Revenue Cycle Seminar
February 23, 2017

8:30 am – 10:40 am | Course RC1701
Looking at Revenue Cycle Through the Eyes of the Patient: Patient Financial Experience
CPE Credits: 2.5 | CPE Type: Specialized Knowledge | Level: Basic | Prerequisites: None

Program Content: Most revenue cycles are structured to optimize traditional payer workflows, but the growth in patient payers has signaled the need for a streamlined financial experience that is organized by new ‘patient flows.’ Many organizations do not understand their stage in paralleling workflows and patient flows and don’t realize the extent of financial opportunity in meeting patient demands. This presentation will provide strategies and framework that help mitigate some of the adverse effects of the growing risks in this area such as decreases in volumes, increases in bad debt, and cash deceleration.

Learning Objectives: After attending this session, participants will be able to:
- Outline the makeup of the patient-centric revenue cycle.
- Illustrate the core components of a positive patient financial experience and the requirements across core functions of patient access and business office for health system revenue cycles.

Benjamin Beadle-Ryby is a Partner within Consulting and Management Services, a division of The Advisory Board Company. He performs revenue cycle and margin consulting engagements with hospitals, health systems, and physician practices across the country. Mr. Beadle-Ryby is responsible for helping institutions apply evidenced based improvement strategies based upon Advisory Board research, analytics and process implementation experience. In this role, his concentration is on improving financial and clinical performance, assisting with ICD-10 preparedness, and supporting overall margin enhancement. During his tenure, Mr. Beadle-Ryby has overseen revenue cycle enhancement efforts at numerous health systems and physician practices and provided ICD-10 preparation guidance to ten health systems. Past clients include Ardent Health Services, Avera Health, Baptist Health System in Little Rock, AR, Bronx-Lebanon Hospital Medical Center, Nebraska Methodist Health System, North Memorial Health, Oakwood Healthcare System, Palmetto Health, UMass Memorial Health System, and University Health System (TX).

Across his client base of more than 65 hospitals, Mr. Beadle-Ryby has helped his partners achieve the following results:
- Reduced DNFC and optimized PFS performance to result in a 14.5 day drop in A/R for 2014 HFMA Map Award winning hospital
- Achieved 400+% increase in POS collections at three hospital system in mid-west
- Recovered $1.35M in underpayments over one year at urban health system in the northeast
- Implemented a best practice CDI program resulting in immediate CMI gains and more accurate SOI and ROM
- Established Financial Counseling program at Cancer Center of Excellence resulting in a $765,000 increase in anticipated reimbursement
- Served as dedicated ICD-10 Project Manager for three hospital health system on east coast

Prior to joining Consulting and Management Services, Mr. Beadle-Ryby worked as a Manager in the Advisory Board’s Performance Technologies and Business Development department. In that capacity, he managed the creation of partnerships with hospitals on performance improvement initiatives, specializing in population risk management and employee health cost containment. Mr. Beadle-Ryby holds a Bachelor of the Arts from the Colorado College, where he studied Mathematical Economics and specialized in margin analysis for hospitals and health systems.
10:50 am – 12:05 pm | Course RC1702
Breakthrough Denials Performance: Leveraging Analytics and Optimizing Upfront Success to Prevent Denials
CPE Credits: 1.5 | CPE Type: Specialized Knowledge | Level: Intermediate | Prerequisites: Broad understanding of Revenue Cycle processes

Program Content: The presentation will cover best practice strategic approach to identify and capitalize on opportunities for cash acceleration, full payment capture, and business office resource efficiency. Back-end best practices ranging from establishing an effective denials prevention and management process to leveraging analytics to most effectively manage payers.

Learning Objectives: After the session, participants will be able to
- Understand how to best manage denials and payer compliance by leveraging analytics.
- Organize denials prevention committees and efforts to reduce initial denials levels.

Joy Houk-Raper as Vice President, serves as a senior member of The Advisory Board Company’s Revenue Management and Patient Access team evaluating practice operations, revenue cycle, coding and information technology utilization, and recommending best practice processes to improve financial performance for health system-owned employed physicians throughout the country. Joy is an experienced project manager who leads all outpatient coding audit and education training engagements. Joy leads the team who provides ICD-10 readiness assessments and serves as liaison to the practice operations teams with coding personnel. Joy is information systems agnostic and has deep experience in the industry’s practice management and ambulatory EMR platforms. Joy also serves as member of the practice acquisitions and physician practice start-up teams to ensure successful transition and growth of both employed and non-employed practices affiliated with health care systems. Prior to joining The Advisory Board Company, Joy was the Director of Sales and Account Support with Spheris in Nashville, Tenn., where she facilitated contract renewals and amendments, coordinated customer account receivable resolution, maintained strategic customer database, and facilitated customer satisfaction survey distribution and follow up. As the Director of Oncology Services with Middle Tennessee Medical Center in Murfreesboro, Tenn., Joy supervised all employees of the Oncology Department and assisted with the management of two radiation oncology practices. She directed the execution of Intensity-Modulated Radiation Therapy treatment and developed the business plan for the oncology service line, including product development, marketing, community outreach programs, screening programs and media plans. Joy served as Administrative Director of Solutions and Services with PhyCor Inc. in Nashville, Tenn., where she developed PhyCor’s Better Practices operational review process and trained representatives from 44 clinics to utilize the process at their local organization. She also reviewed process flow for physician practices and developed the reporting of PhyCor’s proprietary physician Current Procedural Terminology coding profile reports. As Director of Implementation and Customer Support with Healthcare Management Systems, Joy developed new product features and functionality. She also directed and executed successful training and implementation of patient accounting, financial and order entry software systems for approximately 30 hospitals. Joy earned a Bachelor of Science in business administration from Tennessee Technological University and a Master of Business Administration from Middle Tennessee State.

12:45 pm – 2:00 pm | Course RC1703
Maximizing Patient Collections
CPE Credits: 1.5 | CPE Type: Specialized Knowledge | Level: Basic | Prerequisites: None

Program Content: In an era of consumer driven healthcare and the loss of insurance for many Americans, more financial responsibility is in the hands of the patient – and it’s up to you to collect from them. Industry research reveals that more than 80% of self-pay bills are never collected, and more than 50 percent of patient responsibility after insurance ends up as bad credit as well. Collecting from patients costs twice as much as it costs to collect from a payer ~$8,000 per provider. Billing departments have become so lean you are forced to prioritize whom to contact, in fact every FTE chair in billing recovery is actually a negative ROI. This presentation will touch on strategies to maximize the capturing of pre-appointment payments as well as proven methods to collect from those patients who need a gentle nudge or a more aggressive message to those customers who are past due.

Learning Objectives: After attending this session, participants will be able to
- Identify and utilize tools that will enable prompt time-of-service.
- Capitalize on strategic opportunities to collect un-paid balances quickly and efficiently.

Glenn Willis is an Enterprise Sales Executive for West/Televox Solutions which provides patient communication products, he is responsible for the states of Arkansas, Louisiana, Mississippi, and Tennessee. Mr. Willis has been involved with Group Practices, Integrated Delivery Networks, Managed Care Organizations, GPO’s and Physician
Buying Groups as an Account Manager for Pfizer as well. He has over 20 years working with healthcare professionals. Glenn Willis is a graduate of East Carolina University in Greenville, NC. A native North Carolinian he has been a lifelong sports enthusiast and attributes much of his business success to the lessons and discipline he learned and applied as a collegiate athlete. Glenn began his business career in office equipment sales which eventually led to a 20 year career in the pharmaceutical industry. The last ten years were spent as an Account Manager with Pfizer where he worked with MCO’s on billing and payment issues, as well as contracting and formulary access. His direct contact with a vast array of healthcare professionals created a holistic approach to healthcare as well as the business of providing that care. Currently Mr. Willis is an Enterprise Account Executive with West Corporation in the Televox Division where he assists clients in a variety of Patient Communication Engagements including Patient Billing Notifications and payment solutions.

2:05 pm – 3:00 pm | Course RC1704

Getting Your Orders in Order: Best Practices from Experian Health

CPE Credits: 1.0 | CPE Type: Specialized Knowledge | Level: Basic | Prerequisites: None

Program Content: This presentation will discuss how moving from a manual to an integrated and automated orders process will take your organization to the next level. We'll show you how to verify orders against payer clinical requirements using a single-user interface to save precious resources and enabling your staff—and the physician's office staff—to focus more time on patients.

Presentation will include both orders management and medical necessity best practices. Jim will highlight how to enable physician office staff to view patient schedules and manage patient questions and issues in a timely fashion without having to call the hospital for scheduling details. He’ll also take attendees through better ways to validate orders against payer rules for medical necessity, frequency limitations and duplicate orders (CCI), for consistently clean claims

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

- Send and receive electronic orders, connecting physicians directly to hospitals, clinics and labs.
- Understand the benefits of seamlessly and automatically checking patient orders against payer rules for medical necessity, frequency and more.

Jim Czajkowski, Regional Director, Clinical Solutions with Experian Health, is a highly accomplished healthcare IT executive with dynamic skills in consultative/ diagnostic selling, account management and group presentations. Jim brings 10 years of patient access and revenue cycle expertise to Experian Health. Jim demonstrates an outstanding understanding of the needs of hospitals and physicians regarding revenue cycle, health information systems and web-based ordering software solutions.

3:10 pm – 4:30 pm | Course RC1705

Arkansas’ Private Option: A Check-Up

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

Program Content: This presentation will update the attendees on the status of Private Option as it stands in 2017 along with possible changes based on President Trump's Repeal and Replace methodology.

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

- Understand the Arkansas “Private Option” coverage for low-income individuals.
- Define the impact of Private Option coverage on hospitals based upon initial data.
- Explain proposed changes in 2017 to the Private Option.

Elisa White, Arkansas Hospital Association Vice President & General Counsel, provides legal services to the association, as well as education and information to its members about compliance, state and federal regulations, accreditation, government audits and other issues. She also serves as the AHA’s point person on health insurance exchange planning and monitors implementation of the private option initiative in the state. Elisa recently received her Six Sigma Green Belt, Lean, and Six Sigma Black Belt certificates from Villanova University and works with the AHA quality program focusing on process improvement initiatives. A graduate of the UALR William H. Bowen School of Law and Arkansas State University, Elisa is a frequent speaker and author on health care legal and regulatory issues and is a member of the American Health Lawyers Association, the Health Care Compliance Association and the Arkansas Chapter of HFMA.
LOCATION: Arkansas Hospital Association, 419 Natural Resources Drive, Little Rock, AR 72205
• Little Rock, Arkansas Hospital Association (maximum seating 55, registration will stop at that point)

LUNCH: Box lunch will be served at 12:05 am – 12:45 pm

BREAKS: 5 or 10 minute breaks at 9:30am, 10:40am, 2:00pm, 3:00pm

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
Arkansas Chapter HFMA 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.learningmarket.org.

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Prerequisites and advance preparation are not required unless otherwise indicated.
A maximum of 8 CPE credits is available. All courses are instruction method GROUP LIVE.

PLEASE REGISTER ON-LINE
Go to: www.arkansashfma.org then click on Education & Events, Calendar of Events

Or go to: http://events.constantcontact.com/register/event?llr=fruupihab&oeidk=a07edl27qe304a5fac6

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

*Deadline for registration and payment is February 20, 2017.

REFUNDS AND CANCELLATIONS
If cancellations are received after February 20, 2017, 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 mailed or emailed. Phone and voicemail are not valid forms of communication. For more information regarding administrative policies such as complaint and refund, please contact Tami Hill at 501-316-1229 or arhfma@sbcglobal.net.