

## *Arkansas Chapter Summer 2020 Conference Virtual*

Thursday, August 27, 2020

**8:15 – 8:30 am**      **Welcome & Announcements – Vanessa Wagner, AR HFMA President**

**8:30 – 9:45 am | Course SU2001**

### **Legal Implications of COVID-19**

*Nathan A. Read, Attorney, Mitchell Williams Law Firm\**

*Megan Hargraves, Attorney, Mitchell Williams Law Firm\**

CPE Credits: 1.5 | CPE Type: Specialized Knowledge | Level: Basic | Prerequisites: None

**Program Content:** This presentation will cover several of the myriad ways in which COVID-19 has impacted healthcare organizations, including employee leave issues, return-to-work policies, risk mitigation efforts, and liability risk and address strategies healthcare organizations can use to help mitigate the impacts of COVID-19 on their workforce and operations.

**Learning objectives:** After this presentation, attendees will understand what policies and procedures should be put in place to manage employee attendance, manage employee requests to work from home, return to work issues, and mitigate the risk of transmission of COVID-19 in the workplace.

**9:45 – 10:00 am**      **Break**

**10:00 – 11:15 am | Course SU2002**

### **CARES Act, PPP and Other Covid-19 Implications**

*Ernie Skyrme, CPA, Partner, BKD LLP\**

*Derek Pierce, CPA, Partner, BKD LLP\**

CPE Credits: 1.5 | CPE Type: Tax 1.0/Accounting 0.5 | Level: Basic | Prerequisites: None

**Program Content:** This presentation will cover the latest news and rules related to the CARES Act, including PPP loan forgiveness, and other Covid-19 tax and accounting issues.

**Learning objectives:** After this presentation, participants will be able to

- Identify tax changes that could affect the participant in the current and future years.
- Identify and discuss new tax forms and requirements.
- Understand potential tax reform proposals and its effect on individuals and businesses.
- Properly account for Provider Relief Funds.

**11:15 am – 12:30 pm**      **Lunch**

**12:30 – 1:45 pm | Course SU2003**

### **Data Analytics: A Roadmap to Actionable Data**

*Jeff Lambert, FHFMA CMA, COO & Founder, Organizational Intelligence\**

*Kent Thompson, FHFMA, Senior Manager, DHG Healthcare\**

CPE Credits: 1.5 | CPE Type: Specialized Knowledge | Level: Basic | Prerequisites: None

**Program Content:** Hospitals are heavily invested in tools that capture data from multiple sources for many uses. Typical data captured involve financial, clinical utilization, payor, physician as well as quality indicators. The primary goal is to assist leadership in making better decisions and improving patient outcomes. Other key benefits are to make operations more efficient, highlight emerging issues, and communicate targets and goals for all levels of management. The ever-changing landscape of healthcare is requiring management to focus on more patient-centric metrics. These metrics evolve around service line utilization and profitability. The goal of these metrics is to improve the patient experience of care (including quality and satisfaction); improve the health of populations; and ultimately identify and possibly reduce the cost of care. The goal is to turn data into Actionable Data.

**Learning objectives:** After this presentation, participants will be able to

- Recognize the approach and technology needed to succeed in today's digital, data-driven world.
- Discuss the role of data analytics in quality and performance efforts.
- Describe the tools and techniques used for data analytics in healthcare organizations.
- Recognize how flexible real-time data analysis can be used to answer data-driven questions and reduce the number of subsequent meetings.
- Review a case study that identifies how an organization is able to turn data into actionable data and provide key operational insights for using data for improved performance, service line profitability, physician performance benchmarking, improved contract negotiations and support bundled payment efforts.

**1:45 – 2:00 pm          Break**

**2:00 – 3:15 pm | Course SU2004**

**Revamping the Patient Medical Billing Experience to Prevent Surprises**

*Gordon Jaye, Vice President Hospital Operations, PatientMatters\**

CPE Credits: 1.5 | CPE Type: Specialized Knowledge | Level: Basic | Prerequisites: None

**Program Content:** For decades, healthcare was one of the few—if not the only—industries in which consumers agreed to buy services without knowing what the final bill would be or, in some cases, understanding what's included. How times have changed.

Surprise medical bills are a particularly unnerving healthcare cost concern for patients, outweighing premiums, deductibles and drug costs. Denied claims resulting from medical care rendered outside of the insurance network or without required prior authorization lead to obvious strain on patients' finances and emotional well-being. If patients can't or won't pay, healthcare providers spend more trying to collect and often end up with more bad debt.

In this session we will identify various tactics that healthcare providers can implement to combat surprise billing and reverse patients' negative perceptions of and interactions with the financial side of healthcare.

**Learning objectives:** After this presentation, participants will be able to

- Identify strategies and tactics registration staff can apply to combat surprise billing including the use of price estimation, setting up payment plans pre-service and using available data to better service our patients.
- Understand implications of prior authorizations missteps and the positive aspects technology brings to the table.
- Strategy to incorporate key performance metrics to create a more effective patient access environment.

**3:15 – 3:30 pm          Break**

**3:30 – 4:45 pm | Course SU2005**

**Revenue Integrity in the Age of Value Based Purchasing and the Patient-Centered Revenue Cycle**

*Virginia Gleason, Senior Manager, Advisory Services, nThrive\**

CPE Credits: 1.5 | CPE Type: Specialized Knowledge | Level: Basic | Prerequisites: None

**Program Content:** As healthcare organizations assume more risk under value-based contracts, they must make changes to their revenue cycle operations to meet the new requirements. Denials management and prevention under the value-based payment model requires the clinical and financial sides of healthcare organizations to collaborate more

closely than ever before. In addition to value-based reimbursement, healthcare organizations are faced with skyrocketing numbers of patients enrolled in high-deductible health-plans. These high-deductible plans are not only driving up unpaid collectibles but forcing in-depth pricing transparency and different payment options in attempts to increase collectibles. This presentation will explore the ever-evolving regulatory climate impacting healthcare, discuss how healthcare organizations can approach pricing transparency, and provide strategies for breaking down silos between the clinical delivery of care, health information management and patient financial services.

**Learning objectives:** After this presentation, participants will be able to

- Explore the current regulatory climate and what is driving reimbursement.
- Provide an understanding of a Patient-Centered Revenue Cycle.
- Identify the role that HIM plays in Revenue Integrity.
- Describe how Value Based Care will drive success through collaboration.
- Command a clearer understanding of the regulatory climate that drives reimbursement as well as how critical the process of denials management is to an organization.

### *\*About the Speakers:*

**Nate Read** has extensive experience representing employers in all matters of employment and labor law with a focus on employment counseling and employment litigation. He advises businesses and executives with respect to the drafting and enforcement of employment, confidentiality, restrictive covenant and severance agreements. Nate represents individuals and companies in various contract disputes and business tort litigation, including intellectual property disputes and unfair competition claims. In non-adversarial situations, he counsels clients on matters such as obligations under the state and federal statutes to specific contractual duties. He also advises businesses and management in developing personnel policies, personnel procedures and employment handbooks.

**Megan Hargraves** focuses her practice on healthcare regulatory, compliance and legislative matters, also providing clients with strategic counsel on public policy and implementation issues. She advises hospitals and other healthcare clients on issues related to risk management, quality assurance and regulatory and operational compliance. She advises and represents clients on matters related to the Arkansas Peer Review Fairness Act, the Healthcare Quality Improvement Act (HCQIA), Arkansas Freedom of Information Act (FOIA), the False Claims Act, the Stark Act and anti-kickback statutes and other state and federal statutes. Megan's experience as a litigator representing clients in medical malpractice, products liability, class action and general insurance defense cases makes her a trusted advisor to healthcare industry clients. Megan continues to represent clients across industries in defense of complex consumer class actions, specializing in cases brought under the Arkansas Deceptive Trade Practices Act.

**Ernie Skyrme** has more than 16 years of experience providing tax and audit services to financial institutions, small businesses, individuals, and not-for-profit organizations. He is responsible for proactive tax planning and reviewing tax returns to assist clients in meeting governmental reporting or other regulatory financial disclosure requirements. He has experience with various tax matters, including accounting method changes, multistate taxation, audit representation and accounting income tax accruals. He also has been the in-charge on numerous audit engagements. He is a member of the American Institute of CPAs and Arkansas Society of Certified Public Accountants. He is a member of the Arkansas Symphony Orchestra Board of Directors. He also serves as a member of the Arkansas State University Accounting Advisory Board. Ernie is a 2001 graduate of Arkansas State University, Jonesboro, with a B.S. degree in accounting, and a 2003 graduate of University of Arkansas at Little Rock with an M.B.A. degree.

**Derek Pierce** has more than 15 years of experience in the health care industry. His responsibilities include directing audit engagements for small standalone hospitals as well as regional health systems. He assists in budget preparations for small and midsize hospitals and helps prepare feasibility studies and profitability analyses. He also provides reimbursement and other consulting services, including testing hospitals' internal records for disproportionate share reimbursement eligibility. Derek is knowledgeable in the health care regulatory environment and speaks regularly on health care audit, accounting and reimbursement topics. Prior to joining BKD, Derek was a member of the accounting team at a publicly traded company. He is a member of the American Institute of CPAs, Arkansas Society of Certified Public Accountants and Healthcare Financial Management Association (HFMA), where he is a past president of the Arkansas chapter. Derek is certified as a Fellow of HFMA (FHFMA). Derek is also a member of the advisory council for the master of health administration program at the University of Arkansas for Medical Sciences. Derek serves on the board of ICM, Inc., a not-for-profit organization providing support services for individuals with disabilities and their families. He is a graduate of Tulane University, New Orleans, Louisiana, with an M.Acc. degree.

**Jeff Lambert**, Chief Operating Officer and Founder of Organizational Intelligence, has more than 25 years' experience focused on healthcare finance and decision support initiatives. Jeff is responsible for client activities including system implementation and support, ongoing services, and product development. His experience ranges from large complex healthcare organizations, governmental and academic healthcare systems, as well as to community and rural health hospitals. Prior to OI, Jeff worked 7+ years with the Big4 healthcare consulting practices of Ernst & Young LLP and Deloitte & Touche. He has led projects related to system implementations, strategic planning, financial management reporting, budgeting, cost data development, performance improvement and business development. Jeff is a Certified Management Accountant (CMA) in addition to his distinction as a Fellow with the Healthcare Financial Management Association (FHFMA). He is a Project Management Professional (PMP) and earned a BS in Finance from CSUSB.

**Kent Thompson**, Senior Manager with DHG Healthcare, has more than 30 years of experience in the healthcare industry. He has served a multitude of clients across the healthcare spectrum including large integrated health systems, regional and small hospitals, physician practices, ambulatory surgery centers and other health care entities. His experience includes financial modeling, net revenue assessments, managed care contracting/strategy, revenue cycle, budgeting, cost data development operations improvement. Strategic planning, and financial systems assessments and implementations. Prior to joining DHG Healthcare, Kent worked in multiple positions on the hospital provider side, most recently serving as the Director of Finance for a mi-size not-for-profit health system. Kent is a member and Past President of the North Carolina Chapter of the Healthcare Financial Management Association and holds the distinction as a Fellow with HFMA (FHFMA). He earned a BS in Accounting from North Carolina State University.

**Gordon Jaye** has worked in healthcare delivery systems, information technology and physician practices for more than 25 years, most recently in leadership positions. As Vice President, Hospital Operations at PatientMatters, Gordon's expertise is in delivering superior patient experiences, revenue cycle management, process optimization and automation, and managing hospital mission critical services to PatientMatters and its healthcare customers. Gordon has spent most of his career advocating for better healthcare systems and improving the patient's financial experiences.

**Virginia Gleason** is a committed problem-solver who has a diverse background in acute care hospital operations and regulatory compliance with 25+ years of experience in academic, acute care, county, critical access and children's hospital settings specializing in Case Management, Utilization Review, Compliance and CDI program design, implementation, regulatory guidance and education. She has a proven ability to develop and implement or reinvigorate hospital operations. Virginia joined nThrive 8 years ago following many years in private practice representing hospitals, health-systems and physician practices. Her legal practice focused exclusively on the complex area of healthcare regulations. She brought not only her legal background but her clinical and administrative experience to her professional consulting career. Her experience in healthcare ranges from bedside nursing, working as a medical practice manager and billing supervisor to the corporate practice of law. Through her broad healthcare background, she has developed a professional consulting career in which she is known to provide thoughtful and successful solutions for complex operational and regulatory problems. Additionally, Virginia is an experienced public speaker and has provided highly rated education for local, state and national organizations in a wide array of healthcare matters. She is a top-rated speaker for ACMA, AHIMA and HFMA with audiences that have included all levels of healthcare professionals from physicians and nurses to CEOs, CFOs, patient financial services and HIM staff.

## **EDUCATIONAL CREDITS**



Health Care Financial Management Association-Arkansas Chapter is registered with the National Association of State Boards of Accountancy (NASBA) as a sponsor of continuing professional education on the National Registry of CPE Sponsors. State boards of accountancy have final authority on the acceptance of individual courses for CPE credit. Complaints regarding registered sponsors may be submitted to the National Registry of CPE Sponsors through its website: [www.NASBAregistry.org](http://www.NASBAregistry.org)

Arkansas Chapter HFMA is registered with the Texas State Board of Public Accountancy as a CPE sponsor. This registration does not constitute an endorsement by the Board as to the quality of our CPE program.  
(Sponsor number 009840)

*Prerequisites and advance preparation are not required unless otherwise indicated.  
Depending on the track the participant attends, a maximum of 7.5 CPE credits is available.*

*All courses are instruction method: Group Live delivered online due to COVID-19*

*All sessions will incorporate an element of participant engagement, and there will be time for questions after each session.*

CPE Type is classified based on NASBA definitions. The Arkansas State Board of Public Accountancy recently received final approval for the following CPE rule changes: Those working in public accounting must get 40% of their hours in content areas of Tax, Accounting & Auditing, and Ethics. Those not working in public accounting are required to obtain 20% of their hours in Tax, Accounting & Auditing, and Ethics. Previously, all active CPAs were required to obtain 50% hours in the specified subject areas. Finally, the Board reduced the group-study CPE requirement from 16 hours to 8 hours per year. These CPE changes are effective retroactive back to January 1, 2020. Chapter leadership is aware of these changes and committed to helping our CPA members meet the requirement each year by providing as many hours as possible in the specific categories listed above at each of our meetings, including annual MidSouth meeting and December CPA Focused meeting.

## **CPE SIGN-IN AND CERTIFICATES**

To receive CPE credits, there will be electronic monitoring of attendance and ability to ask questions to engage with during the webinars. CPE Certificates will be emailed to each participant following the meeting. Keep a copy of this program along with your certificate for your records.

## **2020-2021 CORPORATE SPONSORSHIP PROGRAM**

The Corporate Sponsorship Program is designed to enhance the quality of the Chapter programs, newsletters, and other activities. Organizations can strengthen the Chapter by becoming a Corporate Sponsor.

### **Diamond Sponsors**

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**PatientMatters**

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### **Silver Sponsors**

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TSI

### **Bronze Sponsors**

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D-MED Corporation

Economic Recovery Consultants, Inc

Organizational Intelligence

## ARKANSAS CHAPTER HFMA SUMMER 2020 CONFERENCE REGISTRATION

**PLEASE REGISTER ON-LINE (Credit Card & Mail Check options)**

**Go to:** [www.arkansashfma.org](http://www.arkansashfma.org) then click on Education & Events

**OR go to:** <https://cvent.me/GV1297>

<b>*Registration Fee:</b>	<b>\$FREE</b>	ARHFMA Member & ARHFMA Sponsor
	<b>\$25</b>	Non ARHFMA Member

**MAIL check payable to:** HFMA Arkansas Chapter  
Attn: Tami J. Hill, Registrar  
419 Natural Resources Drive  
Little Rock, AR 72205

### REFUNDS AND CANCELLATIONS

If cancellations are received after August 21, 2020, registration fee is not refundable or still payable. Substitutions, however, are permitted. Registration forms and cancellations must be emailed. Phone and voicemail are not valid forms of communication for cancellations. For more information regarding administrative policies such as complaint and refund, please contact **Tami Hill at 501-316-1229 or [arhfma@arkansashfma.org](mailto:arhfma@arkansashfma.org)**.