

**PALMETTO STATE NEWS**

In loving memory of Ray High

# WINTER EDITION

## 2022

**In this edition:**

*Message from Chapter President*

*CRCA Graduates*

*Conclusion to Alex's Terrible,  
Horrible, No Good, Very Bad Day*

# Palmetto State News

Palmetto State News is the official publication of the South Carolina Chapter of the Healthcare Financial Management Association. Opinions expressed here are those of the author and do not reflect the views of HFMA or the South Carolina Chapter.

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## Our Vision

The South Carolina Chapter of the Healthcare Financial Management Association will continue to be the leading professional resource for individuals seeking excellence in the area of financial management of integrated health systems and other healthcare organizations.



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## 2021-2022 SCHFMA Officers and Directors



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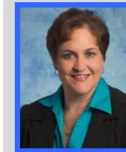
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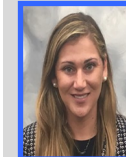
*Lawrence Laddaga*  
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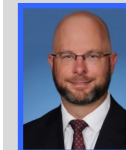
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2023-24  
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2023-24  
Ni2 Health



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2023-24  
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With your support and technical expertise, SCHFMA can continue to thrive and provide more valuable services to our members and other healthcare professionals. The South Carolina Chapter is proud of its previous affiliations with sponsors and looks forward to hearing from you.

All sponsorships are received with great appreciation and in good faith, as we are managers of your investment.

This Corporate Sponsorship Program begins on January 1, 2022 and runs through December 31, 2022.

Payments are due no later than March 31st to take advantage of a full year of sponsor benefits, however you can join and pay for a sponsorship at any time during the year.

*For more details, please click on this link for more details [SPONSORSHIP INFO](#)*

# A Message from the Chapter President



Happy February SC HFMA Members! I hope you all had a nice and relaxing holiday season with your friends and family. We kicked off 2022 with an AMAZING Winter Conference in Greenville. With over 100 attendees present, not only did we have a stellar ALL PROVIDER speaker lineup, but we also raised **\$1,350** for the Harvest Hope Food Bank in Greenville. A HUGE THANK YOU to our

Speakers, Corporate Sponsors and Elite Sponsors for the event, and my sincerest gratitude to Jude Crowell, Robert Griffin, Jen Hayes, Melissa Stutz, Jaime Bailey, and Taylor Searfoss for all their help in putting this event together. It certainly takes a village, and this event would not have been successful without all your hard work and dedication to this chapter.

We've certainly had some rapid changes in Healthcare Revenue Cycle from the Go Live of Regulation F to the No Surprises Act and I hope you all are taking advantage of the many great tools, resources and webinars that are available to you through our Region, Chapter and HFMA websites.

Speaking of resources, I am so excited that in-person conferences are back, and you'll want to be sure to **SAVE THE DATE** for the following upcoming events:

- SC/GA HFMA Women's Conference | March 10<sup>th</sup> – 11<sup>th</sup> | Wild Dunes Resort, Isle of Palms, SC (Registration is NOW OPEN)
- HFMA Revenue Cycle Conference | March 16<sup>th</sup> – 18<sup>th</sup> | New Orleans, LA (Registration is NOW OPEN)
- Region V Southeastern Summit | April 3<sup>rd</sup> – 6<sup>th</sup> | Nashville, TN (Registration is NOW OPEN)
- SC HFMA Annual Institute | June 1<sup>st</sup> – 3<sup>rd</sup> | Hilton Head, SC
- HFMA Annual Conference | June 26<sup>th</sup> – 29<sup>th</sup> | Denver, CO

I'm very much looking forward to warmer temps and the full conference season so if I don't see you in Nashville in April, I look forward to seeing you in Hilton Head at the end of May.

Stay healthy and stay safe!

*Danielle Gori*

Danielle Gori, FHFMA, CHFP, CRCA  
President, HFMA South Carolina Chapter

## RIISING TO THE CHALLENGE

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2021-22

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BETTER**

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## Hurry Up and Wait: The Implementation of the No Surprises Act Part I

Barney Osborne, FHFMA, CHFP  
VP of Finance and Reimbursement  
South Carolina Hospital Association

There were many sighs of relief from healthcare professionals when the July 13, 2021 *Requirements Related to Surprise Billing; Part I Interim Final Rule* delayed several components of Part I of the act. The Personnel Management Office, the Internal Revenue Service, the Employee Benefits Security Administration, and the Health and Human Services Department acknowledged the outcry from most sectors of the healthcare industry on what were truly unreasonable deadlines. The requirements are not terribly difficult to understand or document, instead, they are very challenging to coordinate.

Surprise medical bills occur when insured patients inadvertently or without their knowledge receive care from out-of-network (OON) hospitals, doctors, or other providers they did not choose. These often occur when a patient is treated by a non-participating provider such as when an OON ED physician treats a patient in an in-network ED facility or when patients are treated by out-of-network providers they did not choose prior to the services being rendered (such as anesthesiologists in surgical procedures). The No Surprises Act (NSA) will protect consumers from surprise medical bills by requiring private health plans to cover out-of-network services and apply only in-network deductibles and coinsurance. 1

Two of the primary goals of the NSA are 1) require private health plans to cover out-of-network claims and apply in-network cost sharing and 2) prohibit doctors, hospitals, and other covered providers from billing patients more for out-of-network services than in-network cost sharing amounts for unexpected medical bills. The Explanation of Benefits (EOB) standards require that if an individual has health insurance, the provider or facility must notify their plan or insurer of an estimate of expected charges for services. The payer, based on individual policy requirements, is then required to prepare an advance EOB to be sent to the patient. There have been few signs that what will by far be the most complicated procedure in the estimation of benefits process has even begun. Third party payers will have to receive the GFE information from the facility in order to prepare the required patient's EOB. There are currently no data structures in place for either the facility or provider to communicate this information to the payer. Until that time, the necessary communications between facilities, providers, and payers; preparing the cost estimations; and preparing and distributing the advance EOB within any functional time period, would practically all be a manual process. Determining any reasonable estimated time requirements would be highly unlikely, therefore this requirement was delayed until CMS can provide more functional requirements.

Also, of great concern to hospitals in particular, Good Faith Estimates (GFEs) must be provided to patients receiving many types of care, the most impacted being surgical and emergency services. The Departments require that GFEs include expected charges from all of the separate providers and facilities involved in the care to be communicated in one combined notification. One entity must be responsible for collecting, consolidating, and delivering this information to the patient. This will likely be the facility where the service will be provided - most often the hospital surgical services department. In another deluge of comments from the public sector, HHS also recognized that due to the complication of this requirement, the convening of these professional and facility fees will be delayed until further notice as well. Hospitals will, however, still be required to provide a GFE for their own charges but will not yet be required to serve as convener for all services. This was also quite a relief for facilities.

## Hurry Up and Wait *[continued]*

Lastly, one requirement most of us in the hospital industry have been anxious for has been delayed. Plan transparency requirements will require plans to make public their own in-network rates and out-of-network allowed amounts. This requirement has been delayed and now becomes effective July 1, 2022. The entire industry still recognizes that it will take a tremendous amount of effort from third-party payers to accommodate this required deadline.

### Hurry Up and Wait

All of these delays do not mean that the entire act is delayed. The Departments are taking a “hurry up and wait” approach to establishing the remaining requirements. CMS refused to delay many NSA Part I requirements making them effective January 1, 2022. Unfortunately, even though now required, CMS has provided no detailed guidance or education to any of the parties involved by the effective date of NSA 1. Many hospitals and providers, uncertain when CMS will begin determining non-compliance and possible penalties have been flying by the seat of their pants and trying to predict CMS’ requirements before they have been provided to them. Not knowing if future reviews may be made retroactively to January 1, 2022, many providers and facilities are attempting to at least have a basic model in place by the January 1 effective date and to be able to show that that planning was already in place prior to the enforcement date. Or, at least have documentation of GFEs, such as planning committee and task force meetings, communication with other related providers and facilities, and software vendors.

### What has not been delayed?

For people who have health coverage through an employer, a Health Insurance Marketplace, or an individual health plan purchased directly from an insurer, the rules that took effect January 1, 2022, require providers and facilities to share with patients easy-to-understand notices that explain the applicable billing protections and who to contact if they have concerns that a provider or facility has violated the new surprise billing protections. These No Surprises Act requirements will apply to items and services provided to Employment-based group health plans (both self-insured and fully insured)

- Individual or group health coverage on or outside the Federal or State-based Exchanges
- Federal Employee Health Benefit (FEHB) health plans
- Non-federal governmental plans sponsored by state and local government employers
- Certain church plans within IRS jurisdiction
- Student health insurance coverage [as defined at 45 CFR 147.145]

Some requirements also apply to providers and facilities with respect to uninsured (or self pay) individuals, like requirements that providers and facilities provide good faith estimates for scheduled care, or upon request.

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<sup>2</sup>(The No Surprises Act’s Prohibitions on Balancing Billing Slide Presentation, page 7 <https://www.cms.gov/files/document/a274577-1a-training-1-balancing-billingfinal508.pdf>)

## Hurry Up and Wait *[continued]*

Requirements under the No Surprises Act don't apply to:

- Medicare and Medicaid
- Indian Health Services
- Veterans Affairs Health Care
- TRICARE
- Short-term limited duration insurance (STLDI)
- Retiree only plans
- Account-based group health plans.

Perhaps most beneficial to the patient, the remaining provision of NSA Part I is the Act's prohibition of providers and facilities from directly billing individuals for the difference between the amount they charge and the amount that the individual's plan or coverage will pay plus the individual's cost-sharing amounts (i.e., balance billing). While already effective, these payment amounts are far from being determined by payers or facilities and providers. Another major benefit to the patient is the creation of a patient-provider dispute resolution process for uninsured (or self-pay) individuals to contest charges that are "substantially in excess" (greater than \$400) of the good faith estimate. This allows a patient the opportunity to dispute their charges and provides a third party Selected Dispute Process as a third party determination if the provider and patient cannot reach an agreement.

One of the effective, but still unprepared requirements that face facilities, providers and third-parties is the determination of a fair a reasonable payment to out-of-network facilities and providers. Payers are allowed to estimate a Qualifying Payment Amount (QPA) as an initial payment for out-of-network services. This payment may be determined by a number of resources to include state laws. These are not available in many states, which allows the payer to determine their QPA based on their own historical data. The facility or provider may then accept the QPA as payment in full or may enter into a 30-business-day period of negotiations with the health open plan or issuer to determine the final total amount. If these negotiations fail, the two parties may enter an independent dispute resolution (IDR) process by which an independent arbiter will determine final total payment. The process is often referred to as baseball arbitration where both parties provide an acceptable payment amount, and the arbiter simply chooses between the two. There is no further negotiation in the IDR process after arbitration begins.

Even this extremely simplified summary of NSA Part I shows the nightmare ahead of healthcare revenue cycles and the roller coaster ride payers, facilities, providers, software providers and others are just beginning to fully appreciate. Buckle up.

*Barney Osborne, FHFMA, CHFP  
VP of Finance and Reimbursement  
South Carolina Hospital Association*

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<sup>3</sup>Center for Consumer Information & Insurance Oversight (CCIIO) <https://www.cms.gov/files/document/a274577-1a-training-1-balancing-billingfinal508.pdf>

WOULD YOU LIKE TO GET INVOLVED? PLEASE FEEL FREE TO REACH OUT TO ANY OF THE COMMITTEE CHAIRS.

Contact information is listed on the SC Chapter website: <http://www.schfma.org/committees.html>

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## Stubborn Rise in Labor Expense Continues to Clobber Hospital Margins

Christopher Fisher, CRCP-I, Vice President of Business Development  
maxRTE

*Gloomy month-over-month report points to higher salaries prompted by nationwide labor shortages. Hospitals hit by the recent Delta surge in the West, South and Midwest experienced the largest year-over-year margin declines for the month.*

For the second consecutive month of margin declines, the median change in operating margin was down 12.1% from September to October, not including CARES Act funding. Year-over-year, operating margin medians sunk 31.5% compared to pre-pandemic levels in October 2019. Actual hospital operating margins were relatively steady for the fourth consecutive month, with October's median Kaufman Hall Operating Margin Index at 3.2%.

### **Non-Labor Expense Decline isn't Stemming the Tide**

Although non-labor expenses declined month-over-month for supplies, drugs and purchased services, most measures of expenses continued their ascent. Total labor expense rose 2.7% from September to October—12.6% compared to October 2020 and 14.8% compared to October 2019. However, decreases in full-time equivalents per adjusted occupied bed for these same years suggest that higher salaries prompted by nationwide labor shortages are driving up labor expenses—not increased staffing levels.

### **Inpatient Revenue Down, Outpatient Revenue Rising from 2019-20**

Continued softening of inpatient volumes during the month followed steep increases from the recent COVID-19 surge. Patient days decreased 0.5% compared to September and average length of stay (LOS) declined 1.5% following three months of increases. These declines led to a 0.9% month-over-month decrease in inpatient revenue, which in turn brought gross operating revenue (not including CARES Act funding) down slightly at 0.1%. However, year-to-date and year-over-year gross operating revenue and both inpatient and outpatient revenues continued to increase compared to 2019 and 2020 for an eighth consecutive month.

Outpatient revenue was up across all measures, rising 1.2% from September and 8.6% compared to October 2020. This suggests that recent pandemic trends have not significantly deterred healthcare consumers from seeking outpatient care.

### **Perfect Storm: Labor Shortages Fueled by Pandemic Burnout + High Cost of Temporary Staff**

Labor shortages and supply chain challenges are rising threats to profit margins for healthcare and pharmaceutical companies. Multiple factors are contributing to labor pressures, including staff burnout caused by the pandemic, a shortage of qualified help, higher costs to hire temporary staff, and wage inflation.

Moody's October Healthcare Quarterly report also found that a shortage of nurses and other workers will continue to erode hospital financial performance into 2022. Washington State healthcare workers have called on hospitals to mitigate the staffing crisis, with the union arguing there are a number of policies hospital administrators could immediately enact that would help alleviate some of the issues.

Vaccine mandates for healthcare workers are also having an effect on the staffing shortage. For example, the state of Washington lost 2% of its healthcare workforce since mandating that all hospital and nursing home staff members receive COVID-19 vaccines.

*The margin crisis makes reimbursement/payment for services rendered more critical than ever. Learn how [maxRTE](#) makes that happen.*

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### Contact us for more information



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Larry Patrick, Principal  
(404) 561 1985  
[larry.patrick@pwc.com](mailto:larry.patrick@pwc.com)

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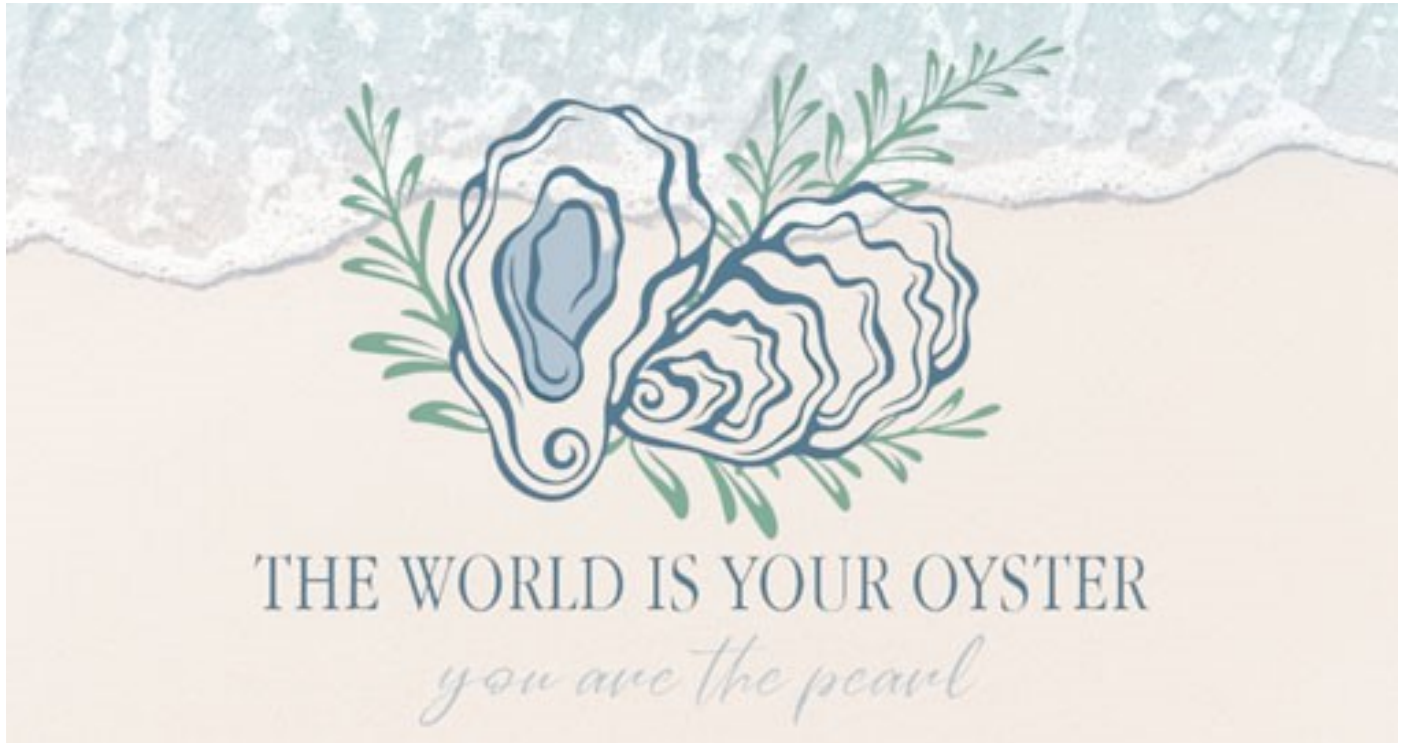
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HFMA SC AND GA  
WOMEN'S CONFERENCE 2022  
WILD DUNES RESORT—ISLE OF PALMS, SC  
MARCH 10TH—11TH, 2022

[Click here](#) to register for the event and reserve your hotel rooms.

*There are still sponsorship packages available.*

# SC HFMA Welcomes New Members November 2021—January 2022

## **Prisma Health**

(added 14 new members)

## **The Regional Medical Center**

(added 4 new members)

## **Ensemble Health Care**

(added 2 new members)

## **FTI Consulting**

(added 2 new members)

## **Peak Revenue Learning**

(added 2 new members)

### **The following entities added one new member:**

MUSC

Abbeville Area Medical Center

HCA South Atlantic

Red Dot Management

Trinity Health

CIOX Health

Academic Medical Hospital

Ratio Health Solutions, LLC

Spartanburg Regional Healthcare

### **INDIVIDUALS**

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For further information, please contact Steve Lutfy, FHFMA at [steve.lutfy@fticonsulting.com](mailto:steve.lutfy@fticonsulting.com)  
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Contact Melissa Stutz  
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# Winter Institute 2022 Greenville





# HFMA Region 5 2022 South Eastern Summit: Building Healthcare Bridges

April 3—6, 2022

Renaissance Hotel

Nashville, Tennessee

[Click here to register for the event and hotel room.](#)

*You can also view the list of speakers and the complete agenda*

# Winter Institute Charity Project 2022



## Meals on Wheels



## UPCOMING WEBINARS



February - March, 2022: Becker's Hospital Review

[Click here to view complete list](#)

February 24th, 2022

**Risky Business: Understanding HCCs and how they impact your bottom line, Lighthouse Healthcare Advisors**

[Click here to register](#)

February 25th, 2022

**Tackling Tax in 2022: Guidance for Hospital & Health System Leaders**

[Click here to register](#)

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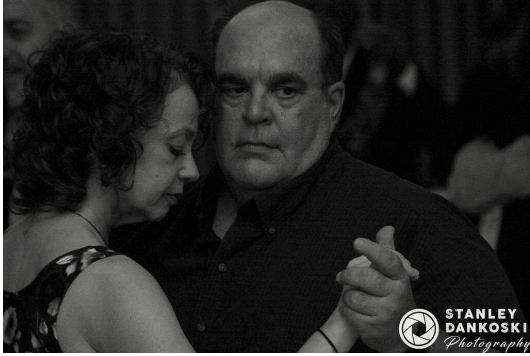
Chief Financial Officer

St. Joseph's/Chandler Health System



For details regarding this position, please visit the chapter website:

[http://www.schfma.org/job\\_bank.html](http://www.schfma.org/job_bank.html)



# Get to Know Your Officers and Board Members

Laurence Laddaga, SC HFMA Director

2021-2022

My first HFMA meeting was May AI 1982 when Bradley Richardson of HFMA invited me up to give a talk with him on collections. I immediately fell in love with the members and joined in 1983. I have not missed an AI since 1982 so not counting the one cancelled in 2020, I've been to 39 in a row. I was President in 1997, served as CLR, (RE) in 2001 and served two terms on the Principles and Practices Board and the Chapter Advancement Team. The best advice I ever got was two different things: First was "community service is the price you pay for abundance, volunteer."; and second was "No amount of good writing makes up for a bad idea – make sure you have a good idea before you start writing".

I founded Laddaga-Garrett, P.A., 18 months after graduating from law school in January 1983 and we primarily practice health law, mostly in the denial management, revenue cycle, HIPAA, and compliance areas. My paralegal has worked for me 32 years, and my law partner started during law school and has been here 27.

On the personal side, I have one daughter, 37 who is an RN and an 11 year old grandson. I have a 26 year old granddaughter from a "former" stepdaughter. I know, it's "complicated". I have two older brothers. The oldest lives in Boston and is an artificial intelligence research scientist with a PhD from Stanford. My middle brother teaches microbiology for a medical school in Chicago with a PhD from McGill. I was the slow child in my family.

My first concert was Black Sabbath at the old County Hall in Charleston. After a two hour wait, they announced Ozzy Osbourne had a "sore" throat and the concert was cancelled. It took forever to convince my parents to let me go by myself, so it was tricky telling my Dad to pick me up early without letting him know folks were rioting inside.

My favorite movie is the Godfather 1 and 2. Not so much 3. And the Matrix. I don't follow sports. My favorite hobby is Argentine Tango. I started dancing 13 years ago this month and quickly became addicted. I've been to Buenos Aires 3 times with a group and love going there. My favorite vacation was either Rome or Paris, but in the states I'm fond of Key West and New Orleans. I'm a member of Kiwanis and support their Charitable endeavors and I'm on the Board of Directors for Amor Healing Kitchens which I'm passionate about. I just resigned this year from working with the BSA after 43 years of serving in various roles. I try to mentor in any and all organizations I'm a member. I don't know how secret it is, but I love comedy and humor. I write a humor blog and am a frustrated stand up comic. If I had a secret talent it's an ability to know when to leave a room before the cops come, the chairs start getting thrown, or things go south. The one item I can't live without is my car.



# Get to Know Your Officers and Board Members

Heather Crowell, SC HFMA Director

2023-2024

1. **Tell us about your family.** *Married to Jude Crowell, yes that Jude. We have four kids ranging from 13-24 year old. One living on her own post-college, also in the healthcare revenue cycle world, one in college (Go MOCS!) and two still at home.*

2. **Tell us about your company/hospital and your role.** *I am the Vice President of National Accounts at RevSpring. I oversee a team that works with our wide range of partners in generating additional revenue streams for their company.*

3. **How long have you been a member of HFMA?** *I joined healthcare in 1999 and joined HFMA a few years later.*

4. **What is your favorite vacation destination?** *My favorite vacation is anything with a beach. My all time favorite spot was Barcelona, Spain. The food, culture, people and natural beauty immediately captured my heart.*

5. **What is your favorite movie?** *It's Dirty Dancing but, please don't tell my mother!*

6. **Do you have a secrete talent that very few people know about?** *I can hold my breathe under water for almost 4 mins. If it were an Olympic sport I would be at least an honorable mention.*

7. **What is your favorite sports team?** *Clearly we haven't met....Arkansas Razorbacks. My husband says he's a football widower. I travel back to Arkansas for all home games and attend at least one away game every season. I also must say #TitanUp!*

The newsletter committee would like to say thank you to both of our Spotlight members for taking the time out of their busy schedules to say share some fun facts about themselves for everyone to enjoy.



YOU DID IT!  
*Congratulations*

## CRCA Graduates

Class 1: Exam March 24, 2021; Re-take: April 7, 2021

<u>Graduate</u>	<u>Organization</u>
<b>Blanding, Candace*</b>	Lexington Medical Center
Boswell, Kelly	Lexington Medical Center
Broach, Emily	Lexington Medical Center
Butler, Lisa	Spartanburg Regional
Davenport, Rebecca	Self Regional Medical Center
Davis, Doris	Lexington Medical Center
Davis, Kristen	Self Regional Medical Center
Dorley, Amaree	Revenue Management Medical Billing
Edwards, Kia	Prisma Health
Gantt, Michelle	Lexington Medical Center
Getzelman, Brenna	Self Regional Medical Center
Gresham, Denetra	Spartanburg Regional
Hall, Kasie	Self Regional Medical Center
Hansen, Heather	Self Regional Medical Center
Henderson, Ashley	Lexington Medical Center
Jackson, Eva	Self Regional Medical Center
Jorge, Ramonita	Lexington Medical Center
Long, Erin	Lexington Medical Center
Monfils, Debbie	Lexington Medical Center
Nash, Dana	Self Regional Medical Center
Patterson, Carey	Self Regional Medical Center
South, Allie	Self Regional Medical Center
Spencer, Fatema	Lexington Medical Center
Thompson, Marilyn	Lexington Medical Center
Whitcomb, Kaley	Self Regional Medical Center
White, Jimmy	Lexington Medical Center
Wideman, Mia	Self Regional Medical Center
Wilson-Scott, Tamika	Lexington Medical Center
Young, Tira	Lexington Medical Center

Class 2: Exam October 25, 2021; Re-take: November 9, 2021

<u>Graduate</u>	<u>Organization</u>
Bowie, Lindsey	Abbeville Area Medical Center
Brown, Adrienne	Lexington Medical Center
Cannon, Kathy	Self Regional Medical Center
Conyers, Angela	Lexington Medical Center
Craig, Magen	Spartanburg Regional Medical Center
Day, Magin	Self Regional Medical Center
Dugan, Christina	Price Waterhouse Coopers
Fortson, Amber	Resolutions RC
Graves, Kajuana	Navient/Xtend
Green, Sarah	Tidelands Health
Ingram, Tioka	Lexington Medical Center
Jackson, Jemeca	Spartanburg Regional Medical Center
Johnson, Shantice	Abbeville Area Medical Center
Jolly, Sharon	Spartanburg Regional Medical Center
Kimbrell, Kim	Spartanburg Regional Medical Center
Knox, Tonya	Lexington Medical Center
Koon, Amie	Self Regional Medical Center
Mitchell, Megan	Lexington Medical Center
Ortega, Ashley	Self Regional Medical Center
Parker, Richena	Price Waterhouse Coopers
Paul, Crystal	Lexington Medical Center
Paulin, Lowana Rene	Lexington Medical Center
Powell-Burch, Lucreatia	Spartanburg Regional Medical Center
Ramirez, Heather	Resolutions RC
Roper, Tiffany	Self Regional Medical Center
Scruggs, Calamity	Spartanburg Regional Medical Center
Shirley, Kelley	Self Regional Medical Center
Shojaie, Sarah	Self Regional Medical Center
<b>Sims, Amanda*</b>	Self Regional Medical Center
Sims, Shavanna	VirtualBOA
Smith, Tamara	Lexington Medical Center
Stewart, Ashley	Lexington Medical Center
Thompson, Samantha	Spartanburg Regional Medical Center
Zeigler, Erin	Regional Medical Center

\* Indicates highest score

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# Anniversary Milestones

November 2021 through January 2022

## Celebrating 45 Years

Gwen Stubbs, CHFP

## Celebrating 35 Years

Frank Grella, FHFMA

## Celebrating 25 Years

Estelle Barnes

## Celebrating 20 Years

Leslie Rodwell

## Celebrating 5 Years

John Smith

Kristin Lacey

## Alex and the Terrible, Horrible, No Good, Very Bad Day: Conclusion

After Alex's horrible morning he was extremely deflated but was beginning to harness his positive self-talk. "You're a winner" "You can do this" "You're a champion" he shouted to himself as he headed to his lunch meeting with his favorite client and friend. He knew the day had to get better because of the schedule he had lined up. With a smile on his face, Alex tempted the sales gods by saying "this can't get any worse." As soon as he uttered that phrase, he heard a police siren behind him. Alex, already frustrated with his day so far, looks in the rear-view mirror and mutters to himself, "What now?" as he slowly pulls over. The police aggressively yell to Alex "GET OUT OF THE CAR SLOWLY WITH YOUR HANDS UP!" Alex very confused and frightened, slowly complies and figures I'd better do what he says. By this time two more police cars arrive and began to usher Alex to the side of one of the cruisers. "Where are you coming from" the officer barks at Alex. "My house" he says in a shaky voice. The police take Alex's license and registration as they look Alex up and down. He sees his suit and appearance and says to Alex. "A car fitting your car's description was involved in bank robbery 3 blocks from here and so you are going to have to hang out here with me while we check surveillance picture to see if you fit the description". "Take a seat in my cruiser for a second" the policer officer said forcefully. Alex looked at his watch and said, "I'm going to be late for my lunch." Alex defeated and dejected, wondering how in the world his day could get any worse. But little did Alex know that much more calamity awaited him on this terrible, horrible, no good, very bad day. Finally, after 25 minutes Alex was free to go. He couldn't help but think to himself, "robbing a bank and being chased by the authorities would be better than this day I'm having". Alex finally arrives at lunch with his client and friend, Billy. Out of breath, Alex says "sorry I'm late, you wouldn't believe the morning I'm having." Billy gives a half-hearted chuckle and says, "well it's about to get worse." Alex frowns and sits down with a puzzled look on his face. "Well buddy" Billy says loudly. "I've got some good news and some bad news, which do you want first?" "The good news" Alex stated, knowing he is not emotionally ready for another thing to go wrong. Billy goes on to explain to Alex that he has gotten a promotion into another area and will no longer oversee his area. Alex congratulates Billy and quickly states "and the bad?"



## *Terrible, Horrible, No Good, Very Bad Day: continued*

Billy goes on to tell Alex that Susan will be his replacement and she is not a fan of Alex's company, so she is going to issue an RFP ASAP. Alex now completely demoralized and thinking about the sales projections he quoted on the morning call with his boss and is coming to the realization that he is in serious jeopardy of losing his largest and strongest client in a matter of months. Alex keeps a stiff upper lip and grins his way through the rest of the lunch. Tells Billy congratulations and makes his way back this car. When he gets in his car, he checks his phone to learn that his meeting in Chicago has been postponed for two weeks because some other fires have come up and Alex's solution is no longer a priority. Alex sits in his car and looks in the rearview mirror back at himself. He thinks about the all the bad things that had happened that day. Forgetting his air pods, the phone almost dying, him accidentally flashing his boss and coworkers, sales projections that he is now sure to miss, getting pulled over by the police, the potential of losing his largest client, and a largest deal being postponed due to other organizational priorities. As Alex is staring in the rearview mirror his eyes began to well up with tears and our normally positive salesman begins to let the smallest sliver of don't intrude his spirit and says to himself "I don't think I'm cut out for this". Underneath all the positivity and confidence he had allowed a series of calamitous events completely derail his positive, self-assured personality. After riding around a bit feeling sorry for himself, he finally made it home to see his two boys playing basketball in the driveway and his wife sitting on the front porch. As he exited the car, his oldest son threw him the basketball and his youngest son said YAY!! dad is going to play basketball with us today. In that moment all was right with the world and Alex was smiling knowing that he would go through one hundred terrible, horrible, no good, very bad days if it meant he could make it home to his supportive loving family. Yes, he must figure out how he is going to get Susan to appreciate his solutions in the same way Billy did. Yes, he will have to figure out how to make his service a priority for the CFO in Chicago. Yes, he would have to talk to his son about taking his charger. Finally, yes, he will have to try to avoid areas where active bank robberies are happening. But none of that matters now. Right now, he just wanted to heal from his wounds by spending quality time with the people he loves while beating his two boys in basketball.



None of us will experience great days everyday, but allow the things that really matter in your life to bring you joy, peace, a sense belonging and self-worth. Until next time!

**THE END**

Short story by Robert Taylor, SC HFMA Communications Committee

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