

Welcome to the 2019
Finance Essentials Academy
September 10 & 11, 2019



Conference Program

Crowne Plaza Charlotte Executive Park
Charlotte, NC

Continuing Education Credits:



Jointly provided by: Northwest Area Health Education Center (AHEC) is a program of Wake Forest School of Medicine and part of the NC AHEC System.

Day 1 & 2 (Sept. 10-11)

- 1.0 CEUs from Wake Forest School of Medicine
- 10.0 Contact Hours from Northwest AHEC
- Nurses: This educational activity (10.0 contact hours) can be applied toward your continuing competence plan for maintaining your current licensure with the North Carolina Board of Nursing.

Day 1, September 10

- .5 CEUs from Wake Forest School of Medicine
- 5 Contact Hours from Northwest AHEC
- Nurses: This educational activity (5 contact hours) can be applied toward your continuing competence plan for maintaining your current licensure with the North Carolina Board of Nursing.

Day 2, September 11

- .5 CEUs from Wake Forest School of Medicine
- 5 Contact Hours from Northwest AHEC
- Nurses: This educational activity (5 contact hours) can be applied toward your continuing competence plan for maintaining your current licensure with the North Carolina Board of Nursing.

Disclosures

All speakers have been asked to disclose any significant financial interest or relationship that they may have with the manufacturer(s) of any commercial product/service that is discussed as part of their presentation. Their responses are listed below, if applicable:

Disclosure: *Jeff Allen is a Partner with BKD, LLP and thus has a financial/business relationship with a commercial organization relevant to scheduled presentation(s).*

Disclosure: *David Fields is a Partner with BKD, LLP and thus has a financial/business relationship with a commercial organization relevant to scheduled presentation(s).*

Disclosure: *Raymond Jorgenson is co-founder of PMG, Inc., and has a business relationship with Revenue Health Systems, Inc. both of which are business/financial relationships with commercial organizations relevant to scheduled presentation(s).*

Those interested in receiving CE credits must:

1. Sign the Continuing Education Credits sign-in sheet at the NCCCHA registration desk.
2. Complete the online *Tracking to Success* evaluation. Once you complete the evaluation, you will be prompted to enter the information needed to obtain your CE credit and certificate of completion. Evaluations must be submitted no later than October 2, 2019. We encourage you to complete the feedback form, even if you are not interested in receiving continuing education credit!

Tracking to Success:

Please be sure to complete the “Tracking to Success” online survey at the end of the conference. The survey link will be emailed out to participants and included in announcements. Your feedback is crucial in helping us to improve the workshops in the future. Thank you in advance for your help!

Tuesday, September 10, 2019

7:30 AM – 4:00 PM	Registration Open	Foyer
8:00 AM – 8:45 AM	Breakfast	Foyer/Salon A&B
8:45 AM – 4:30 PM	Exhibit Hall Open	Foyer
8:45 AM – 9:00 AM	Opening Welcome Remarks <i>Chris Shank, Interim CEO & President North Carolina Community Health Center Association</i>	Salon A&B
9:00 AM – 10:15 AM	Opening Plenary: Focused Key Performance Indicators for CHC Leaders On which indicator should your CHC focus? If you are not a revenue cycle management (RCM) professional, what can you focus on to positively impact your CHC’s success? Struggling to communicate issues because you don't know what to show someone or where to look? Attend this program and learn three key performance indicators (KPI) critical to evaluating revenue cycle success. Learn how to calculate and benchmark your CHC’s payment per encounter/visit. Understand whether your revenue cycle process is succeeding or struggling. Determine whether you are “losing visits” by not even billing for rendered care. Attend this program to get answers to these and other pragmatic questions to help move your CHC to best of breed. Upon completing this session, the participants will be able to: <ul style="list-style-type: none">• Understand how to measure revenue per visit at your CHC vs. others• Learn ways to minimize loss from not billing for rendered services• Understand billing and collections process at a CHC and how changes in the ACA affect this important source of revenue• Analyze data available from different sources (billing systems, UDS Reports, etc.) to find trends post-ACA for those CHCs in Medicaid expansion states and those that did not expand• Understand the most critical metrics to track including best practices and benchmarks in relation to billing and collections employed by CHC organizations nationally <i>Presenter: Ray Jorgensen, Co-Founder, Priority Management Group, Inc.</i>	Salon A&B
10:15 AM – 10:30 AM	Transition Break	Foyer

Understanding the Ins and Outs of Health Insurance/Managed Care Contracting

Salon 1&2

Have you ever been confused by insurance jargon? What's a deductible? A copay? When and how do they apply? This course will provide insight into the ins and outs of billing using public health insurance (like Medicaid, Medicare, and CHIP) and private health insurance (like Blue Cross/Blue Shield, Aetna). The course will explain common contract terms and provide practical examples of how they should be applied in day to day operations of FQHCs.

Upon completion of this session, participants will be able to:

- Identify common terms in health care insurance
- Evaluate the impact of health insurance contract terms
- Understand how these terms impact health center operations

Presenter: Curt Degenfelder, Curt Degenfelder Consultants

Level: Beginner

Coding for Excellence and Clinical Complexity – Session 1: E/M and Service Coding with Lessons Learned from Data– Part I

Salon C&D

This three-part training will primarily focus on today's value of excellent diagnosis coding. Clinic payment models continue to evolve. Historically, reimbursement was driven by CPT and other *service* codes, however, third-parties are moving toward reimbursement models that focus on detailed diagnoses, quality, and patient outcomes. Now is the time to review and advance diagnosis coding that accurately reflects patient acuity and severity. Excellent diagnosis code submission is a responsibility shared by clinicians and coders. Training will be conducted in a lecture/workshop format. We will also discuss coding for Evaluation and Management services, as well as changes for 2019 and guidance on what clinicians and coders should be doing to prepare. Coding tools will be provided.

Upon completion of this session, participants will be able to:

- Analyze data to detect strengths and weaknesses in reimbursement
- Explain the relationship between well-diagnosed conditions and appropriate risk-adjustment scores
- Identify minimal documentation requirements for common behavioral health services

Presenter: Meri Harrington, Brown Consulting Associates, Inc.

Level: Intermediate

Beyond Billing - Exploring the Nuances of True FQHC Revenue Cycle Management

Azalea

True Revenue Cycle Management (RCM) extends beyond the billing department, encompassing every step in the lifecycle of a claim. Unlike billing, which starts at claim inception, RCM begins at the front desk and includes patient verification, sliding scale adjustments and self-payment collections at the time of service. Any error at this point in the RCM process will no doubt cause denied claims down the road.

Attend this session to identify the various departments involved in the RCM process and the vital roles that they each play. Learn to identify and correct gaps in communications that can impact your bottom line and create actionable plans to create take your FQHC beyond billing into the world of true revenue cycle management.

Upon completing this session, the participants will be able to:

- Identify the roles of all departments involved in RCM
- Improve communications between departments and increase efficiency
- Create actionable plans to improve RCM at your FQHC

Presenter: *Ray Jorgensen, Co-Founder, Priority Management Group, Inc.*

Level: Advanced

11:45 AM – 12:00 PM

Transition Break

Foyer

12:00 PM – 1:15 PM

Lunch

Salon A&B

1:15 PM – 2:30 PM

Concurrent Sessions

Understanding FQHC Medicare and Medicaid Reimbursement **Salon 1&2**

FQHCs bill Medicare and Medicaid under Prospective Payment Systems (PPS). To effectively bill and collect for these important payors, it is essential that health centers understand the basics of PPS rate setting. This session will cover FQHC PPS basics, for both Medicare and Medicaid, as well as key issues such as in-scope services and what is included/excluded in PPS rates.

Upon completion of this session, participants will be able to:

- Appreciate the history and basics of FQHC
- Understand Prospective Payment System (PPS) rate setting
- Identify finance and revenue cycle issues for revenue and cash flow maximization

Presenter: *Curt Degenfelder, Curt Degenfelder Consultants*

Level: Beginner

Coding for Excellence and Clinical Complexity: Session 2: Diagnosis Coding and Risk Adjustment **Salon C&D**

This three-part training will primarily focus on today's value of excellent diagnosis coding. Clinic payment models continue to evolve. Historically, reimbursement was driven by CPT and other *service* codes, however, third-parties are moving toward reimbursement models that focus on detailed diagnoses, quality and patient outcomes. Now is the time to review and advance diagnosis coding that accurately reflects patient acuity and severity. Excellent diagnosis code submission is a responsibility shared by clinicians and coders. Training will be conducted in a lecture/workshop format. We will also discuss coding for Evaluation and Management services, as well as changes for 2019 and guidance on what clinicians and coders should be doing to prepare. Coding tools will be provided.

Upon completion of this session, participants will be able to:

- Analyze data to detect strengths and weaknesses in reimbursement
- Explain the relationship between well-diagnosed conditions and appropriate risk-adjustment scores
- Identify minimal documentation requirements for common behavioral health services

Presenter: *Meri Harrington, Brown Consulting Associates, Inc.*

Level: Intermediate

Fee Schedule, Charge Structure and Medicare G-code Rates

Azalea

Federally Qualified Community Health Centers will see significant changes to its payments from Medicare as a result of the Affordable Care Act (ACA). These changes will affect the entirety of the revenue cycle from fees, provider coding, billing software configuration and finally payments to all FQHC organizations. Attendees will gain an overall understanding of the impact of this important update from Medicare which equals more than 9% of payments to an average FQHC. Each organization will need to assess its current processes and what will need to be updated to take advantage of this opportunity. Attendees will understand provider coding changes (including G codes) in order to educate staff, required fee schedule updates, billing system modifications and tools to ensure proper reimbursement is received.

Upon completion of this session, participants will be able to:

- Review the final rule and timeline dictating the changes in reporting of services.
- Apply coding updates to the billing systems.
- Use pricing methodologies to set fees associated with the coding updates.

Presenter: *Ray Jorgensen, Co-Founder, Priority Management Group, Inc.*

Level: Advanced

2:30 PM – 3:00 PM

Afternoon Refreshment Break - Mingle with Exhibitors

Foyer

3:00 PM – 4:15 PM

Concurrent Sessions

CHC Provider Enrollment & Credentialing

Salon 1&2

What is a NPI? Which providers need one? What is CAQH? Why should my CHC care about the Medicare/Medicaid provider exclusion list? What's the difference between Locum Tenens and "Incident to" billing and why can't I use these to bill my new providers under another employed provider's NPI? Attend this session to get answers to these questions and more. Too many CHCs are unaware of the liabilities, and lost income, resulting from not optimally, accurately, and/or completely enrolling providers with targeted health plans. The money lost is real as is the potential illegal activity resulting from being misinformed.

Upon completing this session, the participants will be able to:

- Understand how provider enrollment relates to the overall revenue cycle.
- Recognize what an NPI is and its importance in the enrollment process.
- Better understand the Medicare/ Medicaid provider exclusion list.
- Know the difference between 'Locum Tenens' and 'Incident To' billing.

Presenter: *Ray Jorgensen, Co-Founder, Priority Management Group, Inc.*

Level: Beginner

Coding for Excellence and Clinical Complexity: Session 3: Intro to Behavioral Health (PDE, Therapy and a Brief Introduction to Integration)

Salon C&D

This three-part training will primarily focus on today's value of excellent diagnosis coding. Clinic payment models continue to evolve. Historically, reimbursement was driven by CPT and other *service* codes, however, third-parties are moving toward reimbursement models that focus on detailed diagnoses, quality and patient outcomes. Now is the time to review and advance diagnosis coding that accurately reflects patient acuity and severity. Excellent diagnosis code submission is a responsibility shared by clinicians and

coders. Training will be conducted in a lecture/workshop format. We will also discuss coding for Evaluation and Management services, as well as changes for 2019 and guidance on what clinicians and coders should be doing to prepare. Coding tools will be provided.

Upon completion of this session, participants will be able to:

- Analyze data to detect strengths and weaknesses in reimbursement
- Explain the relationship between well-diagnosed conditions and appropriate risk-adjustment scores
- Identify minimal documentation requirements for common behavioral health services

Presenter: Meri Harrington, *Brown Consulting Associates, Inc.*

Level: Intermediate

Recent Developments in Health Center Finance & Future Trends **Azalea**

This session will cover, at a high level, recent changes to health center finance at the federal level, significant accounting changes, telehealth, Title X and more. We will also evaluate what large future trends, such as the provider shortage, pay-for-performance and FQHC alternative payment methodologies, will impact health centers' finance and operations. For the curious among you, we will answer the age-old question: What does the IRS think of my employee parking spaces?

Upon completion of this session, participants will be able to:

- Review recent changes at the Federal level to the health center program
- Identify national health care mega-trends
- Evaluate the impact of practice transformation and payment reform on CHCs

Presenter: Curt Degenfelder, *Curt Degenfelder Consultants*

Level: Advanced

4:15 PM

Dinner on Your Own

Wednesday, September 11, 2019

8:00 AM – 10:30 AM

Registration Open

Foyer

8:00 AM – 9:00 AM

Breakfast

Salon A&B

9:00 AM – 3:00 PM

Exhibit Hall Open

Foyer

9:00 AM – 10:15 AM

Concurrent Sessions

CHC 2025: Success in a Changing Environment **Salon 1&2**

What are the short-, mid-, and long-term challenges facing CHCs and how will they look in 2025 vs. today? Since its inception, the Health Center Program has explored new and innovative ways to deliver care to patients while also expanding access to high quality, affordable healthcare. We see many challenges and opportunities on the horizon and it's important to address topics ranging from key partnerships and affiliations to grants programs to organizational culture and more. Does your CHC have what it takes to develop the tools and personnel to tackle some of the nation's most pressing primary healthcare needs?

Upon completing this session, the participants will be able to:

- Identify both internal and external challenges facing CHCs in the current environment and how those challenges may evolve in the future
- Discuss strategies for staying up to date and remaining successful as the future CHCs of 2025
- Help CHCs to begin to focus on steps that can be taken now to put their organizations on a path to success 5 to 10 years from now

Presenter: *Jeff Allen, BKD.*

Level: Beginner/Intermediate

340B Financial Compliance

Salon C&D

The 340b drug pricing and sliding fee programs can be tricky areas to navigate, especially with increasing scrutiny from regulators. Do you know what the steps suggested by the Office of Pharmacy Affairs (OPA) are for testing the 340B program? Would you like advice from an Organization who has undergone a HRSA 340B program audit? This presentation will go through the suggested steps and provide some ideas of how you can prepare for the audit. We will also discuss 340B and sliding fee program best practices to give your organization a starting point for success.

Upon completion of this session, participants will be able to:

- Provide understanding of the 340B program focusing on compliance
- Outline the requirements for a compliance audit performed by HRSA and provide example findings
- Discuss best practices and compliance strategies for improving your 340b program

Presenter: *David Fields, BKD*

Level: Intermediate

Connecting Executive Management with the Billing Operation

Azalea

Revenue cycle processes must be efficiently managed to ensure that a health center receives the payment it is due--certainly no easy task, given the rapid pace of changes to legislation, payer rules, and technology. To prepare for what will come next in this demanding environment, it's key for today's leadership to stay on top of industry practices, trends and to clearly understand the revenue cycle operation. Providing revenue cycle staff with the resources they need to do their jobs better and function as an integral part of the organization is something health center executives must deliver, but first they must understand the process of billing. Learn in this session how executive management can be more involved in the revenue cycle process.

Upon completion of this session, participants will be able to:

- Understand revenue cycle components
- Explain the information needed to monitor the revenue cycle
- Discuss resources that senior leaders need to provide to have an effective revenue cycle operation

Presenter: *Mike Holton, Holton Healthcare Consulting*

Level: Advanced

10:15 AM – 10:30 AM

Transition Break

Foyer

10:30 AM – 11:45 AM

Concurrent Sessions

Right-Sizing Your Health Center

Salon 1&2

Some surprises in life are great, but in the business world, they can 'make or break' the noble intentions of providing services, or new quality services to the

community. Having a “right” operating health center can help with advance preparations needed to “weather the storm” of the surprises.

Good management principles still – and always will - apply. The challenge for health centers, is to keep a step ahead of changing market conditions and other important variables such as new technologies. Some questions to ask for this session are: What is Right-Sizing? What elements of operations should we consider when trying to right-size? What information is important to understand when the organization is right-sizing? How important is planning as a tool for right-sizing? Attend this session to hear ideas about how to develop and manage growth in your health center.

Upon completion of this session, participants will be able to:

- Understand the basics for managing operations including growth
- Explain information needed to fiscally analyze opportunities in order to minimize risk
- Understand how to address challenges and strategically anticipate the results of adding services, sites and other growth opportunities

Presenter: *Mike Holton, Holton Healthcare Consulting*

Level: Beginner

Medicare Chronic Care Management & Transitional Care Management

Salon C&D

Why Chronic Care Management? CMS recognizes care management as one of the critical components of primary care that contributes to better outcomes and higher patient satisfaction. 2/3 of all Medicare beneficiaries have 2 or more chronic conditions and 1/3 have 4 or more. According to the Center for Disease Control (CDC), 117 million Medicare beneficiaries – have 2+ chronic diseases, accounting for 84% of healthcare spending. CMS realizes that there is a greater need to invest in primary care and comprehensive care management and that this should help improve quality & reduce overall healthcare cost. We will discuss this vital service and the revenue potential that is out there for each community health center.

Upon completion of this session, participants will be able to:

- Provide background on the basics of Chronic Care Management
- Outline the revenue potential of providing this service
- Discuss the proposed changes outlined by the 2018 CMS Medicare Physician Fee Schedule Proposed Rule

Presenter: *Jeff Allen, BKD*

Level: Intermediate

Total Cost of Care

Azalea

Many articles have been written, sound bites given, and rumors have circulated about the future of health care reimbursement in America. The only certainty it seems is that there will be changes. In the CHC world we have felt those with the adoption of the new Medicare PPS reimbursement model beginning in 2014. The question for CHC's is how we prepare for the future when the reimbursement is uncertain. The key will be to utilize our own data to improve our operational decision making. During this session we will identify the key components of the total cost of care and common misconceptions. We will also address ways your CHC can prepare for the discussions internally with management and providers, with the Board of Directors and then with external parties. Since the reimbursement system is largely outside of your control, the key to being prepared for change is to understand your own cost structure and

then to both make changes as necessary to the environment and to effectively communicate the situation internally and externally.

Upon completion of this session, participants will be able to:

- Discuss how your CHC can better utilize data to make decisions
- Identify the key components of cost for your CHC that drive the cost of care
- Address the concepts that your CHC needs to consider to better prepare for the changing health care reimbursement environment

Presenter: *David Fields, BKD*

Level: Advance

11:45 AM – 12:00 PM

Transition Break

Foyer

12:00 PM – 1:15 PM

Lunch

Salon A&B

1:15 PM – 2:30 PM

Concurrent Sessions

Finance Communication...Bringing the Numbers to Life

Salon 1&2

Financial information that is just compiled and not analyzed is not beneficial to the community health center. It is easy to get into a checklist mentality, but financial information is meant to be used to make decisions. In this session, the decision-making process will be discussed, as well as common barriers that must be overcome. Discussion topics include: time management, communication to the CEO and board, personnel issues, the not-for-profit culture, and discussion on what a well-run community health center finance department looks like.

Upon completion of this session, participants will be able to:

- Share ideas and suggestions for how finance personnel can better communicate financial information to other members of management and the Board of Directors
- Provide insight into how to integrate data into your CHCs decision making process
- Discuss common dos and don'ts in CHC finance departments

Presenter: *Jeff Allen, BKD*

Level: Beginner/Intermediate

Medicare Cost Reporting

Salon C&D

FQHCs are required to complete the Medicare FQHC cost report Form 224-14. BKD will provide an overview of the Medicare FQHC cost report form required as a result of the implementation of the Medicare Prospective Payment System. This cost report continues its importance as the data collection tool included in the analysis by CMS to calculate updates to future Medicare PPS rates. This form is a requirement for many CHCs and is the foundational document for some state Medicaid cost reports. Gain insight into a key reporting requirement of your Organization. G codes and geographic adjustment factors (GAF) are concepts often misunderstood to a FQHCs detriment and we will address how to avoid common mistakes.

Upon completion of this session, participants will be able to:

- Provide background on the Medicare FQHC cost report form
- Address additional Medicare revenue opportunities commonly missed or misunderstood by FQHCs
- Broadly outline the Medicare FQHC cost report form and address frequent mistakes and oversights in the Medicare program

Presenter: *David Fields, BKD*
Level: Intermediate/Advanced

Monitoring Red Flags to Avoid Raising the White Flag: Using Financial Analyses **Azalea**

Attend this session to learn about Red Flag reporting. What is Red Flag reporting and how should such a system be designed? Where would you get information that would support Red Flag reporting and what types of data is needed and how do you identify the audience that needs this information?

Upon completion of this session, participants will be able to:

- Identify report information that will help managers to have a sense of operational activity
- Know who should receive daily, weekly and monthly reports
- Understand critical data elements that can improve operational efficiency

Presenter: *Mike Holton, Holton Healthcare Consulting*
Level: Advanced

2:30 PM – 3:00 PM

Afternoon Refreshment Break – Mingle with Exhibitors

Foyer

3:00 PM – 4:15 pm

Closing Plenary: RESET Your Buttons

Salon A&B

It's the end of the conference. You may feel overwhelmed, relieved and full of new information that you are eager to implement and share with others. Before you rush out the door to the next thing on your already very full to do list, stop, pause and take advantage of this final conference session. Set down your things and relax while you laugh and learn about the 5 Principles to RESET Your Buttons® which, when applied, will help you avoid burnout and better manage the demands on your time!

Upon completion of this session, participants will be able to:

- Recognize when your buttons are being pushed and identify the triggers.
- Set realistic Expectations so you aren't disappointed in the results
- Recover a Sense of Self and realign how you see yourself so you can better control your reaction to others
- Emphasize your core values to identify your own "true north" and maintain a grip on your own reality
- Take Stock who you are, what you care about, and how you want to respond to others

Presenter: *Mary Elizabeth Murphy, CEO S.T.A.R. Resources, Author of RESET Your Buttons*

NCCHCA would like to thank Carolina Complete Health for sponsoring this event.



This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under cooperative agreement number 5 U58CS06835-13-00, State and Regional Primary Care Association Cooperative Agreement for \$1,415,574.00 with 99% of the total PCA project financed with nonfederal sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government."

NCCHCA would like to thank all our Sponsors and Exhibitors!



MUTUAL OF AMERICA
Your Retirement Company®



CAREMESSAGE