



arkansas chapter

Revenue Cycle Seminar

January 26, 2023

8:30 am – 9:45 am | Course RC2301

Industry Updates – Reimbursement, Price Transparency, Surprise Billing, Other Recent Developments

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

Program Content: This presentation will provide information, from a legal perspective, about industry trends in reimbursement, price transparency, surprise billing, and other recent developments. With an ever-changing landscape of both federal and state laws and rules regarding healthcare reimbursement, staying current is a challenge. The goal of this presentation is to cover recent developments in healthcare reimbursement and provide suggestions for legal analysis and compliance.

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

- Understand current industry trends in healthcare reimbursement, viewed from a legal perspective.
- Understand legal analysis and compliance regarding healthcare reimbursement matters.

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 RC2302

The Business Office Impact to 501(r), Worksheet S-10 and Medicare Bad Debts

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

Program Content: The business office and revenue cycle of hospitals play an important role in providing data and documentation for various regulatory and compliance reporting objectives. This program will discuss what some of these reporting objectives are, and how the business office reporting can impact reimbursement impacts.

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

- Identify the main provisions of the IRS 501(r) regulations and how their duties impact this reporting.
- Gain an understanding of the CMS S-10 cost reporting form, how it is prepared and how the revenue cycle impacts this reporting.
- Understand the requirements to claim Medicare bad debts on the Medicare cost report.

Michael Westerfield is a member of the FORVIS Healthcare Practice. He has more than 12 years of experience working exclusively with healthcare industry clients. He provides assurance and consulting services to hospitals ranging from small standalone providers to large regional systems. His consulting and reimbursement services include cost report preparation and review, which involves testing hospitals' internal records for disproportionate share reimbursement eligibility. He also conducts wage index reviews, pricing projects, and service line analyses. Michael is knowledgeable in the healthcare regulatory environment and speaks regularly on healthcare audit, accounting, and reimbursement topics. He is a member of the American Institute of CPAs, Arkansas Society of Certified Public Accountants, and Healthcare Financial Management Association (HFMA). He is a past president of the Arkansas chapter of HFMA and is certified as a Fellow of HFMA (FHFMA). He also serves as treasurer of Junior Achievement of Arkansas, a nonprofit organization whose purpose is to inspire and prepare young people to succeed in a global economy. Michael is a graduate of University of Central Arkansas, Conway, with an M.Acc. degree.

Amber Sherrill-Roberts has more than 16 years of experience providing tax compliance and consulting services to clients in the healthcare and nonprofit industries. She regularly assists hospitals, CHCs, cooperatives, private foundations, and other nonprofit entities with complex tax issues. Her technical expertise includes exemption requirements and reporting. She provides guidance to mitigate risks in exposure areas related to Section 501(r) compliance for hospitals, tax-exempt bond arbitrage compliance, unrelated business income, worker classifications, and joint ventures. Amber is a member of the American Institute of CPAs, Arkansas Society of Certified Public Accountants, and Healthcare Financial Management Association, and serves as an officer and board member of the TEGE Exempt Organizations Council. She also serves as a board member of the Arkansas Arthritis Foundation. She is a 2004 graduate of University of Central Arkansas, Conway, with a B.B.A. degree in accounting and computer information systems, and a 2005 graduate with an M.Acc. degree.

12:15 pm – 1:30 pm | Course RC2303

Revenue Cycle Round Table Denials Discussion

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

Program Content: Instructor- led discussion of various challenges facing revenue cycle managers, directors and other leaders surrounding insurance denial issues, payer issues, with a general focus on benchmarking and practical solutions.

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

- Become familiar with strategies for combating insurance denials.
- Learn about current payor tactics being used to deny provider claims.
- Learn about benchmarks for improved denial performance.

Cassie Wise started with an after-school job at a rural hospital in the Inland Northwest and that launched Cassie's healthcare career. She joined HRG in 2009 and held several roles ranging from CBO analyst to Vice President of CBO and Coding Services. In the last year, she had the opportunity to join the TruBridge team through CPSI's acquisition of HRG. Her background includes extensive experience with multiple health information systems, clearing house software and EHRs. She and her team provide services to facilities nationwide including PPS, critical access and LTACHS as well as clinics and tribal health organizations. The overarching mission behind the work that she and her colleagues at TruBridge do is supporting their CBO partners with the revenue cycle tools and stability they need to focus on what's most important: caring for their communities.

1:45 pm – 3:00 pm | Course RC2304

Contracting with Medicare Advantage Plans – Part I

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

Program Content: A sample Medicare Advantage contract will be reviewed to identify language utilized by plans to deny claims. Strategies and tactics to address denial enabling language will be discussed. Part I will be breaking down a Medicare Advantage agreement with the focus on language leading to denials.

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

- Identify bad language in Medicare Advantage contracts that supports denials even when the care was appropriate.
- Articulate the importance of addressing language in a managed care agreement and not just focusing on rates.
- Understand some tactics to attack and common denial schemes.
- Articulate sections of the managed care agreements that need special attention to address denials.

Ed Casteel, CPA, FHFMA background includes over thirty years' experience in managed care, finance and revenue cycle operations. His extensive experience in managed care includes MSO operations, contract modeling and analysis, contract negotiations and strategy, business and product line development, fee for service and alternative payment methodologies, including capitation. Finance background includes decision support, costing systems development, capital budgeting and managed care finance and accounting. On the revenue cycle side, Ed specializes in denials and underpayment management centered around driving process improvement in the revenue cycle by integrating functions across patient access, utilization management, HIM, business office, managed care and payment verification (denials/underpayment) management. Ed has worked in settings including for-profits, not-for-profits and academic medical centers for many provider types including hospital, physician, integrated delivery systems and ancillary service providers (i.e., home health, DME, hospice, etc.). In 2014, Ed and five others formed Trilogy Revenue Cycle Solutions where Ed is the subject matter expert for managed care operations and negotiations to support clients. Ed holds an MBA from Washington University in St. Louis where he graduated with distinction. He also holds a Bachelor's Degree in Finance from the University of Oklahoma and a Bachelor's Degree in Accounting from Langston University. Ed

earned his CPA and was awarded the Silver Medal for highest score in the State of Oklahoma for the CPA exam. Ed is a member of Healthcare Financial Management Association since 1991 and was awarded the Medal of Honor. He has held multiple positions in HFMA chapters as a board member, committee chairs and committees in the St. Louis, Oklahoma and Mississippi Chapters.

3:15 pm – 4:30 pm | Course RC2305

Contracting with Medicare Advantage Plans – Part II

CPE Credits: 1.5 | CPE Type: Specialized Knowledge | Level: Intermediate | Prerequisites: Contracting with Medicare Advantage Plans - Part I (RC2304)

Program Content: A sample Medicare Advantage contract will be reviewed to identify language utilized by plans to deny claims. Strategies and tactics to address denial enabling language will be discussed. Part II will discuss how to combat the issues previously discussed either through language and tactics. There will also be an open discussion of issues not already discussed and linking them to contract language or tactics.

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

- Identify bad language in Medicare Advantage contracts that supports denials even when the care was appropriate.
- Articulate the importance of addressing language in a managed care agreement and not just focusing on rates.
- Understand some tactics to attack and common denial schemes.
- Articulate sections of the managed care agreements that need special attention to address denials.

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LOCATION: Arkansas Hospital Association
419 Natural Resources Drive, Little Rock, AR 72205
(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

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.
(Sponsor number 009840)

*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 then click on Education & Events

Or go to:

<https://cvent.me/EWQ2Pm>

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

***Deadline for registration and payment is January 23, 2023**

REFUNDS AND CANCELLATIONS

If cancellations are received after January 23, 2023, 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.