



## ***Revenue Cycle Seminar***

### ***March 10, 2022***

**8:30 am – 9:45 am | Course RC2201**

### **Contract Negotiation / No Surprises Act**

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

**Program Content:** The first part of the presentation will focus on payor contract negotiation and strategies; some terms to strive to negotiate for and some terms to be willing to accept from the other contracting party. This will include a discussion of relatively recent Arkansas laws regarding this topic and also a discussion of certain key and typical contract provisions. The second part of the presentation will focus on the Federal No Surprises Act, effective January 1, 2022, which implements obligations regarding patient disclosures and balance billing issues. “Surprise” medical bills typically refer to situations when insured patients receive care from out-of-network providers that they did not choose.

**Learning Objectives:** After attending this session, participants will be able to:

- Become familiar with Arkansas laws relating to contract negotiation and how those laws can help providers.
- Review and consider certain material contract provisions that are common in many contracts.
- Become familiar with the No Surprises Act and what it may require for your entity.

**Tim Ezell** practices primarily in the area of healthcare law, representing hospitals, physician groups and other medical service providers in various corporate and compliance matters. His experience covers matters relating to HIPAA, Stark, fraud and abuse, anti-kickback, EMTALA, Medicare reimbursement, compliance, joint ventures, provider sales and acquisitions, contract negotiation, medical staff bylaws and credentialing issues.

**10:00 am – 11:15 am | Course RC2202**

### **Real Revenue Today with Population Health**

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

**Program Content:** 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. These programs are 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. 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 2022 and beyond. 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. 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.

**Learning Objectives:** After the session, participants will be able to

- Understand expanded revenue opportunities in the ambulatory setting.
- Be knowledgeable on the requirements for various population health revenue opportunities.
- Understand ways to sustain and grow their ambulatory practice for population health.
- Have the knowledge to evaluate the opportunities available in their clinical setting to promote a revenue opportunity that can be put into practice.

**Brandy Hoell** is an experienced Revenue Cycle leader with a background in Care Management, Patient Access Management & Clinical Documentation Improvement. As an experienced and strategic Revenue Cycle leader for the past 20 years, she has a career of high achievement in restructuring Care Management models including MSSP, ACO, Chronic Care Management Programs and Managed Care Plans, reducing LOS, decreasing denials, implementing population health models of care and revenue cycle management. The keys to her success in this ever-changing healthcare environment is her passion to improve workflows and implement process improvements while upholding corporate policies and regulatory requirements. In her career she has served in Director of Care Management and Patient Access positions in addition to providing leadership at a regional level to assist clients in program development, process improvement efforts, and to meet strategic goals. Brandy has a Bachelor of Science in Nursing and a Master of Science in Nursing (MSN). She received her Case Management Certification (CCM) from the Case Management Society of America (CMSA) in 2005 and served as co-chair of the Central Mississippi Transition of Care Coalition (2015-2017).

**12:15 pm – 1:30 pm | Course RC2203**

## **Staying Agile and Focused on Back-end Collections**

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

**Program Content:** In this ever-changing revenue cycle landscape, it's important to stay informed and adjust workflows regularly to support the needs of the organization. Reviewing best practice techniques, this presentation will cover how to proactively monitor receivables and react quickly when implementing changes. We'll also talk about how increasing business office staff buy-in translates to enhanced productivity and improved cash collections and how to accomplish this through meaningful training and workflow maintenance.

**Learning Objectives:** After attending this session, participants will be able to

- Learn best practice methods to prevent denials, increase cash collections, and keep collectors productive and engaged.
- Identify risk areas in their current workflows and how to address issues using action plans.
- Develop a training plan for implementing new processes and workflows.

**Megan Smith** is currently the Executive Director of Quality and Training at Healthcare Resource Group. She has over twenty years of revenue cycle experience including preservice authorizations, utilization management and all facets of Patient Financial Services. Focused on process improvement, Megan has an extensive background in denial prevention, payer appeals and regulatory compliance. Her current role includes developing and presenting companywide training as well as oversight of HRG's quality audit program for Self Pay, Billing and HIM departments.

**1:45 pm – 3:00 pm | Course RC2204**

## **Revenue Cycle Best Practices for Front End Activities**

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

**Program Content:** Now more than ever, hospitals are looking for ways to improve their cash position and streamline revenue processes. One such opportunity for improvement is through the hospital's revenue cycle activities. What is the revenue cycle? Many people may think of it as billing or coding, but this session will demonstrate the entire robust spectrum of revenue cycle activities and how to use revenue cycle to improve the hospital's bottom line.

This presentation will focus specifically on the front-end activities of the claim life cycle. These activities occur pre-visit and during the patient visit.

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

- Identify the activities involved in pre-visit and patient visit stages of Revenue Cycle.
- Identify best practices for each of the activities in the pre-visit and patient visit stages.
- Learn strategies for efficiency improvement.

**Amy Graham** is an experienced healthcare executive providing vision and direction in finance and revenue cycle and serving clients in the pharmacy, laboratory and hospital space. Amy has over 20 years' experience in maximizing the accounting, finance and revenue cycle processes for healthcare organizations. Her professional expertise includes month-end accounting consolidations for divisions with \$50-\$200M net revenue; creation of accounting policies and procedures for intercompany transactions; strategic analysis to determine long- and short-term organizational goals; development and direction of budgeting and forecasting activities for multiple entities; and understanding of synchronization of revenue cycle management to financial statements. She works effectively with diverse types of organizations from Fortune 10 companies to private equity backed companies and single practitioners. Previously, Amy served as Senior Vice President of Revenue Cycle Management (RCM) for Nashville-based PathGroup, where she oversaw the revenue cycle activities for an anatomic, clinical and molecular pathology laboratory and led a team of 160 employees and \$143M Accounts Receivable (A/R). She also held the position of Director-Global Business Services activities for Health and Wellness Support (Pharmacy, Vision and Care Clinics) for Walmart. She earned her MBA from Palm Beach Atlantic University and BS in Accounting from the University of Alabama.

**Zach Boser** is a former hospital leader passionate about helping small rural hospitals navigate the sea change in today's healthcare environment. An expert in various financial and operational areas, Zach is drawn to the challenge of improving healthcare delivery for future generations through work with rural providers and their communities. At Stroudwater, Zach supports clients through services such as financial and operational analysis, valuation, and cost report review. Before joining Stroudwater, Zach served as a senior finance executive for Cuba Memorial Hospital, a 20-bed critical access hospital (CAH) with a hospital-based 61 bed skilled nursing facility (SNF). In this role, Zach oversaw the implementation of two electronic health record systems and their integration at a health system level; supported affiliation processes with a larger health system that aligned financial and operational goals. He earned a BS in Commerce with a specialization in Marketing and a Finance Minor from Niagara University and an MBA from Louisiana State University – Shreveport.

**3:15 pm – 4:30 pm | Course RC2205**

## **No Surprises Act: Lessons Learned from Part II**

**CPE Credits: 1.5 | CPE Type: Specialized Knowledge | Level: Intermediate | Prerequisites: Knowledge of the No Surprises Act**

**Program Content:** Six months of implementation, new structures, altered processes and transparency would have passed as a result of the related requirements from the No Surprises Act Part I and Part II. BKD's Trusted Advisors™ will share how our clients are operationalizing the requirements to effectively achieve compliance and enhance patient experiences as well as further reveal some of the successes and difficulties during implementation regarding how the good faith estimates for self-pay or uninsured patients, independent dispute resolution (provider to payer) and dispute resolution for patients to providers all came together.

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

- Gain an understanding of the background and current updates on delayed components of the No Surprise Act
- Discover the practical and relevant lessons learned since the act effective date of 01/01/2022.
- Learn how to prepare for the future of the Acts Delayed Components (good faith estimates for insured patients and the requirement that the convening provider collect all components from co-providers when providing an estimate to the uninsured and or self-pay patient).

**Alicia Faust** is a member of BKD's Health Care Performance Advisory Services division. She has more than 22 years of health care experience, including 13 years providing consulting services with other large international accounting firms, 3.5 years at a state hospital association and most recently 5.5 years at a large integrated academic and community-based health system. Her areas of focus include revenue management around revenue cycle and revenue integrity, financial and operational impacts related to EMR implementations and new service lines activation. Alicia is a member of the First Illinois Chapter of the Healthcare Financial Management Association.

**LOCATION:** EngageMed, Building 5125 Training Room  
5125 Northshore Dr., North Little Rock, AR 72118  
(maximum seating 60, registration will stop at that point)

**LUNCH:** Box lunch will be served at 11:15 am – 12:15 pm

**BREAKS:** 15-minute breaks at 9:45 am, 1:30 pm, 3:00 pm

**PRESENTATION HANDOUTS:** All speaker presentations will be emailed to registered attendees within 72 hours of the meeting. Please download and print if you would like handouts for the actual session.

## 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)

Health Care Financial Management Association-Arkansas Chapter 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.  
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*Prerequisites and advance preparation are not required unless otherwise indicated.  
A maximum of 7.5 CPE credits is available. All courses are instruction method GROUP LIVE.  
All sessions will incorporate an element of participant engagement, and there will be time for questions after each session.*

## PLEASE REGISTER ON-LINE

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

**Or go to:**

<https://cvent.me/Qq7No1>

**\*Registration Fee:**           \$75 AR HFMA Member  
  \$150 Non-HFMA Member

**\*Deadline for registration and payment is March 7, 2022**

## REFUNDS AND CANCELLATIONS

If cancellations are received after March 7, 2022, the registration fee is not refundable. **Registrants who do not cancel or fail to attend must pay the entire fee.** Substitutions, however, are permitted. Registration forms and cancellations must be emailed to address below. 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 501-231-0200 or [arhfma@arkansashfma.org](mailto:arhfma@arkansashfma.org).