn more about "From the Owner's Corner," [click here](#).

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How to use contract testing and analysis to prepare for payment changes

Lauree E. Handlon and Laura Jacobson

Two areas that effect the impact of contract changes include how payers define categories and services and hierarchies of payment.

A substantial provider-payer contract is nearing the renewal period. The payer initiates proposed changes to current payment terms, but the provider already has in mind specific outcomes desired for the upcoming contract year. The provider is faced with two choices; accept and move forward with the proposed changes or engage in the negotiation process. What should the provider choose?

To make an educated next step, it is critical to gain specific information. Whether the contract is new or up for renewal, a thorough understanding of the financial implications of changes to provider-payment terms is vital for continued operations. Critical steps in the process include identifying the sources for contract testing, the approaches to analysis and the payment impacts.

Payer proposes payment terms

One approach involves testing the terms and methodology proposed by the payer. Through analysis, the provider can determine if the offered terms result in alignment

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Continued on page 6

Why initiate contract testing?

Contract testing may originate from a variety of sources.

Termination of contract. A provider could be faced with the termination of a contract and those patients could potentially leave the provider's payer mix entirely. Or the contract moving out of network creates a shift of patient volume, for example a large employer group, to another payer contract with different payment terms. What will either adjustment mean to the provider's net revenue?

Changes in legislation. Another foundation for contract testing involves the complications associated with changes in legislation. An example of this can be payment terms adjusting to include a provision to cap contracted payment at federal program methodology, such as the Inpatient Prospective Payment System or Outpatient Prospective Payment System. Providers also ought to be equipped with payment analysis for an adoption or variation of the "Medicare for All" initiative. Can the organization survive under this movement?

Modification to current terms. Most commonly, the source for initiating contract testing and analysis starts from the payer or provider desiring to alter current payment terms. If either party wishes to modify the terms, the relationship has now entered into a level of contract negotiations.

By using skilled resources to test changes, the provider increases the ability to validate any analysis estimated by the payer and develop counter scenarios to meet favorable objectives.

Bottom line, regardless of the cause, providers should ultimately want to prepare for the impact of payment changes. To accomplish full preparation or create a desired outcome, the various approaches to contract testing must be considered.

with the organization's financial goals. This approach seems simple enough, but the following elements must be kept in mind.

Definitions. How the payer defines payer categories and services represents the first key consideration. The definition of each service must be communicated to the provider, so payer and provider are on the same page. For example, does the payer use a specific set of revenue codes, HCPCS codes or a combination to define an emergency visit? Confirming detailed definitions will ensure each service is identified accurately in the tests.

Hierarchy of payment. The service category deemed primary, secondary and so on is another significant consideration. Hierarchy of payment involves determining how the payer pays a claim when multiple services are present. For example, the claim represents a patient presenting in the emergency department, followed by a surgical service in the OR and concluding with the patient being placed under observation. In this scenario, how will the payer apply payment if the contract includes payment categories in all three of these areas? Results could be significantly different if surgery groups are applied in the test, but the payer interprets that observation takes precedence in the hierarchy.

Payment methodology. How the rate is applied is another consideration when testing proposed terms. For example, is the payer paying a service at a case-rate level, at the unit level or once per day? Application of a per unit methodology can produce vastly different results than once-per-day payment methodology.

If testing a proposal provided by the payer, the next step will be to apply the current contract terms to a set of claims. This will determine the base or benchmark payment. Next, apply the proposed terms to the same set of claims. Using the same set of claims in the base and test is critical to provide an apples-to-apples comparison of terms. From here, the impact of moving to the new terms proposed by the payer can be determined.

Provider desires specific outcome

Another approach to contract testing is more complex. The provider may have an idea of a desired outcome (e.g., an overall increase of 5% for the payer over the previous year). In this situation, the provider may want to determine the optimal contract terms to help reach this goal and then present the terms to the payer. While the elements in the first approach are applicable here as well, additional key elements should be kept in mind for this approach.

Leverage. The first element is determining how much leverage the provider has with the payer. In some cases, the size of the hospital and payer may determine the negotiation ability of the provider. Knowing this up front can save time during the testing process.

Extent of changes. Another aspect is determining how much of the original contract the provider wants to change and the payer is willing to change. Any combination of changing the rates or the methodology and structure can be involved. It is important to know what parts and to what extent they can be tested as certain terms may already be deemed non-negotiable in the contract.

Establishing the base or benchmark payment is still needed under this approach. The testing phase of various terms based on the provider desiring a specific outcome may take longer, depending on the goals, as well as the elements, changing in the tests. Consider the following example.

A provider's current contract includes a mix of fixed rates (e.g., per diems, case rates) and percent of billed charge payment. The goal is to increase overall payment for this contract by 5%. Constraints include limited flexibility to adjust only the fixed rates, and methodology must be kept the same.

The provider must now determine the level of increase to the fixed rates necessary to achieve an overall 5% increase. A complication arises due to an inpatient stop-loss provision and a lesser of provision applied to inpatient and outpatient claims. Increasing the fixed rates will not

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the BUCKEYE connection

Continued from page 6

What to test and how to test it?

Depending on the goals for finalized payment terms, the provider may approach the contract testing process in two general ways.

Payer proposes payment terms. This approach involves testing the terms and methodology proposed by the payer. Through analysis, the provider can determine if the offered terms result in alignment with the organization's financial goals.

Provider desires specific outcome. This approach to contract testing is more complex than the payer proposal of payment terms. For example, a provider may have an idea of a desired outcome (e.g., an overall increase of 5% for the payer over the previous year). In this case, the provider determines the optimal contract terms to help reach this goal and then presents the terms to the payer.

Either approach could be enhanced by attaining payment-term intelligence involving benchmark data. Utilizing existing comparison data for payer-specific payment levels along with either of the methods creates powerful information to assist with the testing and analysis process. Regardless, with either approach, specific element details are crucial to understand prior to initiating testing.

only increase payment for some claims but will also cause movement in and out of stop-loss and lesser of claim status, making the overall payment more unpredictable.

With charge sensitivity involved, any future price increases to the chargemaster must be incorporated as well. Comparisons to the benchmark payment for each test will help determine the new rates that help reach the 5% increase goal.

For either approach, a key challenge associated with contract testing is utilizing a comparable base of claims data. The data criteria used by the payer to estimate impact is often a pitfall when comparing results as different claim date ranges may have been used for the analysis. A critical aspect of accurate testing is using the same criteria as the payer to define the data set involved, including covering seasonality.

Once the proposed rate impact or new rates are formulated, it is time to communicate the results to the payer.

Communication of testing outcomes

After initial testing is complete, results of the contract changes should be available for quick identification of impact. A

report providing the impact is a useful way to communicate the results. Depending on the desired level of change the parties want to review, layout of the results can be displayed in a few ways. Several types of suggested views of results include:

- > Overall impact
- > Patient type impact (inpatient/outpatient)
- > MS-DRG impact
- > Service impact

Impact reports compliment the negotiation process by providing a tool to use with the payer to discuss outcomes and potential further testing. This is especially true when testing proposed rates provided by the payer. If the results are not at the level anticipated by the provider, presenting impact reports to the payer may aid in further negotiations until both parties are satisfied.

When developing contract terms to meet a desired goal, the provider also needs to communicate the new rates to the payer.

Depending on what the payer requires, this can be accomplished by a summary letter or report of new terms presented with the impact reports. Including as much detail as

possible about any changes made in the test ensures both parties are on the same page.

In addition to displaying the testing approach results, once again, benchmark data for payer-specific payment levels can significantly enrich the communication.

Next steps

Results are in, and now the provider needs to determine if additional testing is needed or if both parties are prepared to proceed. With the results information gathered and benchmark data for payer-specific payment levels in hand, providers may decide to continue strategizing other scenarios along with understanding the impact of each. Or the provider may determine the best options are already available. By executing the knowledge gained through this process, providers are equipped to arrive at the table knowing minimal, target and optimal payment-term goals. In addition, this process may bring to light any elements of the payment terms requiring additional attention and resolution with the payer. After new terms are accepted by both parties, the provider must now prepare for the upcoming effects of executing the payment changes.

Mutual understanding

Once the provider and payer gain a mutual understanding of the goals and process of contract testing, both parties can move forward with more confidence. Arming themselves with the proper tools and knowledge to accomplish financial goals can ensure a smoother negotiation process and transition to new contract terms.

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Fall 2020 (continued)

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Pamela Wright

Radiology Scheduler
OhioHealth

Teri Yates

President
Accountable Revenue Cycle Solutions LLC

Susan Young

Patient Accounting
Wheeling Hospital

Terry Zheng

Student Member

Member Spotlight



Name: Ashlee Solomon

Hometown: Cincinnati, Ohio

College: Undergrad- BYU, Graduate (current): OSU - MHA

Current Central Ohio HFMA Position: Student Leadership Committee Chair

HFMA Experience: Under advisement from John Ziegler and Lauree Handlon, starting the new Student Leadership Committee with three other students where we recruit and engage students in Central Ohio.

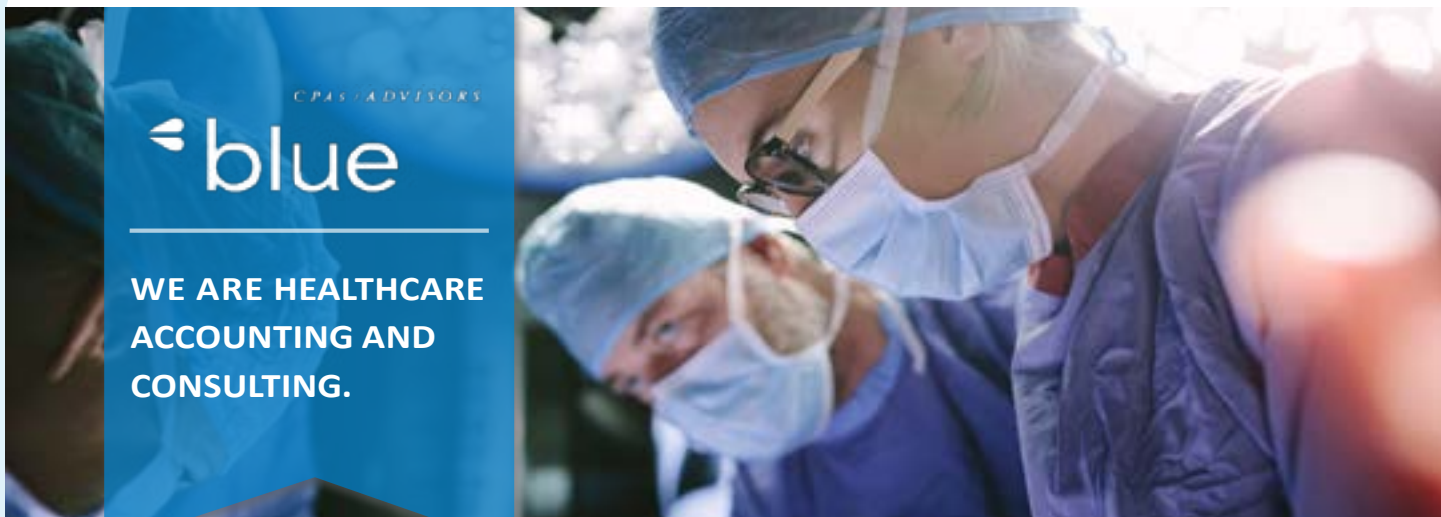
Great HFMA Memory: Mini-LTC because that's where I met the whole leadership team for the first time! Their passion for our chapter is contagious!

If someone wrote a biography about you, what do you think the title should be? The Eclectic Diabetic: Beginning of a Journey filled with Laughs, Tears, and Joy

What do you look forward to the most with working in healthcare? Can I say working to improve the issues within healthcare? I am passionate about patient-centered care, cost savings, and access to care. These are three pillars that have become so central in healthcare and I am thrilled to be joining the field while there have been some improvements with so many more to come! I am excited to contribute to this transformation of care.

Aside from busy school/work schedule, what else keeps you busy? Playing and coaching volleyball (pre-COVID), playing board games with friends, and walking my recently adopted dog Gus!

What is your favorite vacation spot? Norway, hands down! Best hiking, most beautiful scenery, and visiting with friends from when I lived there!



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- Value for individuals: Increase your earning potential and stand out among your peers. The job market is highly competitive. Maintain the skills, confidence, and proficiencies you need to give yourself an edge in healthcare finance.
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Click on the certification link to learn more about these programs:

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Congratulations to these members that have received CHFP and/or their HFMA certifications on 2020!

- | | |
|---------------------------|---------------------------------------|
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| • John Ziegler, CHFP | • Lori Parrish, CRCR, CHFP, CSPPM |
| • Bryan Yenc, CHFP | • Matt Brinkman, CHFP |
| • Stephanus Saputra, CHFP | • Daniel Gladieux, CHFP |
| • James Seiwert, HFMA | |

For more details about these certifications, please contact Patti McFeely at patti.mcfeely@caiam or you can reach out to HFMA National at careerservices@hfma.org

"I chose the certification process with HFMA because it is widely accepted as the gold standard in illustrating competency in the field of healthcare finance."

J. Travis Dowell, MBA, FACHE, FACMPE, HFMA
President, Memorial Physician Services

COHFMA Event Recap

Event Recap: 2020 Leadership Conference

Over 80 people attended our first ever virtual 2020 Leadership Conference back on August 26th. Our theme: *When life hands you a pandemic & chaos, stay calm, lead & live well!* And it sure was a timely topic!

We had four sessions, led by three fantastic speakers. **Laura Butler** who taught us techniques to manage through times of unprecedented change and to be resilient. **Kevin McCarthy** helped us crush our blind spots for breakthrough results by cultivating a positive mindset. While **Tyler Enslin** enlightened us all on techniques to remain positive in a time of crisis.

It was proof to us that our chapter will be able to continue and deliver content and education to our members in a virtual environment. Looking forward to many more!



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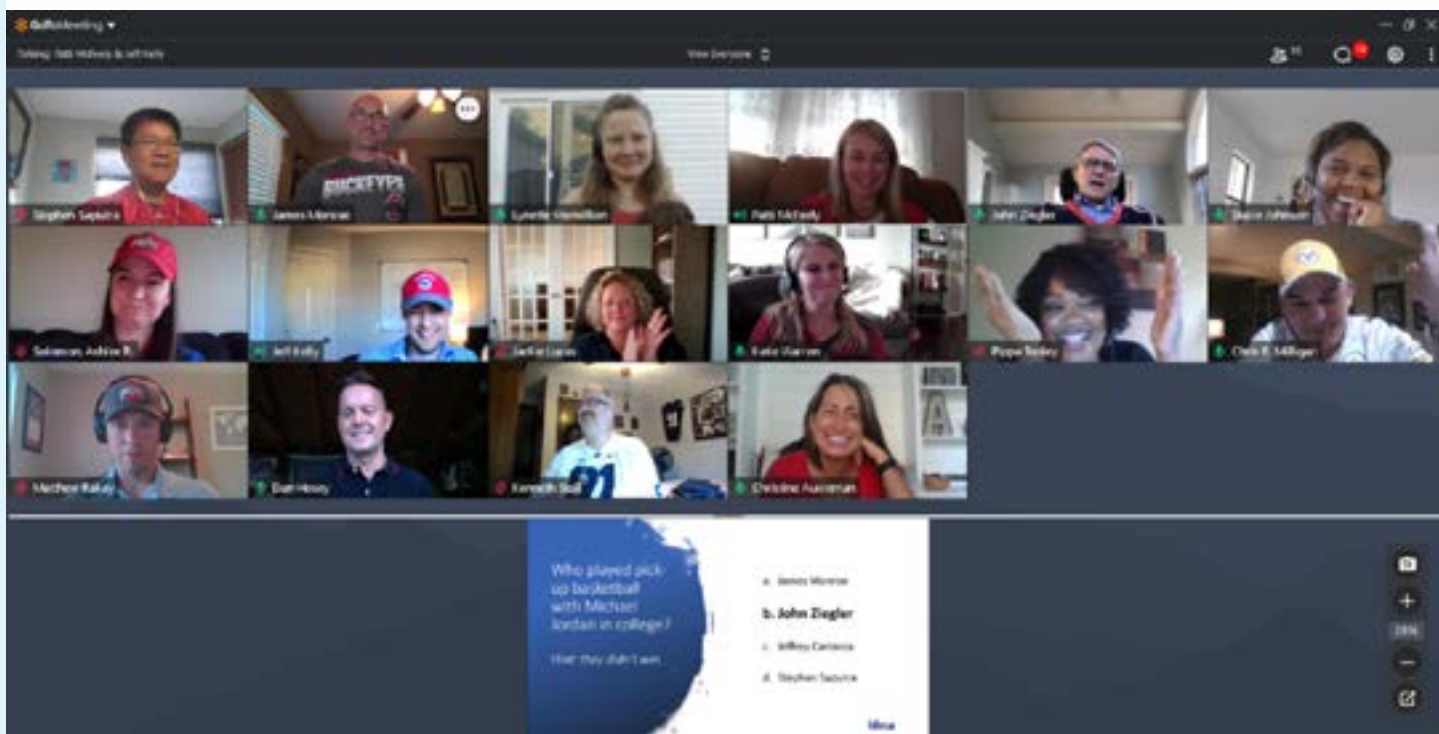
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COHFMA Event Recap

Event Recap: Tailgate Happy Hour & Sock Drive Campaign

On Thursday, October 22nd, Central Ohio HFMA hosted a virtual social happy hour event with the theme of Tailgating, right before we opened the Big Ten season against Nebraska. We had a great time! Our members showed up, with webcam on and we all shared a few laughs while trying to answer some sports-themed trivia questions provided by our leadership team.

On top of all that, the event helped raised **\$3,270** for our HFMA Gives Back Sock Drive campaign! We could not be more excited. All proceeds go to Columbus Relief and the money will be used to purchase socks for the homeless population in our community. Thank you, members, for all your generous donations. You're the reason our chapter is so special!



Central Ohio HFMA Leadership Team

President: James Monroe

President-Elect: Christine Aucreman

Secretary: Lauree Handlon (temp)

Treasurer: Jeffrey Carranza

Board Chair: John Ziegler

Board Members:

Jamie Cleverley	Jackie Nussbaum
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Programming Chair: Katie Warren, Patti McFeely

Communications Chair: Stephen Saputra, John Ziegler

Membership Chair: Lauree Handlon, Suzanne Griffin

Sponsorship Chair: vacant

Student Leadership Chair: Ashlee Solomon

Regional Executive: William Sharp

Regional Executive Elect: David McCullough

Regional Executive Elect-Elect: Nadia Vincenti

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Comments, Suggestions, Articles?

Do you have comments or suggestions regarding the Central Ohio HFMA newsletter, programming ideas or other chapter matters? Have an article you would like to see published in a future newsletter? We would love to hear from you! Please send all correspondence to Stephen Saputra at stephen.saputra@ohiohealth.com

For information regarding corporate sponsorship, please contact James Monroe at jmonroe@revspringinc.com or 330-546-3314

COHFMA Event Recap

COHFMA New Member Reception – 2020 - RECAP

On Tuesday August 25, Central Ohio HFMA held our first virtual New Member Reception! Many thanks to those who could join. We had over 40 people register. Our participants were split between about 50% New Members and 50% Legacy Members. We spent the first hour tasting a few wines and learning all about wine – questions many always wanted to know! Meghan, from Wine on High, led our group as our sommelier. Some of the questions asked included:

- Does wine really need to breathe to taste the best?
- Can you give me some tips on how to pretend to be a wine connoisseur?
- When should I send back a bottle of wine in a restaurant?
- What is the best method for tasting the notes in various types of wine?
- Is there a difference in value/test if it is a cork-top or screw-top?

After the tasting, many stayed on to have a little fun and get to know our leadership participants as well as others at the event. Our leadership team answered questions about why they joined, what was their favorite memory, and funniest thing that happened with volunteering.

At our typical new member reception, we have played Networking Bingo in the past. Even though we could not fulfil the true Bingo game in our virtual environment, we could still bring some of those situations or questions to get some good stories rolling! So, we presented a statement and if the statement was something that describes a participant, we asked those to please speak up and then tell us a short story about and that statement. We found out things like:

1. Who has broken more than 2 bones?
2. Who failed their first drivers test?
3. Who speaks another language fluently?
4. Who played a sport in another country?
5. Who was born in August? Any birthday stories?

We would love to hold another event similar, so if you too were curious about these questions with wine and/or networking, bring them and any others to our next wine tasting - networking event!

A little about Wine on High... Wine on High was established in 2006 is located in the Short North of Columbus and has created a comfortable, approachable and fun way to taste a variety of wines in the store (and virtually!). From everyday wines to premium finds, their friendly and knowledgeable staff is there to help you every step of the way. Whether you are having people over for a socially distanced dinner party, celebrating a special occasion, stocking your wine cellar, or simply interested in a great bottle of wine at any price point, Wine on High has what you're looking for! www.wineonhigh.com

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UPCOMING EVENTS 2020-2021

Nov. 17, 2020
8-5

Accounting/Auditing Update
GoToWebinar

Future Health Care Leaders
Student Opportunities Webinar
GoToWebinar

Jan. TBD

April 2021

Women in Leadership
The Renaissance Westerville

LTC (3 days)
Orlando, FL

April 25
2021

May 2021

Mini-LTC
TBD

All-Ohio Conference (2.5 days)
The Renaissance Westerville

May 19-21
2021

***Tentative Live Events (pending COVID-19 re-opening w/virtual contingency options)**



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