

Fine Print

President's Message

Jeffrey Jacobs, 2013-2014 Chapter President



Dear Members,

I hope everyone had a safe and enjoyable holiday season. I used to dread this time of year because it was such a letdown, but twenty years ago that changed. I had something to look forward to – our first born. After three days of labor induction and an emergency C Section, Christopher came into the world two weeks late and hasn't been on time since.

At the time, we had insurance that paid 90% of charges with the remaining 10% of charges being our re-

sponsibility. (Who gets 100% of charges)? I even had to pay the difference between a semi-private and private room up front and in cash. The private room wasn't exactly the lap of luxury either. The first night, I tried making a bed out of two stackable chairs. I wound up sleeping on the floor.

Our second son was born two years later. By this time I had a different job, but the insurance was still a percent of charges. The good thing was that since I worked for the hospital, I got a discount. The physicians, though, still wanted their full amount.

In 2005 we received a little surprise (weighing a little over 7 pounds). This time our insurance was a managed care product, so we paid one co pay to the physicians and the inpatient co pay

when my wife delivered. The Women's Center was practically brand new, and all of the rooms were private. I even had a nice chair that doubled as a pull out bed.

My intention with this trip down memory lane is to demonstrate the changes in the value proposition in healthcare. We went from paying thousands of dollars out of pocket to just \$225, and our experience improved dramatically. We will continue to see our industry evolve as Organizations that survive will do so by focusing on delivering value.

Our Chapter is dedicated to providing education that will help prepare our members for this transition. The Education Committee has planned several sessions for the Annual Spring Institute in April. I look forward to seeing you there.

Winter 2013

Welcome New Chapter Members:

Elizabeth Krause
Accountant
Lumsden & McCormick

Laurie Ritchie
Regional Director
Walgreens

Daniel Swift
Accountant
Lumsden & McCormick

Fine Print

2014-2015 Chapter Nominations

The Nominating Committee is pleased to present the slate of Officers and Board of Director candidates to you for your approval. These candidates will join incoming President Bob Levesque for the chapter year which begins June 1, 2014. We are confident that these candidates will continue to move the chapter forward successfully. Chapter members will receive an email with voting instructions.

President Elect

Christopher Eckert, CPA, Senior Manager
Freed Maxick Healthcare

Secretary

Ryan Caster, CPA, Manager
Freed Maxick Healthcare

Treasurer

Paul Vinkle, Controller
Niagara Falls Memorial Medical Center

Board of Directors, Class of 2016

David Bonk, CHFP, CPA, CMA, Toski & Cp. PC CPA's

Tracy Gates, Jones Memorial Hospital

Vanessa Hinderliter, CPA, Freed Maxick Healthcare

Joseph Romano, Eastern Niagara Hospital

Reimbursement Committee

Russell Previte, Reimbursement Co-Chair

The 2011 wage index project was just recently completed in December and members are anxiously awaiting the results. Hopefully with a little bit of luck, the Buffalo-Niagara Falls region will have a wage index above 1.0!

We are now in the middle of the 2012 NYS ICR audits with a template due date of Jan. 21, 2014 and documentation due date of Jan. 24, 2014.

2013 Medicaid rates were just recently released and are being reviewed.

The next big event for the Reimbursement Committee will be the 2013 Cost Report seminar to be held again in April. Stay tuned for the date.

2014 Chapter Sponsorship

Jennifer Dunn, FHFMA, Sponsorship Co-Chair

The Sponsorship Committee is wrapping up solicitations for Chapter Sponsorship for 2014. We are excited to have the following Sponsors committed for 2014:

Platinum:

Freed Maxick, CPAs, PC

Gold:

Lumdsen & McCormick, LLP
McKay Consulting, LLP

Silver:

Hodgson & Russ, LLP
Physicians' Reciprocal Insurers
SSI Group

Bronze:

CBCS National
Damon Morey, LLP
EFP Rotenberg, LLP
JP Recovery Services, Inc.
KPMG, LLP
Med Rev Recoveries, Inc.
Summit Healthcare Solutions
UNYTS

In addition to helping the chapter defray the cost of chapter education expenses which allow us to continue to offer high quality, low cost education sessions on current and relevant topics, Chapter Sponsorship has the following additional benefits:

- Recognition as a Sponsor on the HFMAWNY website with Corporate Logo and "hot link" to your corporate website. - All Sponsors

- Free Vendor Fair Registration at the Chapter's Annual Spring Institute. - Gold and Platinum Sponsors
- Complimentary foursome registration at the HFMAWNY annual golf tournament. - Platinum Sponsors
- Registration coupon for attendance at a regular educational program. - Silver, Gold, and Platinum Sponsors

There is still time to be included as a sponsor this year. Please contact Jennifer Dunn at jdunn@kaleidahealth.org or Larry Nowak at lnowak@kaleidahealth.org for more information.





It's All About Education

Robert P. Levesque, President-Elect

There are many reasons to belong to HFMA, because it is the leading membership organization for healthcare financial management executives and leaders. Principal among the benefits of belonging to HFMA are quality educational programs that meet the needs of our membership. The WNY chapter has been very successful in meeting our membership's needs. In recent years, we have exceeded the goals established by our national organization.

The education plan for the present chapter year, which runs from May 1, 2013 through April 30, 2014, requires us to have 16.1 education hours per member or a total of 3,220 hours. This is based on 200 WNY HFMA members, which is the number of members at the start of the chapter year. We have budgeted 21.9 hours per member for a total of 4,384 hours. Based on the latest available reports from National, we expect to meet our education goals.

There are many ways our membership can obtain education credits throughout the chapter year. They are summarized mostly as Chapter Events and National Events. Chapter Events consist of live, on-site educational sessions, Regional webinars and qualified Chapter committee meetings. National Events consists of nationally sponsored programs, such as the Annual National Institute (ANI), Leadership Training Conferences (LTC), National webinars and Live Learning (eLearning Center). All of these programs are eligible for CPE credits.

During the course of the year, we have scheduled live programs that include Institutes and updates as well as a mix of new programs based on the needs of our membership. The Institutes and updates consist of HANYS Current Financial Issues, Long Term Care Institute, Charge Master Review, our annual Spring Institute and Cost Report Reim-

bursement. In addition, the Region 2 of HFMA provides an annual Fall Institute. Currently scheduled is the Charge Master program on January 29th and the Annual Spring Institute on April 2nd. The Cost Report program is being planned for April.

Additional programs held this year included HealtheNet Training, Observation Services, Compliance, a Provider Executive Panel and Payer Perspective on the Affordable Care Act and Lean Revenue Cycle Training. The latter was jointly sponsored with the Rochester and Central New York Chapters. We also held a Meet and Greet Our New Members program and our first ever educational program for the University of Buffalo Accounting and Finance students. We are currently planning on a program to address ICD-10 Readiness.

Region 2 has been very active in recent years with the expansion of webinars for the Region 2 membership. Attendance has grown from 11 webinars and 930 total attendees in the 2011-2012 year to 14 webinars and 1,200 total attendees for the 2012-2013 year. We presently expect to exceed last year's total for this year. To date, 8 webinars have been held, 3 have been scheduled and 8 more are being planned. National live webinars are scheduled every month. In addition, there are a number of On-Demand webinars that are available.

Our chapter provides our live programs at very reasonable fees, which, in most situations, are below the fees charged by other organizations. Thanks to the generous support of our sponsors, it allows us to provide the educational programs at the lowest cost to our members. Members also receive discounted fees from the non-members who register for our programs. The registration fees for Region 2 webinars are Free to both HFMA members and non-members. For the National webinars, most are Free for HFMA members and currently offered to non-members at a cost of \$99.

We encourage all of our members to take advantage of the many educational opportunities we have to offer. We also encourage comments and suggestions for future education topics, which could be incorporated as stand alone programs or become part of a particular program agenda.

The chapter sends out announcements for all live programs and webinars. All of them are posted on our website www.hfmawny.org. To access National webinars, go to www.hfma.org. For questions or additional information, contact Bob Levesque at blevesque2@verizon.net.

Education Calendar

January 21, 2014	Lean Revenue Cycle Training
January 29, 2014	Implementation of the Proposed 501(r) Regulations With a Revenue Cycle Perspective - Region 2 Webinar
January 29, 2014	Chargemaster Update (rescheduled date)
February 4, 2014	Conflicts of Interest: Management and Reporting of Disclosures - Region 2 Webinar
February 19, 2014	Self-Pay Collections & Third Party Liability - Region 2 Webinar
April 2, 2014	Annual Spring Institute

Visit our website (www.hfmawny.org) for more information on the above educational programs.

**2013-2014 WNY
Chapter Officers**

Jeffrey Jacobs

President

Robert Levesque

President - Elect

Christopher Eckert

Secretary

Paul Vinkle

Treasurer

Board of Directors

Class of 2014:

Stephanie Bottomley

Susan Brown

Ryan Caster

Jennifer Dunn

Class of 2015:

Steve Chizuk

Jill Johnson

Jessica Landers

Mary Mahaney

Committees

Education:

Robert Levesque

Mary Mahaney

Membership:

Ryan Caster

The Regional Front

Bruce K. Liebel, FHFMA, Regional Executive 2013-2014

Welcome to the Winter Edition of “The Regional Front”, an article providing information to the chapters of Region 2 from your Regional Executive. Comments always welcomed at bliebel@ecmc.edu.

A few noteworthy items to share:

REGIONAL COUNCIL MEETING:

In November, the Regional Council convened in Chicago, with the purpose of discussing and setting the Chapter Balanced Scorecard (CBSC) goals for the 2014-15 Chapter year. As always, some amounts are subject to change, depending on the results from the current chapter year, but for the most part there is little change. National recognizes many of the constraints we are facing these days, thus the education goal remains at the lesser of 16.1 education hours per member, or .5% growth. I expect the

Region 2 chapters to easily meet the education goal this year, as most all are already ahead of last year’s pace, with 3 chapters 40+% ahead of last year education hours to-date.

One change that did occur in the CBSC involved the Chapter Board Composition. The Council approved discontinuing grandfathering all chapters; they must all meet the 40% provider threshold effective with the 2014-15 CBSC. The Council also approved expanding “provider” board composition to include organizational codes 0022 (HMO, Health Plans, or Insurance Company), 0039 (Third Party Administration) and 0035 (Managed Services/ Outsourcing/Interim Staffing), a new organization category for members who are doing the work of a finance professional within a hospital setting but are not em-



ployed by the hospital.

Membership, always a struggle in our Region, was discussed and we attempted to get a pro-rating of points if a certain level of membership was achieved, but it did not pass. As we are a membership organization, with national HFMA reaching out to new areas, such as physicians and insurers, our chapters must also reach out to these areas and not just the traditional hospital personnel, to attract and retain new members. It should be noted that at mid-chapter year, Puerto Rico has already reached their membership goal.

At the November meeting, the Council also reviewed the first draft of the 2014 Fall

Presidents Meeting Framework and expressed their suggestions and concerns, especially in regards to devoting enough regional time for the chapters. Beginning next year, all regions will be convening in Chicago for this annual meeting, that was previously planned by the region as to location and time.

CHAPTER NEWS:

As Regional Executive, it is important that I support the chapters in offering suggestions to meet their goals, improve their processes and look ahead to sustain growth and membership.

As a result, I attended the November Board Meeting for the Central New York Chapter, offering information on such topics as the Keys to Successful Leadership Development, the Challenge of Volunteer Participation, and Opportunities to Add Additional Educational Hours. In addition, through observation of the workings of their board meeting and chapter activities, I picked up

a few successful tips that I could offer other chapters.

In December, my own chapter, Western New York, allowed me time to offer a presentation in a special board meeting, to discuss not only the same leadership, volunteer and opportunities discussed with Central NY, but to provide them an in-depth review of regional issues and opportunities available for their growth.

Lastly, in mid-December, I was fortunate to attend the Northeastern New York Chapter's First Annual Institute. This event, which resulted from the planning that occurred at the Leadership Training Conference (LTC) back in April, resulted in a successful event with great speakers and attendance above what they expected. Chapter leaders guiding their teams successfully in their board meetings, and providing great education to their members, along with networking opportunities, are all part of what has made Region 2 the top per-

forming Region in the country for the last 4 Member Satisfaction Surveys. I look forward to attending other chapter events this year, to inspire and be inspired, so that we can continue the tradition of Region 2 being Number 1!

REGION 2 CONFERENCE – SAVE-THE-DATE - 2014

Our largest event held as a Region, the Annual Region 2 Conference, will be held **October 22 – 24, 2014**, at the Turning Stone Resort & Casino in Verona, N.Y. The committee, who has already starting regular conference calls, is always looking for new sponsors and suggestions for speakers. If you have any prospects for either one, please email Teresa Figueroa, the current Regional Executive-Elect, who will be responsible for the conference this year. Her email is cpateresarfigueroa@gmail.com.

Certification:

David Bonk
John Eichner

Reimbursement:

Russ Previte
Paul Sweet

DCMS & Founders:

Rachel Davis

Chargemaster:

Jessica Landers

Social Events:

Steven Chizuk
Vanessa Hinderliter

Sponsorship:

Jennifer Dunn
Larry Nowak

Patient Access:

Susan Brown
Peggy McDonough

Patient Financial

Services:

Susan Brown
John Galley

Link Committee:

Michael Courneyea
Jeffrey Jacobs



On the Social Scene

Vanessa Hinderliter, Social Co-Chair

The social events committee has been busy so far this year. In November, we gathered at the Helium Comedy Club in downtown Buffalo for a night full of laughs. Comedian Tom Cotter, runner up of America's Got Talent, did not disappoint. His rapid-fire jokes kept the audience engaged and roaring with laughter. This year's Holiday Social was held at Osteria 166. Osteria, which I am told is Italian for "pub," offered a Tuscan style ambience and featured delicious

rustic Italian foods which made for a warm atmosphere despite the bitter cold outside. We had a great turnout and we are looking forward to next year's Social. Congratulations again to our holiday stocking surprise game gift card winners. We will soon be attending the annual HFMA Sabres Game and watching our Buffalo Sabres take on the Washington Capitals. Hopefully they can pull out a win for us. Be on the lookout for the Euchre Tournament in the Spring and plenty of

other events. Thank you for supporting the social events committee. These events are great ways to network with your fellow members and meet new people!

Thank you to everyone who came to the HFMA Holiday Social. Congratulations to our PF Changs gift card winners:

Christine Blidy, Mike Osborne, & Sheryl Szewyck

Editorial Policy: Opinions expressed in signed articles are those of the authors and not necessarily those of the WNY Chapter of the newsletter committee. The committee believes the contents of *Fine Print* are interesting and thought provoking, the staff has no authority to speak for the Officers or Board of Directors of the WNY Chapter of HFMA.



Gift card winners!



Members enjoying the night at the Helium Comedy Club

Pictures from the Holiday Social



Managing Revenue Cycle

Ritchie Dickey, Vice President, Lancaster Pollard



Cashing in on Revenue Cycle Improvements

There is nothing more important to potential creditors than a borrower's liquidity position. With all of the uncertainty in the health care industry—and the economy today for that matter—there is no substitute for the margin of safety and flexibility that cash provides.

Most health care providers recognize the importance of liquidity and treat the cash on their balance sheet as sacred. But defending the balance sheet is only part of the battle. Surprisingly, many managers fail to take the necessary steps to increase their liquidity position.

Of course, there are myriad factors that can undermine a hospital's efforts to generate cash flow from operations: payor reimbursement, economic conditions, competitive landscape, cost and supply of labor, demographics of the market, etc. While it is true that hospital management has little to no control over these factors, there are other areas where it could have an equal—if not greater—impact to the credit profile.

In particular, managing the payment cycle can help cash flow, but it also serves as a signal to potential creditors. Having a consistent focus on improving these measures demonstrates to creditors that management is competent and attentive to issues that it can affect. Conversely, large fluctuations in bad debt expense and/or days in accounts receivable or a large percentage of “old” receivables causes a financial analyst to question the competency of management and the integrity of the historical income statements.

Challenges to Increasing Liquidity

The Affordable Care Act introduces additional uncertainty into an already murky revenue picture for health care providers throughout the country. Who is covered by insurance and how much will the insured be required to self-fund will likely remain uncertain for some time. Although state budgets have improved somewhat, uncertainty remains in state Medicaid reimbursement programs. The integration of technology, such as electronic health records, holds great long-term promise, but short-run costs, shifting requirements and implementation challenges make planning difficult. Most creditors will expect a competent management team to have a plan, which is robust enough to provide flexibility with each of the above factors; however, banks and other creditors also recognize that these issues are challenges and any plan to address them will be fraught with uncertainty.

Given the uncertainty of supply/demand, pricing and expenses, it is imperative that providers improve cash flow through factors that are within their control. Indeed, it is more important than ever that management develop a “fortress balance sheet,” to borrow a term often used in the banking industry.

One clear indication of the importance of liquidity is the view of the rating agencies. The measures: cash to debt and days cash on hand have the clearest correlation to hospital ratings of all the metrics shown in the Standard and Poor’s industry medians. Obviously, increasing revenue and cutting expenses are two ways of increasing cash, but options for affecting the profit and loss statement are usually limited. One can do nothing about the supply/demand balance and there is little to be done about reimbursement rates. Cutting expenses is always good, but by far the largest expense—personnel costs—is the hardest and most painful to cut. Other sources of revenue—investment income, contributions, government allocations, etc.—are usually dependent on external factors, which defy management intervention.

Uncovering Cash Trapped in Working Capital

Given the lack of options for intervention on the revenue side and the challenges for affecting change on the expense side, one might feel as though balance sheet improvement is not possible. This view fails to recognize that there might be significant cash tied up in working capital and this is an area where management can exert influence. In fact, decreasing just five days in the payment cycle can have a huge impact on the company’s balance sheet.

Effect of Reducing AR by Five Days		
	Before	After
Cash	\$ 91,529	\$ 95,542
AR	\$ 40,137	\$ 36,123
Other Current Assets	\$ 10,000	\$ 10,000
Total Current Assets	\$141,666	\$141,666
Total Current Liabilities	\$ 95,000	\$ 95,000
Debt	\$ 110,276	\$110,276
Patient Revenue	\$293,000	\$293,000
Total Operating Revenue	\$305,000	\$305,000
Operating Expenses	\$298,900	\$298,900
Depreciation	\$ 33,550	\$ 33,550
Current Ratio	149.0%	149.0%
Days Cash on Hand	125.9	131.4
Days AR	50	45
Cash/Debt	83.0%	86.6%

The example may appear trivial, but five days of accounts receivable (AR) represents more than \$4 million in this case. Many health care providers can achieve changes of this magnitude in 6 months to one year, with proper attention and a focus on gradual improvements. Representatives of Community Hospital Corporation, a company that provides consulting and management services to rural and community hospitals, noted that even more extreme examples exist. In one case, a hospital was showing more than 30 days of “unbilled” accounts, resulting in serious cash flow shortfalls. The example in the table also points out the increased margin of safety from turning over accounts receivable. If an emergency occurred, this organization would not have excess cash to cover its obligations; likely, it would have to sell assets, factor receivables or execute

some other compromise. This demonstrates the danger of looking at working capital as a measure of short-term liquidity strength. Reducing its days in accounts receivable by 10% effectively creates an emergency fund of more than \$4 million. Furthermore, an increase in accounts receivable balances often signals to an analyst a number of problems: revenue may have been overstated, bad debt may have been understated, management is unable or unwilling to effectively deal with its payers, processes and procedures are not adequate to process claims and a host of other deficiencies that relate to management effectiveness.

Managing Revenue Cycle (con't)

The process of filing and collecting claims is lengthy even in the best of circumstances, but oftentimes hospitals focus solely on the tail end of the process (i.e., collections). Clearly, collecting for services rendered is vital, but there are a number of steps prior to collections, which provide an opportunity to eliminate waste. This is an area where hospitals can learn from process improvement techniques used in other industries.

Process Improvement

Using Toyota Production System's or other lean manufacturing methodology, providers can focus on eliminating waste and making the process more efficient. As with any process, there is an opportunity to eliminate waste at every stage and there are many different kinds of waste: transportation, inventory, motion, waiting, overprocessing, overproduction, defects, resources and talent. All of which can contribute to time in the process.

One key point that the most effective providers emphasize is precertification on the front end. Obtaining authorization before a patient even arrives is a key to eliminating waste later in the process. The idea is that taking extra time and devoting resources before the patient arrives eliminates the need to hassle patients or negotiate with insurers later in the process and more importantly, upfront authorization greatly reduces bad debt due to misunderstanding over coverage or inability to pay. Precertification also provides an opportunity to improve patient satisfaction. By clearly articulating the patient's financial responsibility before a procedure, indeed before the patient arrives, the hospital avoids promoting sticker shock and limits difficult conversations when a patient does not have the capacity to pay. Failure to precertify procedures tends to create waste of overproduction and overprocessing.

Another key aspect of efficiency within the revenue cycle is the education and training of persons responsible for tasks throughout the billing cycle. With the rapid changes in the health care industry, it is difficult to stay up to date on requirements. In addition, constantly evolving technology and system infrastructure can create a stressful environment for those responsible for managing the system. Keeping the workforce confident that they are performing the job accurately is important and training is vital in this regard. Perhaps equally important is ensuring that the staff is accountable for and empowered in performing the tasks from scheduling through billing and collections. Generally, billing errors are the result of poor training or a failure of institutional focus on the importance of quality. Errors of this type are known as "defects" in lean manufacturing terminology and this is perhaps the most expensive form of waste as defects often lead to performing the same task two or more times.

Ideally, work teams can be cross-trained to ensure a full understanding of the process and the organizational structure is arranged to minimize hand-offs between departments. Movement of activities between departments tends to create waste by "inventory" build-up, "waiting" times, and increases the risk of "defects."

Many providers despair of the inability to make significant reductions in bad debt or days in accounts receivable, but as with any task, advancement is a gradual evolution of marginal improvements. Considering the demands on time of management and staff, it may seem difficult to justify devoting resources to process improvement, but the benefit of increased liquidity and demonstration of management effectiveness can greatly enhance a provider's credit profile.

Ritchie Dickey is a vice president with Lancaster Pollard and is based out of the firm's office in Atlanta. He may be reached at rdickey@lancasterpollard.com.



hfma region 2
healthcare financial management association

FREE WEBINAR

Join us February 5, 2014 from 1PM to 2 PM EST

Conflicts of Interest: Management and Reporting of Disclosures

Region 2 will be hosting a FREE web-based presentation by:

HCCS - Effective Compliance Solutions

Speaker : Bill Sacks, Co-Founder and Vice President – Health Care Compliance Strategies

Webinar Description:

New NIH rules, non-profit reporting requirements, government scrutiny and the forthcoming “Physician Payment Sunshine” provisions of the Affordable Care Act are requiring hospitals and providers to upgrade their Conflict of Interest management and reporting capabilities. The webinar will discuss the evolution of thought on Conflicts of Interest in medicine and its impact on the governance, regulatory, financial and compliance functions. Practical suggestions and Best Practices will be discussed.

About the Speaker:

Bill Sacks has thirty-five years’ experience in health care management as a consultant, medical practice manager and faculty practice plan director. Mr. Sacks has consulted to medical groups and academic medical centers on Medicare and Medicaid audit issues, as well as on faculty practice restructuring, reimbursement and billing system issues, and compliance training and education.

For more information and to register, visit the following link:

<https://www4.gotomeeting.com/register/282658703>

Registration is **FREE** to both **HFMA Members and Non-Members: CPE Credits: 1.0**

In order to receive CPE credit for this session you will be required to register and log on to the event individually.

Additional Contact Information:

Diane Masi

dianem@triageconsulting.com

516-551-5839

Please note that handouts, links and dial in information for this session will be sent 24-48 hours prior to event.

NYS Education Department Sponsor License # 000337

HFMA Metro New York Chapter is approved as a New York State CPE Provider in the area of specialized knowledge and applications. In accordance with the standards of the National Registry of CPE Sponsors, the total credits have been rounded down. CPE credits have been granted on a 50-minute hour.



hfma region 2
healthcare financial management association

FREE WEBINAR

Join us February 19, 2014 from 1PM to 2PM

Self-Pay Collections & Third Party Liability Webinar

Region 2 will be hosting a FREE web-based presentation by:

Convergent Revenue Cycle Management, Inc.

Speaker : Jennifer Tosto , Attorney At Law

Presented by a healthcare attorney, this educational and interactive session will focus on healthcare and Insurance reimbursement issues targeting anyone involved in the process of obtaining financial reimbursement from patient care.

You will learn relevant Federal and state-specific statutes you can apply when resolving issues including how to fight refund demand requests, pre-existing condition denials, medical necessity denials, parental and spousal liability, auto-accidents, and more. Other topics addressed include recent federal legislation, case law, and specific state statutes governing healthcare reimbursement.

Specific topics covered will include:

- Self-Pay Liability – specifically spousal and parental liability
- Slow paying Claims
- Auto-Accident Problems
- “Usual and Customary” Denials and Re-Pricing
- Silent PPO’s
- Pre-Authorization Denials
- Pre-Existing Conditions
- Misverification of Benefits
- Medical Necessity

Jennifer Tosto is an account executive, healthcare attorney, and frequent subject matter speaker for Convergent Revenue Cycle Management, Inc. As a frequent speaker, Ms. Tosto stays abreast on the current changes and developments in healthcare reimbursement law, presenting her findings to healthcare associations and hospitals across the nation. Ms. Tosto graduated from the Shepard Broad Law Center at Nova Southeastern University in Fort Lauderdale, Florida, and attended Florida State University.

For more information and to register, visit the following link:

<https://www4.gotomeeting.com/register/521213407>

Registration Fees are FREE to both HFMA Members and Non-Members: CPE Credits: 1.0

In order to receive CPE credit for this session you will be required to register and log on to the event individually.

Additional Contact Information:

Diane Masi

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516-5515839

Please note that handouts, links and dial in information for this session will be sent 24-48 hours prior to event.

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