

PALMETTO STATE NEWS

In loving memory of Ray High



THANKFUL

FALL EDITION

2021

In this edition:

Message from Chapter President

Save the Dates Information

No Surprises Act

Palmetto State News

Palmetto State News is the official publication of the South Carolina Chapter of the Healthcare Financial Management Association. Opinions expressed here are those of the author and do not reflect the views of HFMA or the South Carolina Chapter.

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Our Vision

The South Carolina Chapter of the Healthcare Financial Management Association will continue to be the leading professional resource for individuals seeking excellence in the area of financial management of integrated health systems and other healthcare organizations.



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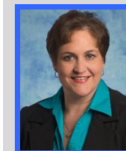
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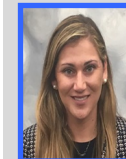
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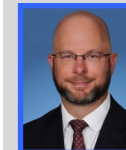
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A Message from the Chapter President

happy
fall y'all!

Happy Fall SC HFMA Members! I hope you all had a fun and relaxing summer and are getting back into the swing of school and work routines by now. I can't believe how quickly October passed and we find ourselves making plans for the holidays as well as the HFMA Annual Conference which is occurring this week! If you will not be attending in person, I hope you will take advantage of their virtual attendee option for they have an excellent education lineup, and it is a great way to get those last-minute CPE's in for certification

maintenance for the year!

We as a chapter continue to monitor the daily state COVID numbers as reported by SC DHEC and while we were disappointed that we had to postpone our Fall Institute in Greenville, we have rescheduled the event to **January 19 – 21, 2022** at the Westin Poinsett Hotel in Downtown Greenville. Details and COVID-19 precautions will be forthcoming as we get closer to the event but in the meantime, **SAVE THE DATE** and we look forward to ringing in the new year with you all in person!

As we head in-to 2022, we hope that our in-person meetings and social gatherings will be able to resume on a more normal basis. We have been working behind the scenes to start filling up the calendar with evening social networking events in Greenville, Columbia and Charleston, planning for the 2022 Women's Conference and other one day education events are underway, and we also have the postponed Region V 2022 Southeastern Summit to look forward to in April (3rd – 6th) in Nashville.

We know that travel budgets are still tight for providers which is why we are happy to announce that the chapter will now be providing scholarships for all our in-state multi-day conferences. We will provide details on how to apply with each event as we roll out registration for the conferences.

I welcome any ideas you have for the chapter as we fill up our calendar for 2022 and if you are one of our vendor partners and would like to present an online webinar, please reach out to us so we can get you on our schedule.

I hope you all have a happy and safe holiday season with your family and friends, and I look forward to seeing you all in person in Greenville in January!

Stay healthy and stay safe!

Danielle Gori, FHFMA, CHFP, CRCA
President, HFMA South Carolina Chapter

RIISING TO THE CHALLENGE

Since 1946, BlueCross BlueShield of South Carolina has helped South Carolinians navigate many challenges. Our security, strength and stability have allowed us to stand tall in the face of adversity. And that's not going to change. Whatever challenges arise, we'll face them together.



South Carolina

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April 3—6, 2022

Nashville, Tennessee

No Surprises Act

*Barney Osborne, FHFMA, CHFP
VP of Finance and Reimbursement
South Carolina Hospital Association*

On Dec. 27, 2020, the No Surprises Act (NSA) was signed into law as part of the Consolidated Appropriations Act of 2021. The Act delivers the most significant changes to commercial managed care since the Affordable Care Act of March 23, 2010. The NSA Part 1 is intended to avoid surprise medical billing resulting from individuals receiving bills for professionals providing medical services within the hospital, but do not align their third-party contracting with the hospital. Most sections of the legislation were intended to go into effect on Jan. 1, 2022. The Departments of Health and Human Services, Treasury, and Labor are tasked with issuing regulations and guidance to implement a number of the provisions.

The act covers four key components:

- It protects patients from receiving surprise medical bills resulting from gaps in coverage for emergency services and certain services provided by out-of-network clinicians at in-network facilities.
- It holds patients liable for only the patient-portion (coinsurance and deductible) they would have been responsible for if their provider had been in-network. This removes unexpected responsibilities from the patient.
- The act then allows providers and insurers the opportunity to negotiate third-party reimbursement on their own via an arbitration process. This allows providers and insurers to access an independent dispute resolution (IDR) process using the arbitration process to make a final determination of an appropriate payment.
- The Act requires both providers and health plans to assist patients in accessing health care cost information.

While the last bullet sounds somewhat insignificant, it will likely be the most difficult for providers to carry out due to an unprecedented level of coordination required between facilities, providers and third parties. To meet the January 2022 deadline, most of these requirements would need to be implemented manually.

NSA 1 provides new requirements for health plans to send third party patients an “Advanced Explanations of Benefits” (EOB) prior to scheduled care or anytime an estimate is requested by patients. The Advanced EOB requirement begins with the provider sending a “good faith estimate” (GFE) to the patient’s plan which is needed to calculate the patient liability.

On a very basic level, facilities and providers must prepare an estimate of all of the cost from all providers related to a particular service provided in their facility and forward it to their third-party in advance of the procedure or service. Typically, as the primary provider facilities will serve as “convener” in the GFE process, meaning that they must comprise an estimate of cost from all providers expected to be involved in the delivery of care...before the procedure and under a very tight time frame. Again, not only will hospitals have to provide an estimate of the costs of its own supplies and services but will have to solicit estimations from all other providers such as surgeons, anesthesiologists, pathologist, radiologist, and any other provider billing for their services separately. After all of the estimates have been consolidated, facilities are then required to communicate the results to the patient’s third-party carrier. This information will be used by the carrier to determine the out-of-pocket cost the patient will be personally responsible for. This amount cannot exceed the patient’s responsibility if the care were provided by an in-network provider.

Continued on next page

No Surprises Act *[continued]*

The good news for the patient is that they will no longer bear the responsibility for gross charges when specific care is provided by out-of-network outside providers.

As facilities will bear the burden of being the convener in the accumulating the GFE, the NSA will add a significant new burden on hospitals. Until healthcare software systems have had a reasonable period of time to develop a means of coordinating information to convene providers estimates and a computerized means of communicating this information to third party-payers, much of the information needed for advanced EOBs would have to be gathered and communicated manually, placing an extreme burden on the revenue cycle, and likely slowing payment turn-around...the last thing hospitals need right now.

The departments stated in the August 20, 2021 addition to their FAQs, they have received feedback from the public about the challenges of developing the technical infrastructure necessary for providers and facilities to transmit this information to plans and issuers starting January 1, 2022. Accordingly, until rulemaking to fully implement this requirement HHS will defer enforcement and seeking to submit a claim for scheduled items or services to their plan or coverage. In other words, while the departments will not delay the requirement itself, they will delay enforcement for the application of penalties for non-compliance. Don't get too excited though, even though the departments "intend to undertake further rulemaking," the HHS has used its discretion to officially delay enforcement of the EOB requirement for one year, until January 1, 2023.

Unfortunately, things don't stop there. To ensure that uninsured and self-pay individuals are also protected against surprise health care costs, NSA Part 2 includes requirements that providers and facilities furnish good faith estimates to uninsured and self-pay individuals upon request and at the time of scheduling the item or service. While this was also to become functional by January 1, 2022, HHS again afford relief for providing estimates to the uninsured. While hospitals are technically required to serve as convener for uninsured and self-pay GFEs as of January 1, 2022, HHS will also delay enforcement of this requirement until January 2023. Until then, hospitals are only required to provide advance notifications in advance for their own charges.

Both of these requirements will be a massive undertaking for healthcare facilities providers and third party payers, easily taking longer than a year to perfect. I do not feel confident any "further rulemaking" from HHS will make things much easier or less complicated for us. Nor do I expect any further delays in enforcement. Like so often is the case, I think we'll have to figure this one out for ourselves. I hope I am wrong.

Start now by reviewing the [Federal Register Requirements Related to Surprise Billing: Part II](#) and by setting up a task force involving key staff from throughout your own revenue cycle and invite office managers from physician practices. Make sure your physicians, other providers and their office staff are aware of their new responsibilities. Also, question your software providers regarding their plans to assist you throughout the entire process and stay in touch. Lastly, pursue involvement from your primary third party payers asking them to inform you of their own tactics in advance.

It will likely be wise to design the necessary changes to your revenue cycle throughout this one-year extension than to risk the tight time frame that typically accompanies any HHS policy changes. The SCHA is currently comprising a comment letter to the Departments relating to NSA Part 2 regarding the uninsured and self pay portion of the Interim Final Rule. We would appreciate any of your own thoughts and concerns you feel should be addressed. Do this by emailing Barney Osborne at bosborne@scha.org.

Best of luck. Many may need it.

WOULD YOU LIKE TO GET INVOLVED? PLEASE FEEL FREE TO REACH OUT TO ANY OF THE COMMITTEE CHAIRS.



Contact information is listed on the SC Chapter website: <http://www.schfma.org/committees.html>

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Ask the Expert: Why Insurance Discovery Matters

Brad Skelton, Vice President of Business Development
maxRTE

We're putting insurance discovery software under the microscope to help you get the full picture, from every angle, about this topic. Since we've been helping health care organizations with their financial challenges for many years, we have a handle on the most common questions about insurance discovery. We're answering some of them below, but feel free to send a question you might have about Insurance Discovery and we'll be happy to answer it in one of our upcoming posts.

To kick the series off, let's define insurance discovery as the search to locate previously unknown commercial, government, or exchange plan coverage missed during registration or retro approved post-service. Now let's get to the root of the matter.

Why should healthcare providers care about insurance discovery?

Healthcare is a service business. And like all businesses—even not-for-profits—to stay viable and fiscally healthy, *revenue must exceed expenses*. If we think about both sides of this equation, we can say that the past 18 months has been like none other.

On the *revenue* side, COVID has been a huge roadblock as access to healthcare initially waned while providers instituted safety protocols and states mandated holds on elective procedures. In addition, fearful patients skipped wellness visits and screenings. At the same time, the increase in uninsured patients continued, driving an unprecedented growth in uncompensated care.

These two converging circumstances—deficits in both earned revenue and a deluge of uncompensated care—combined to create a hyper-focus on *expense control*. Healthcare organizations have become more cost conscious, with management considering ways to cut potential fat, including:

- They're revisiting vendor costs to determine where they can renegotiate contract terms.
- They're assessing workflow to determine how to streamline internal processes for greater efficiency and reduction in overhead.

How does insurance discovery help boost revenue and trim costs?

On the revenue side, it's indispensable for uncovering previously unknown commercial, government, and exchange plan coverage. Including primary, secondary, and tertiary coverage. In addition to commercial insurance, perhaps they are eligible for Medicare or Medicaid, or are covered under COBRA. Maybe the front desk forgot to ask insured patients to update their current health insurance coverage, and it changed. There are so many reasons to adopt insurance discovery, and they all point to the need for insurance discovery to increase revenue and decrease uncompensated care.

Regarding expense reduction, providers are looking for every penny in light of increased supply and labor costs due to a pool that continues to shrink. When it comes to staff, time is money. Software that easily locates previously unknown coverage in self-pay primary and secondary accounts can add up to significant time savings and exceptional ROI.

How can we identify an insurance discovery solution that yields best ROI?

That is literally the million-dollar question. The first place to look is at software provider fee structures, which vary greatly. Is there a limit on transactions? Are there fees for duplicating inquiries per patient visit/treatment that constrain searches? Are there contingency fees applied to remits received on insurance discoveries found? Or are transactions unlimited for a flat monthly fee that's budget friendly and could result in savings up to 70% depending on patient volume?

Still have questions, feel free to send them to: info@maxRTE.com



April 3—6, 2022

Nashville, Tennessee

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Fall Institute

Westin Poinsett Hotel

Greenville, South Carolina

January 19—21, 2022

Save The Date!



HFMA SC and GA
Women's Conference
Wild Dunes Resort—Isle of Palms, SC
March 10th—11th, 2022

To make reservations:

Visit the SC Chapter website: [SC Chapter Healthcare Financial Management Assoc Booking Link](#)

Or call Wild Dunes 866-359-5593, Option 2. Please use group code **3HX0T3** if you call in your reservation.

YOUR OPINION MATTERS



Dear Members,

Happy Fall! Serving you to the best of our ability is the number one goal of HFMA. This was true before the pandemic and will remain the case long afterwards.

To do this right, we need your help – and your opinion.

This month or in the upcoming months you will be receiving our streamlined Membership Survey. Each month this survey is sent to one-twelfth of the member base to ensure wide-spread representation. This questionnaire assesses the ongoing value members place on the many features of HFMA membership, such as publications, chapter activities, education, and certifications.

The feedback collected will be critical to helping continuously improve your experience, guiding HFMA when it comes to developing resources on your behalf.

Therefore, I am asking you to please be on the lookout for your invitation in the months ahead, and strongly encourage your participation when asked to contribute. Watch your inbox for an email with the subject line, ***“Important Request from HFMA”***.

Your candid opinion and input will be instrumental in ensuring HFMA is responsive to both your needs, as well as that of 75,000 of your colleagues across the country. Moreover, it will help our chapter focus on those areas that are most relevant to your ongoing satisfaction.

Thank you in advance and if you have any questions, please do not hesitate to contact me.

Have a great day!

Danielle Gori, FHFMA, CHFP, CRCA

President - Healthcare Financial Management Association South Carolina Chapter | 2020-2022

SC HFMA Welcomes New Members

July—October 2021

Prisma Health

(added 9 new members)

Change Healthcare

(added 2 new members)

MUSC

(added 5 new members)

Ensemble Health Partners

(added 4 new members)

The Regional Medical Center

(added 7 new members)

PricewaterhouseCoopers, LLP

(added 5 new members)

The following companies added one new member:

Amerisource Bergen

Bon Secours Mercy Health

Department of Veterans Affairs

Eau Claire Cooperative Health

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Contact Melissa Stutz
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Look back ... Prior Fall Institutes



2019



Save The Date!



Fall Institute
Westin Poinsett Hotel
Greenville, South Carolina
January 19—21, 2022



Fall Institute 2014 Costume Party



UPCOMING WEBINARS



- ◆ Becker's Hospital Review: Workforce resilience for tomorrow: Tips to build a strong, flexible healthcare team [November 9th]
- ◆ Becker's Hospital Review: 10 Practices for supporting family caregivers [November 9th]
- ◆ Becker's Hospital Review: COVID-19 and ERAS: Leveraging enhanced recovery protocols during the unknown [November 10th]
- ◆ Diversity & Inclusion Session: Interview with VP of Chief Revenue Cycle at UVA [November 18th]

For a complete listing and registration details, you can visit the SC HFMA chapter website under the Education and Events tab:

<http://www.schfma.org/events.html>

NEED TO POST A JOB? JUST LET US KNOW. EMAIL JOBBANK@SCHFMA.ORG

Chief Financial Officer
St. Joseph's/Chandler Health System

Accountant/Fiscal Analyst
The University of South Carolina



For details regarding these positions,
please visit the chapter website:

http://www.schfma.org/job_bank.html



IN CASE YOU MISSED IT

South Carolina Chapter tackles critical issue: diversity and inclusion.

Congratulations to our president, Danielle Gori, who was featured in the October 2021 hfm magazine.

“It started as a casual conversation over dinner back in 2017. Today, it’s a major initiative for HFMA’s South Carolina Chapter”.

Danielle Gori goes straight to the source and asks questions when she’s curious. One such question led the South Carolina Chapter to launch a diversity and inclusion initiative.

October 2021



Visit <https://www.hfma.org/topics/hfm/2021/october/south-carolina-chapter-tackles-critical-issue-diversity-and-inc.html> to see the entire article.

Article written by: Crystal Milazzo, senior editor at HFMA, based in Beaverton, Oregon



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Anniversary Milestones

July through October 2021

Celebrating 25 Years

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If you have any questions or would like to obtain additional information regarding the national certifications programs, please contact Steve Lutfy, FHFMA at

steve.lutfy@fticonsulting.com or 803-629-8948



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<https://www.linkedin.com/company/healthcare-financial-management-association-south-carolina-chapter>



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*While membership in HFMA is not required for these certifications, except for Certified Healthcare Finance Professional, earn as many as you like when you join HFMA – they are all included with your member dues.

Certified Healthcare Financial Professional (CHFP)

Certified Revenue Cycle Associate (SC Chapter Exclusively) (CRCA)

Certified Revenue Cycle Representative (CRCR)

Certified Specialist Accounting & Finance (CSAF)

Certified Specialist Business Intelligence (CSBI)

Certified Specialist Managed Care (CSMC)

Certified Specialist Physician Practice Management (CSPPM)

Fellow of HFMA (FHFMA)

Take the next step in your professional development—check out the certifications at
<https://www.hfma.org/education-and-events/certifications.html>

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