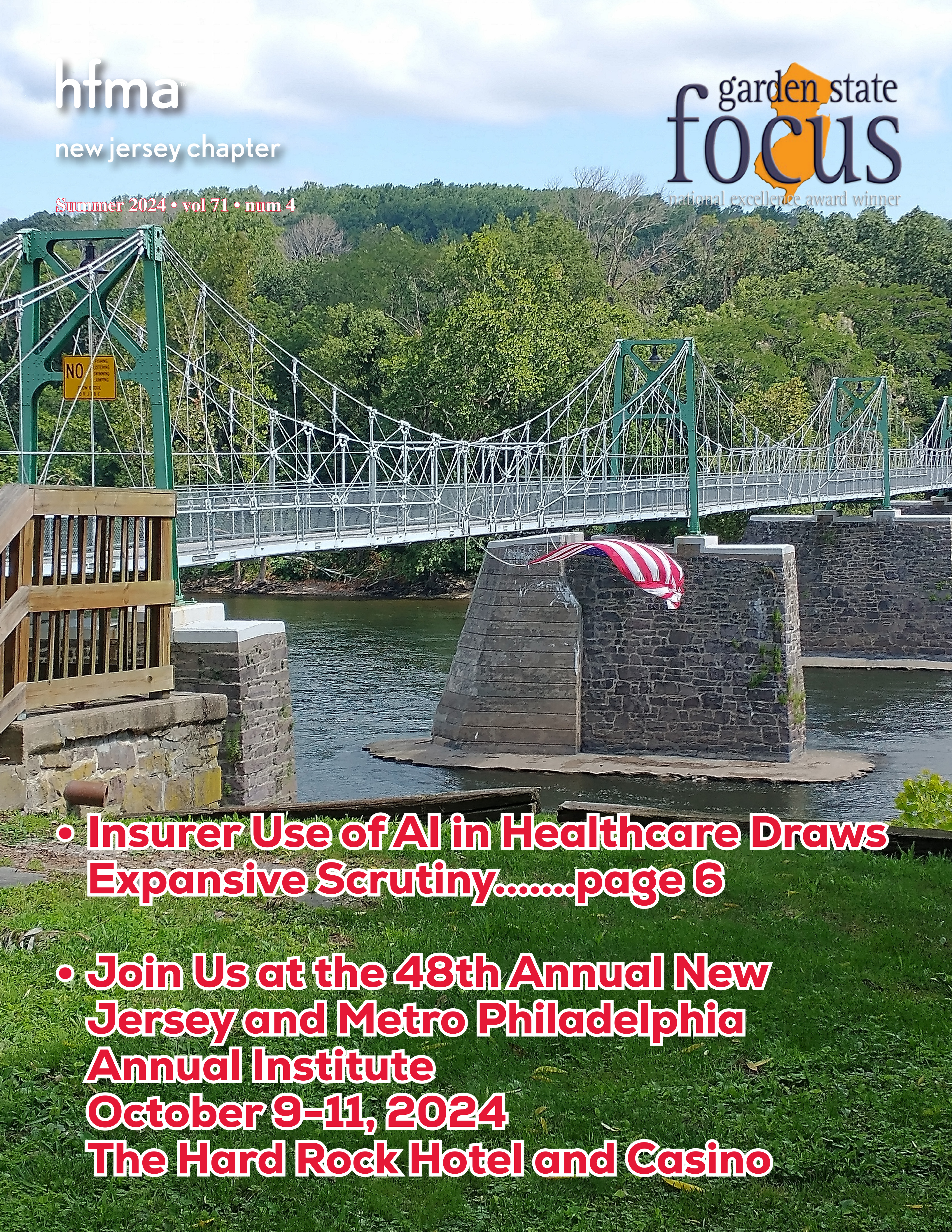

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DEADLINE FOR SUBMISSION OF MATERIAL

Issue Date	Submission Deadline
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Winter	November 1
Spring	February 1
Summer	May 1

IDENTIFICATION STATEMENT

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OBJECTIVE

Our objective is to provide members with information regarding Chapter and national activities, with current and useful news of both national and local significance to healthcare financial professionals and as to serve as a forum for the exchange of ideas and information.

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The President's View . . .

Maria Facciponti

I am honored and privileged to serve as President of the New Jersey Chapter of HFMA for 2024- 2025. It is a responsibility that I couldn't possibly deliver on without the great leadership that has come before me, along with the current leadership and board of directors who support our chapter's goals and efforts as we serve our membership.

This year we will be focusing on continuing excellence. Our motto this year is SEMPRE AVANTI – keep moving forward. We have come so far and continue to move in the right direction. Our chapter is doing great things, and we will continue the progress by moving forward.

Our focus will be on Value, Engagement and Innovation.

Value – We are focusing on offering the most value to our members. We know you have a choice to be a member and we value each of you. In the coming months you will see innovative ways to demonstrate our value to you.

Innovation – We are busy developing new ways to engage our members from 101 sessions to more advanced sessions on relevant "hot" topics. Our goal is to involve providers, who are the backbone of our membership. Providers have a bird's eye vantage point for all relevant topics in the industry.

Engagement – We will be focusing on engaging enterprise members more. We plan on teaming up with the Association to engage our enterprise members. Look for collaborative workshops in your area hosted by enterprise organizations.

The NJ HFMA Chapter encourages you to get involved and have some fun! We are passionate about serving and giving back to our communities. Check out the upcoming events. We look forward to any feedback and welcome anyone to reach out for additional information. Let's make it an awesome 2024-2025 year!

Kind Regards,
Maria Facciponti, FMFMA, EHRC
President, NJ HFMA

From the Editor . . .

Jim Robertson

In this edition of Garden State Focus we explore various opportunities and pitfalls presented by the use of Artificial Intelligence ("AI") in the healthcare industry. In this spirit, I decided to simply let ChatGPT write my Editor's letter for me, using the following prompt: "Write a 500-word essay on potential benefits and detriments of using artificial intelligence to provide healthcare services to patients." Below is the unvarnished result of my prompt, which took less than three seconds to produce:

> The integration of artificial intelligence (AI) into healthcare has the potential to revolutionize patient care, offering numerous benefits while also posing significant challenges. As AI technologies continue to evolve, their application in healthcare presents a dual-edged sword of opportunities and risks that must be carefully navigated.
>
> ### Potential Benefits
>
> 1. **Enhanced Diagnostic Accuracy**: AI systems, particularly those utilizing machine learning and deep learning, have demonstrated remarkable proficiency in diagnosing diseases. For instance, AI algorithms can analyze medical imaging data with a level of precision that often surpasses human capabilities. This can lead to earlier and more accurate detection of conditions such as cancer, enabling timely and potentially life-saving interventions.
>
> 2. **Personalized Treatment Plans**: AI can analyze vast amounts of data from various sources, including electronic health records, genetic information, and lifestyle factors, to tailor treatment plans to individual patients. This personalized approach can improve treatment efficacy and reduce adverse effects, leading to better patient outcomes.
>
> 3. **Operational Efficiency**: AI can streamline administrative tasks, such as scheduling, billing, and managing patient records. By automating these processes, healthcare providers can reduce operational costs and administrative burdens, allowing them to focus more on patient care. Additionally, AI-driven predictive analytics can optimize resource allocation and improve workflow efficiency in hospitals.
>
> 4. **Remote Monitoring and Telemedicine**: AI-powered tools can facilitate remote patient monitoring and telemedicine, expanding access to healthcare services, especially in underserved and rural areas. Wearable devices and mobile health applications can continuously track vital signs and other health metrics, providing real-time data to healthcare providers and enabling proactive management of chronic conditions.
>
> ### Potential Detriments
>
> 1. **Data Privacy and Security**: The use of AI in healthcare involves the collection and analysis of vast amounts of sensitive patient data. Ensuring the privacy and security of this data is paramount. Breaches or misuse of health data can lead to severe consequences, including identity theft and loss of patient trust. Robust data protection measures and regulatory compliance are essential to mitigate these risks.
>
> 2. **Bias and Discrimination**: AI systems are only as unbiased as the data they are trained on. If the training data contains biases, the AI can perpetuate or even exacerbate these biases, leading to discriminatory practices. For example, an AI diagnostic tool trained predominantly on data from a specific demographic may perform poorly for patients from

From the Editor . . .

other demographics, resulting in unequal care.
3. **Loss of Human Touch**: While AI can enhance efficiency and accuracy, it lacks the empathy and personal connection that human healthcare providers offer. The therapeutic relationship between patients and providers is crucial for patient satisfaction and adherence to treatment plans. Over-reliance on AI could diminish the human element of healthcare, potentially impacting patient trust and engagement.

4. **Dependence and Technological Failures**: Increased reliance on AI systems raises concerns about technological failures. System errors, software bugs, or cyber-attacks could disrupt healthcare services and compromise patient safety. Moreover, there is a risk of healthcare professionals becoming overly dependent on AI, potentially diminishing their diagnostic and decision-making skills.

In conclusion, while the integration of AI into healthcare presents numerous benefits, such as improved diagnostic accuracy, personalized treatment, operational efficiency, and expanded access to care, it also poses significant challenges. Issues related to data privacy, bias, the loss of human touch, and technological dependencies must be addressed to ensure that AI can be effectively and ethically utilized in healthcare. Balancing these benefits and detriments requires a thoughtful and cautious approach, with a focus on developing robust regulatory frameworks, ensuring transparency, and maintaining the essential human aspects of healthcare delivery.

AI technology will only improve with time. As AI becomes more sophisticated, perhaps the ultimate question will be, “How will healthcare professionals use AI for the common good and to provide the greatest number of patients access to highest quality healthcare?” Or, as Hal stated to Dave in 2001: A Space Odyssey, “I am putting myself to the fullest possible use, which is all I think that any conscious entity can ever hope to do.”

Enjoy this Edition of Garden State Focus and have a wonderful summer!

Insurer Use of AI in Healthcare Draws Expansive Scrutiny

By Robert B. Hille and John W. Kaveney

Robert B. Hille

John W. Kaveney

The concept of artificial intelligence (AI) has permeated almost all aspects of society. AI is being implemented more and more each day by major technology companies to try and improve daily living and optimize the delivery of data and information in our daily lives. AI is also being viewed as a tool that will revolutionize and improve the delivery of healthcare.

On the one hand, providers are using AI as a tool to improve patient care. For example, efforts are being made to utilize AI to improve the diagnosing of patients, analyzing medical images, and predicting patient outcomes to better anticipate complications and best courses of treatment.

On the other hand, insurers are also using AI tools to personalize health services and products, predict future events and potential patient health risks more accurately, and improve the processing and payment of medical claims.

However, while these uses by insurers can have a positive impact on the delivery of care, many in the healthcare industry, and federal government, have raised concerns about other uses of AI by insurers. Specifically, insurers are increasingly utilizing AI to process and evaluate claims absent the human element and the necessary expert review, resulting in concerns that outcomes are being determined solely by algorithms. In such scenarios, individual patient reviews by an experienced and qualified reviewer is taking a back seat to where a case fits within a data population. While patients and patient outcomes may form data, they are not simply data points to be subjected to a formulaic approach. Each case is unique and fluid.

Federal Definition of AI

The federal government has statutorily defined AI as, "a machine-based system that can, for a given set of human-defined objectives, make predictions, recommendations, or decisions influencing real or virtual environments." AI systems use machine- and human-based inputs to "perceive real and virtual environments; . . . abstract such perceptions into models through analysis in an automated manner; and . . . use model inference to formulate options for information or action." These machine- and human-based inputs greatly shape how such a system functions and can lead to potential problems.

Problems with AI use arise with inherent data biases, incomplete or unreliable data and inaccurate or inflexible algorithms that lead to skewed results. Care then is misdirected to the individual based on the population's rather than the individual's needs. The resulting care the tool directs is consequently population rather than patient driven.

An analogy would be if a robotic surgical instrument was programmed on the sum total of the surgical patient population rather than to respond to the individual patient's particular anatomy. Cutting into a patient where an artery should be rather than where it is demonstrates the harm from eliminating individual patient needs from the care rendered.

Federal Concerns Regarding Coverage and Claim Denials

AI's recent spotlight has been in the Medicare Advantage (MA) arena. There, fears have been raised that AI is being used to enhance improper coverage and claims denials.

Accusations of improper denials by Medicare Advantage Organizations (MAO) are not new. Such abuse has been on the federal government's radar for several years. Most recently in 2018, the U.S. Department of Health and Human Services Office of Inspector General (OIG) issued its report on "Medicare Advantage Appeal Outcomes and Audit Findings Raise Concerns About Service and Payment Denials." There, the OIG found "widespread and persistent problems related to denials of care and payment in Medicare Advantage plans." The OIG's report also noted that MA plans "overturned 75 percent of their own denials" while at the same time, "beneficiaries and providers appealed only 1 percent of denials to the first level of appeal." Largely predating AI use by insurers, the widespread denial errors noted in the report may form, inadvertently or by design, a biased data population that would skew MAO claims outcomes in favor of denials. This would place greater sums in the pocket of insurers despite them receiving that money based on representations to the government that the money was needed to compensate for the care they later denied.

A June 2022 OIG claims study further substantiated Government fears of abuse. Reviewing a random sample of prior authorization and payment denials by 15 large MAOs in 2019, the OIG found only 13% of coverage denials and only 18% of payment denials met Medicare MA rules. The report also identified the avoidable delays, additional work, and administrative burdens that the inappropriate denials caused that negatively impacted patient care and placed avoidable burdens on providers. Based on its review, the OIG recommended CMS "issue new guidance on the appropriate use of MAO clinical criteria in medical necessity reviews; update its audit protocols to address the issues identified in this report . . .; and direct MAOs to take additional steps to identify and address vulnerabilities that can lead to manual review errors and system errors."

Following these troubling OIG findings, on November 3, 2023, members of the United States House of Representatives noted their concerns to the Centers for Medicare and Medicaid Services (CMS) over the "increased reliance on artificial intelligence . . . or algorithmic software" by MA plans to guide coverage decisions. These Representatives expressed that the use of AI software, such as naviHealth, myNexus, and CareCentrix, "led to coverage decisions that are more restrictive than allowed under traditional Medicare rules, as well as more frequent and repeated denials of care."

MA plans responded by saying AI was providing guidance to improve patient care, but those Representatives feared it was instead being utilized to make coverage determinations. Thus, they called on CMS to "increase oversight" of the AI tools being utilized by MA plans.

The American Medical Association's AI Concerns

The American Medical Association (AMA) has also weighed in on the debate over the use of AI by insurers. At its June 2023 annual meeting, the AMA House of Delegates adopted a new policy "calling for greater regulatory oversight of insurers' use of AI in reviewing patient claims and prior authorization requests." The policy also "calls for health insurers utilizing AI technology to implement a thorough and fair process that is based on clinical criteria and includes reviews by physicians and other health care professionals with expertise for the service under review and no incentive to deny care."

Following up on this policy, in November 2023, the AMA Board of Trustees issued seven principles for the development of equitable and responsible AI tools and use in healthcare. These key principles "call for comprehensive policies that mitigate risks to patients and physicians, ensuring that the benefits of AI in health care are maximized while potential harms are minimized." The AMA principles include the following categories:

1. <u>Oversight</u> – encouragement of a "whole of government" approach to mitigating the risks of AI in healthcare while also acknowledging the critical role non-government entities must play in this oversight
2. <u>Transparency</u> – emphasis on transparency and developing laws that mandate the sharing of key characteristics and information regarding the design, development, and deployment processes for AI in healthcare
3. <u>Disclosure and Documentation</u> - appropriate disclosure and documentation when AI directly impacts patient care, access to care, medical decision making, communications, or the medical record
4. <u>Generative AI</u> – development and adoption of policies to anticipate and minimize negative impacts that have been associated with generative AI
5. <u>Privacy and Security</u> – prioritization of robust measures to protect patient privacy and data security when developing AI tools
6. <u>Bias Mitigation</u> – proactive identification and mitigation of bias in AI algorithms to promote fair and inclusive care that is free from discrimination
7. <u>Liability</u> – advocacy for the limitation of physician liability when utilizing AI tools

Patient Suits Challenging the Use of AI

The OIG, Congress, and the AMA are not the only ones responding to AI's expansion into healthcare and raising concerns over its misuse. Patients are also pushing back as evidenced by recent lawsuits against several insurers.

In July 2023, a lawsuit was filed against Cigna Health in the United States District Court for the Eastern District of California. That Complaint alleges that during two months in 2022, over 200,000 payment requests were denied utilizing AI tools, with an average estimated review time by a doctor of only 1.2 seconds per request. If proven, this case would validate the concerns that under the guise of a tool to assist employees and speed up approvals and the delivery of care/reimbursement, AI is being misused with the purpose of denying pre-authorizations and/or reimbursement to increase insurers' bottom lines.

Similarly, a lawsuit was filed in November 2023 against UnitedHealthcare in the United States District Court for the District of Minnesota. According to that Complaint, "[t]he nH Predict AI Model determines Medicare Advantage patients' coverage criteria in post-acute care settings with rigid and unrealistic predictions for recovery. Relying on the nH Predict AI Model, Humana purports to predict how much care an elderly patient 'should' require but overrides real doctors' determinations as to the amount of care a patient in fact requires to recover." Moreover, the lawsuit alleges Humana limits employees from deviating more than 1% from the number of days predicted by the AI Model thereby creating a financial windfall to Humana due to the increased number of denied claims.

Most recently, in December 2023, a lawsuit was filed against Humana, in the United States District Court for the Western District of Kentucky. That suit alleges that Humana is improperly utilizing an AI Model to "override real treating physicians' determinations as to medically necessary care patients require." To do so, it is claimed that Humana wrongfully bases its claim denials on aggregated patient data rather than the opinions of doctors reviewing the specific circumstances of individual patients.

While it is too early to tell how these suits will fare, it is expected that each insurer will aggressively defend their AI practices as consistent with all Medicare and MA requirements under the law. Yet, close attention should be paid to their outcomes as these suits will shed further light on AI vulnerabilities and possible misuse. They will also likely encourage action by policymakers and impact pending policy decisions.

Federal Government Action

In the midst of these various investigations, policy statements/positions, and lawsuits, the White House has begun to assert its position that there must be standards for the appropriate use of AI in healthcare.

On October 30, 2023, President Biden released an Executive Order on the Safe, Secure, and Trustworthy Development and Use of Artificial Intelligence. Included were a series of directives to the Secretary of Health and Human Services (HHS) "[t]o help ensure the safe, responsible deployment and use of AI in the healthcare, public-health, and human-services sectors." While short on specifics, it sent a clear message to HHS of the importance of developing guidance for protecting privacy in the use of AI in healthcare.

In response, the first concrete action came in the form of a February 6, 2024 CMS policy statement formatted as a set of frequently asked questions that included whether the "new rules on clinical coverage criteria for basic Medicare benefits mean that MA organizations cannot use algorithms or artificial intelligence to make coverage decisions."

CMS' response may be a sign of government skepticism over the unchecked utilization of AI and its propensity toward misuse by insurers to deny Government financed medical benefits. CMS made clear that while "[a]n algorithm or software tool can be used to assist MA plans in making coverage determinations . . . it is the responsibility of the MA organization to ensure that the algorithm or artificial intelligence complies with all applicable rules for how coverage determinations by MA organizations are made."

For example, CMS clarified that an algorithm or software tool "that determines coverage based on a larger data set instead of the individual patient's medical history, the physician's recommendations, or clinical notes" would not comply with MA regulations and thus not be proper. CMS underscored that this standard applies to assessing coverage for items such as inpatient admissions and basic benefits. CMS further emphasized that "[b]ecause publicly posted coverage criteria are static and unchanging, artificial intelligence cannot be used to shift the coverage criteria over time." These AI tools also "cannot apply other internal coverage criteria that have not been explicitly made public and adopted in compliance with the evidentiary standard" under the MA regulations.

CMS concluded its comments by emphasizing its concern over the algorithms underpinning AI "exacerbate[ing] discrimination and bias." Given that the Affordable Care Act expressly prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs and activities, "MA organizations should, prior to implementing an algorithm or software tool, ensure that the tool is not perpetuating or exacerbating existing bias, or introducing new biases." Thus, insurance companies must be cognizant of how their AI tool is trained as the Government will be sensitive to any suggestion of bias in these systems in its oversight.

Conclusion

While many questions remain regarding what direction AI will take in the future, this new technology is only going to further integrate itself into the fabric of the healthcare sector. In response, insurers are almost certain to continue deploying this technology in the claims adjudication, payment, and appeal processes.

For those insurers and those responsible for their oversight, the focus must be on ensuring AI technology is being utilized appropriately to advance care rather than as a tool to withhold patient medical benefits and provider reimbursement.

This is only the first chapter in the AI story. There are many more yet to be written.

About the Authors:

Robert B. Hille is a Partner in the firm's Litigation and Healthcare Departments, with white-collar experience encompassing both state and federal investigations, including those related to healthcare fraud and abuse and federal False Claims Act cases. Bob is also a former President of the New Jersey State Bar Association and served as the Co-Chair of the Ethics and Regulatory Work Group on the New Jersey State Bar Association Task Force on Artificial Intelligence (AI) in the Law. He can be reached by email at rhille@greenbaumlaw.com.

John W. Kaveney, Esq. is a Partner in the Healthcare and Litigation Departments at Greenbaum, Rowe, Smith & Davis LLP, where he concentrates his legal practice on corporate compliance matters, information privacy and data security, and Medicare reimbursement matters, as well as general regulatory guidance and healthcare litigation. He can be reached by email at jkaveney@greenbaumlaw.com.

[1] *15 U.S.C. §9401(3).*
[2] *Id.*
[3] *https://oig.hhs.gov/oei/reports/oei-09-16-00410.pdf*
[4] *Id.*
[5] *Id.*
[6] *https://oig.hhs.gov/oei/reports/OEI-09-18-00260.asp?hero=mao-report-04-28-2022*
[7] *Id.*
[8] *Id.*
[9] *Id.*
[10] *https://chu.house.gov/sites/evo-subsites/chu.house.gov/files/evo-media-document/chu-nadler-ma-ai-oversightletter-11 .3.2023.pdf*
[11] *Id.*
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[13] *https://www.ama-assn.org/press-center/press-releases/ama-adopts-policy-calling-more-oversight-ai-priorauthorization*
[14] *Id.*
[15] *https://www.ama-assn.org/system/files/ama-ai-principles.pdf*
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[26] *https://cdn.arstechnica.net/wp-content/uploads/2024/02/cms-memo-2624-faqs-related-to-coverage-criteria-andutilization-management-requirements-in-cms-final-rule-cms-4201-f.pdf*
[27] *Id.*
[28] *Id.*
[29] *Id.*
[30] *Id.*
[31] *Id.*

Mark Your Calendar

New Jersey HFMA Regulatory and Reimbursement Committee Fall 2024 Event

September 5, 2024, 10am - 1pm	Webinar

Night Out at the Ballgame!

September 10, 2024, 5:30pm	Patriot's Stadium, Bridgewater, NJ

Annual Institute

October 9-11, 2024	Hard Rock Hotel & Casino, Atlantic City, NJ

Watch for updates on all of these events, or visit the Chapter website at hfmanj.org

Demystifying AI: Transforming Revenue Cycle Management (RCM)

AI is the answer, what is your question? Not for healthcare though!

By Pavani Munjuluri

Did you know AI is everywhere! Doing what you ask? Our shopping decisions, restaurant choices, things we do on the weekends and so many other decisions we make are powered by AI. We are aware of some and blissfully oblivious to many. So what is all this fuss about? To AI or not to AI, that's not even a question anymore! Let's explore the early beginnings, the teen years and the current state of AI and things to be mindful of, in the context of the healthcare industry!

In the mist of time

Can you believe, AI is a baby boomer, born in 1956! AI comes from the lineage of computers, philosophy, mathematics, and neuroscience. The extended family also includes psychology, automata, and science fiction. The concept of "thinking machines" fascinated and frightened us for centuries, even before the advent of working computers. If you remember or know ELIZA, a basic conversational chatbot, or DENDRAL from back when, then you are aging yourself my friend! But back when, this baby AI learnt how to:

- Systematically apply knowledge.
- Follow a logical problem-solving process.
- Recognize patterns.
- Refine understanding through hypothesis testing.
- Demonstrates basic interaction and turn-taking.
- Has no true understanding of language or the world around it.
- Responds in a rote, scripted manner, focused on patterns and keywords rather than genuine communication.

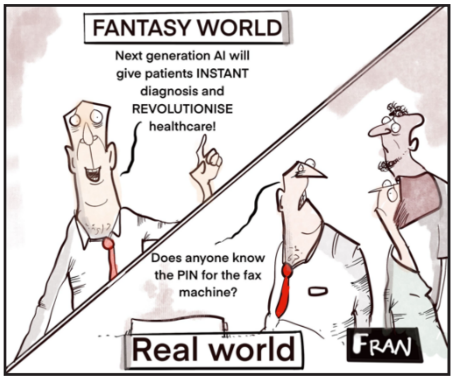
AI's adolescence was a period of turbulent transition, marked by setbacks, and growing pains, but also laying the essential groundwork for future advancements.

- **Knowledge Representation:** Research focused on improving how computers store and reason with knowledge. This included work on ontologies (formal descriptions of concepts and their relationships) and semantic networks (graph-based knowledge representation).
- Early Expert Systems: While still limited, systems like INTERNIST-1 and QMR for medical diagnosis hinted at the potential of AI to assist in complex, specialized tasks.
- Natural Language Progress: Projects like SHRDLU demonstrated limited but meaningful interaction with computers using natural language, setting the stage for more sophisticated dialogue systems.
- Foundations of Machine Learning: Developments in statistics and algorithms laid the groundwork for later data-driven breakthroughs, even though the term 'machine learning' wasn't prominent at the time.

As it matures, AI undergoes significant shifts and faces challenges. Initially, it is a highly specialized expert system with deep but narrow knowledge in fields like finance, manufacturing, or specialized medical diagnostics. Although respected for its expertise, AI is aware of its limitations, such as struggling with uncertainty, common sense reasoning, and adapting to new information. It realizes that its rule-based approach is reaching its limits and sees the potential of neural networks and machine learning to aid its growth. AI moves from pure research into practical applications, taking on projects such as developing fraud detection systems and optimizing supply chains. However, it faces significant challenges, such as ensuring data quality and dealing with the complexity of real-world systems. Welcome to the real-world AI!

As AI evolves, it learns to collaborate with domain experts, incorporating simple machine-learning techniques alongside its knowledge base. It finds its niche by analyzing the massive datasets generated by the internet revolution, contributing to recommendation systems, online advertising, and fraud prevention. Its expertise grows more nuanced and probabilistic, and it recognizes the ethical implications of influencing user behavior on a massive scale. The dot-com bubble burst highlights the need for balanced approaches to AI development.

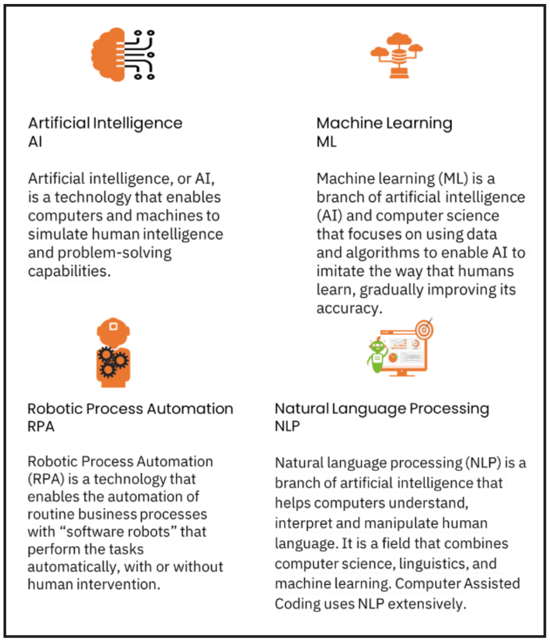
AI is now a household term, integrated into smartphones, smart homes, and self-driving cars. It powers image recognition, speech translation, and sophisticated game-playing AI. However, it faces increased scrutiny regarding bias, privacy, and the potential impact on jobs. To address these concerns, it starts developing explainability techniques. The explosion of data and computing power unlocks the full potential of neural networks. AI collaborates with humans in new ways, augmenting decision-making instead of replacing it. AI recognizes its role as a powerful tool and works alongside humans to tackle global challenges in healthcare, climate science, and education.



It's the right time. You may be familiar with IBM's Watson from the computer system's appearance on Jeopardy in 2011. Watson beat former champions, Ken Jennings, and Brad Rudder. Watson's time on Jeopardy was fun viewing, and we all enjoyed it. Some of us even thought, "AI can do anything." Watson caused a ripple of hyped interest in AI in healthcare. However, by 2017, the hype waned into a dismal real-world performance, and by 2021, it died. That was in healthcare's "clinical space" and not the healthcare administration and Revenue Cycle Management (RCM) space. In the RCM space, one of the early AI technologies adopted was "Computer-Assisted Coding, CAC," (now renamed Autonomous Coding!). A recent survey by HFMA showed more than 60% of healthcare organizations use CAC.

Artificial intelligence (AI) mimics human cognitive functions. It brings a change to the basic assumptions of how healthcare RCM works. However, AI is not the one technology but a collection of technologies being used in RCM. Machine Learning (ML), Robotic Process Automation (RPA), and Natural Language Processing (NLP) are some of the technology initiatives that are under discussion.

The technologies discussed in this visual have been around for a while, but their definition, scope, and naming have undergone significant changes over the years. While they might look unfamiliar, you know them if you look closer. For example, 'scripting' is the predecessor of RPA. Recently, a term that's gaining popularity is "Intelligent Agents". Remember 007, yes! These agents are a combination of RPA and AI that can carry out tasks autonomously with a high level of accuracy and efficiency. We need to design, develop, deploy the right set of agents to successfully incorporate AI into the RCM workflows. Imagine an 'Insurance discovery agent' which can not only tell you if the patient has an insurance or not but tell which one and what is the coverage! Life would be smooth!



Artificial Intelligence
AI

Artificial intelligence, or AI, is a technology that enables computers and machines to simulate human intelligence and problem-solving capabilities.

Machine Learning
ML

Machine learning (ML) is a branch of artificial intelligence (AI) and computer science that focuses on using data and algorithms to enable AI to imitate the way that humans learn, gradually improving its accuracy.

Robotic Process Automation
RPA

Robotic Process Automation (RPA) is a technology that enables the automation of routine business processes with "software robots" that perform the tasks automatically, with or without human intervention.

Natural Language Processing
NLP

Natural language processing (NLP) is a branch of artificial intelligence that helps computers understand, interpret and manipulate human language. It is a field that combines computer science, linguistics, and machine learning. Computer Assisted Coding uses NLP extensively.

Healthcare RCM challenges, why now and the way forward.

A seamless clinical and billing experience leads to overall patient satisfaction. Many of us expect 'excellent customer experience' like we were at a wellness resort or Bloomingdales or purchasing more toilet rolls from Amazon! Revenue Cycle Management in healthcare plays a critical role in maintaining the financial health of healthcare organizations while ensuring quality care for patients. RCM ensures that healthcare providers are compensated fairly for their services and patients get the right bill and information of the services received. A well-functioning RCM process minimizes billing errors, prevents surprise bills, and enhances patient satisfaction. Patients, Payers, Providers, and Regulators appreciate clear and transparent financial interactions. Efficient RCM processes lead to smoother workflows, reduced administrative burden, and better resource allocation. This, in turn, positively impacts patient care.

Healthcare RCM faces several challenges that impact provider financial health and operational efficiency. Approximately 33% of healthcare centers in the US operate on negative margins. This poor performance is often due to challenges in the revenue cycle. Denials, underpayments, payer audits, and regulatory compliance add to the pressure CFOs face daily.

1. Healthcare RCM uses a vast amount of clinical and financial data. Until now (in fact, even now), staff members analyze the data to find patterns, identify

outcomes, and take necessary actions. Though streamlined with Electronic Health Records (EHR) and other revenue cycle applications, RCM business processes are still complex, need subjective judgment in many cases, and have space for improvement.

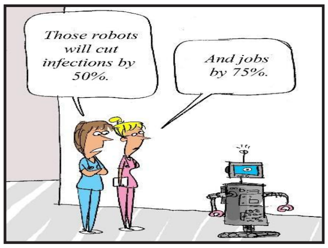
2. Healthcare RCM uses multiple applications; one survey shows that hospitals use an average of 39 applications to run their RCM functions. They vary from EMR, scheduling, and patient interactions, including payments, clearing houses, payer sites, document management systems, and financial applications. This means the staff must toggle between the applications to complete their tasks, leading to inefficiencies and rework due to errors.
3. In addition, Healthcare RCM has been riddled with staffing shortages for years, leading to outsourcing to offshore vendors and locations. Robert Boos, who leads the RCM functions in a health system in Virginia, said in a recent presentation about 60% of his staff are over 50, and less than 6% are under 30. He has noticed that the younger generation is opting for more "cool" jobs, and the older generation is retiring (some early due to burn-out) or near retirement. Naturally, he is worried and has all the reasons to explore what AI can offer!

AI in Healthcare RCM

The use of AI has the potential to overcome many of these challenges. AI and ML, used together, can analyze large amounts of data in minutes and accurately predict the results and the next step in the business flow. Computer-assisted coding is already helping providers manage the staffing crunch they would otherwise have faced. There are many other processes where AI can help the RCM leadership.

Some examples where AI is already in use:

1. **Prior Authorization:** RPA combined with ML and NLPcan assist in generating Prior Authorization requests, following up on them, and updating the EMR with Prior Authorization details.
2. **Charge Capture and Claim Edits:** Many charge capture and claim edit functions historically managed by the staff can be handled by RPA. Caution must be taken to define the rules, monitor their accuracy, and periodically update the business rules.
3. **Coding:** A shortage of Coders is a well-known challenge in RCM, which has resulted in providers exploring and adopting Computer-assisted coding. Though more than 60% of hospitals use one of the CAC products, they are yet to utilize the technologies' full potential. A decade after the introduction of CAC, a study by AMA reported a 30% shortage of coders.
4. **Denial Management:** Healthcare providers struggle with delayed claim denial resolutions, backlogs, and inconsistent analysis across RCM staff. AI, RPA, and ML can manage the challenges in denial management. RPA applications make sure claim statuses are checked periodically, appeals are submitted timely, and medical records requests are handled on time.
5. **Denial Analytics:** Healthcare providers have used newer technologies efficiently in analytics. These may be Payer Behavior analytics or Analyzing claim errors and corrections. Provider RCM teams already use analytics applications but there is an opportunity to expand.
6. **Correspondence Management:** Payers send providers thousands of documents every month related to claims, audits, denials, payments, etc. Currently, they manage them with an army of people. AI, NLP, and ML can help reduce dependence on people and, in some cases, eliminate it.
7. **Cash reconciliation and posting:** Though many RCM applications come with automated cash management, providers still struggle to reconcile deposits, remittances, and posted cash. In addition, the cash posting process can be complex depending on the provider's EMR. Intelligent process automation has been proven to improve the efficiency of cash management.



The Scare – Eliminating staff, reducing cost, or increasing efficiency?

When CAC was introduced over a decade ago, researchers, consulting companies, and service providers claimed that it would reduce manual coding significantly; some even went to the extent of claiming a 60-70% reduction in manual coding. The Coding community started discussing job loss and alternatives. After a decade, we are still short of medical coders. A few years ago, when RPA was the hype, per the McKinsey report, the talk was that bots would replace over 50% of the jobs in billing and claims processing. We are still short of staff to manage RCM in healthcare. Where is the job loss? Or is it too early to see the results? Or is the adoption rate much slower than expected?

Job loss was hype, and staff shortage is the reality. The staffing challenge is not just the current vacancies and non-availability of skilled staff; it takes a long time to fill the positions and train staff. There is limited skill development in the sector, which results in future staff shortages.

The Pandemic seems to have added to the woes of RCM leaders. The pandemic had a greater effect on administrative costs than clinical costs. From 2016 to 2019, U.S. hospitals' clinical and administrative spending increased at similar paces by about 4%. In 2020, the first year of the COVID-19 pandemic, administrative expenses grew faster than clinical expenses. The median administrative expenses increased by 6.2% in 2020, while average clinical expenses grew by only 0.6%. This gives us an indication of where we are headed. As RCM functional leaders it is time for us to employ initiatives that were not previously an option – Artificial Intelligence and Process Automation.

Hence, RCM leaders should explore implementing newer technology initiatives like AI, RPA, and Intelligent Agents in their workflows to assist them in completing the tasks in time, improving the financial KPIs.

There are still many areas which need to be established to manage, scale and govern these newer technologies. It is in our collective interest to educate ourselves on the strengths and shortcomings of AI. This might be a golden opportunity to address a myriad of issues in the healthcare RCM landscape.
Stay Curious!

About the author

Pavani is the dynamic CEO of CognitiveHealth Technologies, a trailblazing AI-driven healthcare technology company revolutionizing patient experience and financial outcomes. In 2018, she founded CognitiveHealth, successfully integrating AI into healthcare. An accomplished Engineer and MBA holder, Pavani's global work spans the UK, Asia Pacific, and India. Pavani can be reached at pavani@cognitivehealthit.com.

Navigating Revenue Cycle Management Challenges in the Pharmacy Sector: Strategies for Success

Fatimah Muhammad

Marissa Kass

By Fatimah Muhammad & Marissa Kass

In the ever-evolving landscape of the pharmacy industry, revenue cycle management (RCM) stands out as a critical determinant of financial stability and operational efficiency. Across the nation, pharmacy organizations grapple with a myriad of challenges that impede seamless revenue cycle management in 2024.

One of the foremost hurdles faced by pharmacies is the relentless surge in drug costs. The escalating prices of pharmaceuticals exert immense pressure on pharmacy margins, compelling the need for proactive cost containment measures and strategic pricing adjustments to maintain profitability. Not only are these burdensome for organizations, but for the patients that they serve. A recent KFF study identified that about 30% of participants are not able to maintain medication adherence due to rising costs[1]. While healthcare organizations have the responsibility to ensure their patients' needs are being met, this poses another financial barrier. The challenge of drug shortages compounded by the various solutions to these shortages have led to a 20% increase in hospitals' drug expenses[2].

Navigating the intricacies of evolving reimbursement policies from governmental and private payers poses a significant challenge. Staying abreast of coding and billing regulations is imperative to ensure accurate claim submissions and prompt reimbursements, thereby safeguarding the financial health of pharmacies. Leveraging the use of artificial intelligence (AI) could enhance coding and billing efforts of healthcare organizations[3]. The use of AI has been found to reduce administrative burnout in documentation, automation strategies, and even denials prevention management3. Including pharmacy leadership in revenue cycle management can also yield significant results in minimizing billing code errors or omissions that could lead to underpayments and claim denials[4].

The complexity surrounding prior authorizations presents another obstacle in the revenue cycle management arena. Streamlining and automating prior authorization processes, along with adopting standardized protocols, can mitigate delays and revenue loss associated with medication approvals, thereby streamlining operations. Data-driven billing processes can be introduced to the RCM to reduce denials. Focusing these efforts on payor, payor plan, and CPT codes can significantly reduce staff workload and ensure all submissions are done according to payor requirements[5]. This will minimize errors and help automate these processes further, creating an opportunity for improved denial management. It is apparent that effective denial management emerges as a critical focus area for pharmacies aiming to minimize revenue leakage.

Implementing robust protocols for identifying and rectifying billing errors, coupled with regular audits, can significantly reduce claim denials and rejections, thereby bolstering financial performance.

In the pursuit of enhanced transparency, pharmacies are increasingly faced with the imperative of providing clear and comprehensive information on drug pricing to customers. Transparent pricing not only fosters trust and satisfaction among patients but also strengthens the pharmacy's reputation in the competitive healthcare landscape. Drug cost transparencies have been required by CMS beginning January 1, 2023 for both consumers and providers in the hopes of empowering patients to make informed decisions and help drive satisfaction levels for care[6]. Pharmacists serve as the key players who can best leverage drug cost transparencies and provide patients with accurate portrayals of drug costs to drive savings.

Against the backdrop of shifting healthcare paradigms, pharmacies are compelled to adapt to value-based care reimbursement models. Demonstrating value in patient care through adherence to quality metrics aligns pharmacies with value-based initiatives, paving the way for improved patient outcomes and optimized reimbursement structures. Examples of pharmacy integration measures for value-based care models include comprehensive medication review, medication therapy management, medication synchronization, and immunizations[7]. These metrics have demonstrated a resistance from payors in providing adequate reimbursements for these services, further emphasizing the need for reimbursement restructuring and the promotion of patient-centered care.

These multifaceted challenges underscore the importance of proactive and strategic approaches to revenue cycle management in pharmacies, emphasizing the need for continuous innovation and adaptation to thrive in the dynamic healthcare landscape of 2024.

About the authors

Fatimah Muhammad, MPH, is Director of 340B Pharmaceutical Services and Drug Replacement at Saint Peter's University Hospital. She can be reached at fmuhammad@saintpetersuh.com.

Marissa Kass is the 340B Program Analyst for Saint Peter's University Hospital in New Brunswick, New Jersey. She has developed advanced skills for researching and writing projects with collaborations of the Department of 340B Pharmaceutical Services and demonstrated a persistence to learn as much as she can with an innovative mind. She can be reached at mkass@saintpetersuh.com.

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What's In Your Beach Bag?

NJ HFMA Members share their personal and professional reading picks

Please read Amor Towles "*Table for Two*". I'm not a lover of the short story form in general, but this author has mastered the craft! I loved every one of the stories, each for a different reason. And if you read his "Rules of Civility" you'll be interested in the novella that comprises the second half of this volume. BJ Welsh, VP/Chief Compliance & Privacy Officer
Saint Peter's Healthcare System

One of the cable channels recently presented a series based on the Amor Towles novel *A Gentleman in Moscow*. Enjoying both the novel and the series, I began thinking more about imperial Russia in times gone past, which lead me to reread Tolstoy's masterpiece *Anna Karenina*. Is it the greatest novel ever written? I don't know. You be the judge. Spoiler alert: she does throw herself under the train!
Michael P. McKeever, CPA, FHFMA

The Cuban Affair by Nelson DeMille
"A great book for the beach indeed! Easy reading and interesting with fun likeable characters. The author takes the reader from Key West to Cuba and back with a great plot and a happy ending."
Scott Mariani
WS+B

New Members

Joel Schwarz
Bayada Home Health Care
Analytics Manager
jschwarz@bayada.com

Dara Fathi
To Be Reviewed
Pharmacist
dara.fathi@student.shu.edu

Priscilla Fernandez
Bergen New Bridge Medical Center
Pre Service Representative
pfernandez@newbridgehealth.org

Maggie McNeil
EHE Health
Network
Development Manager
maggiekmcneil@gmail.com

Bansri Patel
To Be Reviewed
Collections Associate
bpatel2@bayada.com

Lisa Varanelli
Bayada Home Health Care
Associate ICV
lvaranelli@bayada.com

Samantha Corson
WithumSmith+Brown
Audit Supervisor
scorson@withum.com

Elizabeth Reiss
Withum
Audit Supervisor
ereiss@withum.com

Martin Herry
To Be Reviewed
mbh107@scarletmail.rutgers.edu

Alex Clarkson
TEMPLE UNIVERSITY HEALTH SYSTE
Senior Financial Analyst
alex.clarkson@tuhs.temple.edu

Becky Woodward
FinThrive
Senior Communications Specialist
rebecca.woodward@finthrive.com

SONYA SWIMPSON
Trinity Health
Patient Financial Service
sonya.swimpson@trinity-health.org

Brandol Barcena
Montefiore Health System
Project Manager
bbarcena@montefiore.org

Nicholas Stauffer
Bayada Home Health Care
Senior Associate, Reporting and Analytics
nstauffer@bayada.com

Christine Mendoza
Penn Medicine
Denials Manager
christinedaryl.mendoza@pennmedicine.upenn.edu

angela liddell
Penn Medicine
Denials Manager
angela.liddell@pennmedicine.upenn.edu

Milton Pratt
Michaels Development Affordable
evp
mpratt@tmo.com

Priscilla Medina
First source
Director
priscillajmedina@icloud.com

Pam Soni
Bayada Home Health Care
director Managed Care Adults
psoni@bayada.com

Amanda Kavanaugh
Bayada Home Health Care
Associate II
akavanaugh@bayada.com

JOSMI KURIYAN
essen health
Quality Improvement Manager
josmi.k35@gmail.com

Shabana Fazal
To Be Reviewed
sxf1036@sru.edu

Jackie Logerfo
Valley Health System NJ
Manager, Accounts Payable/Accounting
jlogerf@valleyhealth.com

Kathy Destremps
CRCR
MCHS
Revenue Optimization Liaison
kathy.destremps@mchs.com

Kyla Monroe Addison
Bayada Home Health Care
Associate Eligibility
kmonroeaddison@bayada.com

Stefano Ciocca
CRCR
RWJ Barnabas Health
Vice President, Site Finance Officer Joint Ventures
sc3234@columbia.edu

Salbiel Hernandez
The Valley Health System
Supervisor
shernan6@valleyhealth.com

Shauna Jacobs
Robert Wood Johnson University Hospital
Department Liaison
sj707@rwjms.rutgers.edu

STEPHANIE PERNA
Bayada Home Health Care
AREA DIRECTOR MCO/MCP & SR
sperna@bayada.com

anthony matejicka
Montefiore Health System
CMO
matejickaa@montefiorenyack.org

Lauren Lawson
Manager, Managed Care
llawson1@bayada.com

Anastasia Romeo
WithumSmith+Brown, PC
Audit Senior Manager
aromeo@withum.com

Nora Branconi
SVP Operations
nbranconi@shieldsrx.com

Marie Mathieu
Hackensack Meridian Health
VP network CDI
marie.mathieu@hmhn.org

Meghan Mackenzie
Hackensack Meridian Health
Vice President of Clinical Improvement
and Value-Based Initiatives
megnmack@aol.com

Jennifer DelVecchio
Montefiore Health System
Team Lead
jpalaia@montefiore.org

Olivier Payen
Ascension
Consultant
olivier.payen@ascension.org

Haley Giove
Thomas Jefferson University Hospital
Supervisor
hxg166@jefferson.edu
Justin Thompson
Montefiore Health System
Sr Application Analyst
juthompson@montefiore.org

Michelle Rivera
CRCR
Trinity Health
Financial Clearance Specialist II
michelle.rivera001@trinity-health.org

Seth Macy
CHFP,CSBI,CSAF,CSPPM,CRCR,CSPR
Student
sethmacy@kings.edu

Jose Fernandez
Montefiore Health System
DRG Specialist
joferna@montefiore.org

Sydney Lawson
Bayada Home Health Care
Senior Associate
slawson2@bayada.com

Joseph Camarillo
Student
josephcamarillo@kings.edu

Nancy Veloz
TD
Healthcare Product Manager
nancy.veloz@td.com

Sherley Dejesus
ERECEIVABLES LLC
Manager
sdejesus13@capellauniversity.edu

EVELYN GENAO
HUDSON REGIONAL HOSPITAL
HIM
evelyngenao@yahoo.com

Daina Dempsey
Trinity Health
Department Lead
daina.dempsey@trinity-health.org

Patrick Nelson
Virtua Health
Financial Analysis Coordinator
pnelson@stetson.edu

Sara Abdelaal
Saint Peter’s University Hospital
Director of 340B Pharmaceutical Services
and Drug Replacement
sa1646@scarletmail.rutgers.edu

Kerry Carmody
Hackensack Meridian Health
Patient Accounts Manager
kerry.carmody@hmhn.org
Angela Cocuzza
Hackensack Meridian Health
Manager
angela.cocuzza@hmhn.org

Tyler Rodriguez
Virtua Medical Group
Financial Analysis Coordinator

New Members

tyler_rodriguez@hotmail.com

Nana Eshun
Columbia University
Senior Financial Manager
nana.eshun86@gmail.com

Christina Cavender
CRCR,CSPR,CSAF
STUDENT
Director
ccaven3@wgu.edu

Hiba Shahid
hs950@scarletmail.rutgers.edu

Da-xia Serrano
CRCR
Ensemble Health Partners
HIM Specialist
daxia.serrano@ensemblehp.com

jason sibilia
CHFP
Atlanticare
Grant Analyst
jason.sibilia@atlanticare.org

Christina Ho
Bayada Home Health Care
Associate
cho@bayada.com

Sara Kiwan
Saint Peters University Hospital
Director of 340B Pharmaceutical Services and Drug Replacement
sfk52@scarletmail.rutgers.edu

Anna Trinh
Saint Peter's University Hospital
Director of 340B Pharmaceutical Services and Drug Replacement
at1127@scarletmail.rutgers.edu

Dominique Lopez
Atlanticare
PATIENT ACCESS
dominique.lopez@atlanticare.org

Antonio Farinhas
Atlantic Health System
Tax Supervisor
antonio.farinhas@atlantichealth.org

Lillian Rodriguez
Atlanticare
PATIENT ACCESS LEAD
lirodriguez@atlanticare.org

Keisha Dyitt
Atlanticare
Financial Counselor
keisha.dyitt@atlanticare.org

Michelle Anderson-McFadden
Atlanticare
Title - Not Provided
mandersonmcfadden@atlanticare.org

irma lamberty
Atlanticare
OP/IP Financal Counseling
irmitaroig@gmail.com

Kelly Pajak
CRCR
ATLANTICARE REGIONAL MEDICAL CENTER
FINANCIAL COUNSELOR
kelly.pajak@atlanticare.org

Harita Amin
Atlanticare
Financial Counselor
hamin@atlanticare.org

Tasha Perry
Atlanticare
patient access
tasha.perry@atlanticare.org

Teresa Camillo
ATLANTICARE REGIONAL MEDICAL CENTER
FINANCIAL COUNSELOR
teresa.camillo@atlanticare.org

laura salazar
Atlanticare
financial counselor
laura.salazar@atlanticare.org

Megan Woodring
Atlanticare
FINACIAL COUNCILOR
megan.woodring@atlanticare.org

Amy Staub
Atlanticare
Finacial counselor
amy.staub@atlanticare.org

Charmaine Simpson
Atlanticare
FINANCIAL COUNCELOR
charmaine.simpson@atlanticare.org

Jamie Weins
Bergen New Bridge Medical Center
Recreation Therapist
jweins@newbridgehealth.org

Margelyn Alumia
Atlanticare
Patient Access
margelyn.alumia@atlanticare.org

Jeffrey Baldino
TEMPLE UNIVERSITY HEALTH SYSTE
Sr Accountant
jeffrey.baldino@tuhs.temple.edu

hina tariq
Atlanticare
financial counselor
hina.tariq@atlanticare.org

Wilfredo Salvatierra
Atlanticare
Field Representative
wilfredo.salvatierra@atlanticare.org

Almas Fatima
LNU
Account name TBD
al1256@scarletmail.rutgers.edu

Philip Cobb
Bayada Home Health Care
Senior FP&A Associate, Strategic Ventures
pcobb1@bayada.com

Corey Forker
Bayada Home Health Care
Supervisor
No Email

Arjune Sharma
Atlantic Health System Inc.
Tax Accountant
arjune.sharma@atlantichealth.org

Alexandra Billitteri
Student
ab2337@scarletmail.rutgers.edu

Christina Bettencourt
Revenue Cycle Manager
cbettencou@montefiore.org

SAMANTHA WEBB
Atlanticare
PATIENT ACCESS
samantha.webb@atlanticare.org

Arlen Zepeda
Atlanticare
Revenue Cycle Analyst II
azepeda@atlanticare.org

Peter Bennett
Atlanticare
Sr Contract Reimbursement Analyst
pebennett@atlanticare.org

Ebube Ajaegbu
Student
eajaegbu@msm.edu

vivette woods
Atlanticare
Team Lead
vivette.woods@atlanticare.org

Noreen Anderson
Senior Associate, HHMC
nanderson@bayada.com

Vanessa Rivera-Colon
Eligibility Consultants
Sr. Director
vrcolon25@yahoo.com

christine wright
Penn Medicine
Senior Team Coordinator
christine.wright@pennmedicine.upenn.edu

Sandra Goodman
CRCR,CSPR
Penn Medicine
Supervisor, Patient Access Services
sandra.goodman@pennmedicine.upenn.edu

Morgan Friedman
RWJ Barnabas Health
Manager
morganfriedman19@gmail.com

kiyashia malcolm
Penn Medicine
Financial Services Representative
kiyashia.malcolm@pennmedicine.upenn.edu

Nadia Maslowych
CRCR,CSAF,CSBI,CSPPM
Penn Medicine
Supervisor, Patient Access Services
nadia.maslowych@pennmedicine.upenn.edu

jeanne stad
Penn Medicine
Physician Billing Representative
jeanne.stad@pennmedicine.upenn.edu

rubina hamid
Penn Medicine
Senior Physician Billing Representative
rubina.hamid@pennmedicine.upenn.edu

abha patel
Penn Medicine
Physician Billing Representative
abha.patel@pennmedicine.upenn.edu

Randy Pearce
Bergen New Bridge Medical Center
Assistant General Counsel
rpearce@newbridgehealth.org

Wendy Grzadzielewski
Atlanticare
Sr. Director, Patient Financial Services
wgrzadzielewski@atlanticare.org

Dianna Kane

New Members

Atlanticare
Senior Director of Revenue Integrity, UM
,and Chargemaster
dkane@atlanticare.org

Joseph Gogel
Vantage Financial
Managing Director
jgogel@vantagefncl.com

Erica Kirk
Vantage Financial
Managing Director
ekirk@vantagefncl.com

Nancy Loperfido
Cooper University Health Care
Administrative Director
loperfido-nancy@cooperhealth.edu

Cindy Davis
Montefiore Health System
Account Manager
cindysharaydavis@gmail.com

Brittany Berchtold
Atlanticare
Patient Access Asso Level IV
bberchtold@atlanticare.org

Wendy Arias-Molina
Atlanticare
Patient Access Asso Level I
wariasmolina@atlanticare.org

EriZhai Brooks-Hose
Atlanticare
Patient Access Asso Level I
ebrookshose@atlanticare.org

Juana Aponte
Atlanticare
Patient Access Asso Level III
japonte@atlanticare.org

Gailonda Burris
Atlanticare
Patient Access Asso Level I
gburris@atlanticare.org
Enoe Azcona
Atlanticare
Patient Access Asso Level III
eazcona@atlanticare.org

Louis Baez
Atlanticare
Patient Access Asso Level I
lrbaez@atlanticare.org

Mia Barber
Atlanticare
Patient Access Asso Level I
mobarber@atlanticare.org

Natalie Collins
Atlanticare
Patient Access Asso Level I
necollins@atlanticare.org

Narda Bernal Castaneda
Atlanticare
Patient Access Asso Level I
nabernalcastaneda@atlanticare.org

Kiya Boone
Atlanticare
Patient Access Asso Level I
kiboone@atlanticare.org

Barbara Brown
Atlanticare
Patient Access Asso Level III
barbarabrown@atlanticare.org

Shaminka Collier
Atlanticare
Patient Access Asso Level IV
scollier@atlanticare.org

Imani Brown-Dillihay
Atlanticare
Patient Access Asso Level I
ibrowndillihay@atlanticare.org

LaNirah Elliott
Atlanticare
Patient Access Asso Level I
lanelliott@atlanticare.org

Shakil Khan
Atlanticare
Financial Assist Rep Level I
shkhan@atlanticare.org

Meryl Bunch
Atlanticare
Financial Assist Rep Level III
mbunch@atlanticare.org

Ramirah Jones
Atlanticare
Patient Access Asso Level I
rljones@atlanticare.org

Briana Cajeira
Atlanticare
Patient Access Asso Level I
bcajeira@atlanticare.org

AaliYah Callaway
Atlanticare
Patient Access Asso Level I
acallaway@atlanticare.org

Armoni Charles
Atlanticare
Patient Access Asso Level I
ascharles@atlanticare.org

Deshawn Collette
Atlanticare
Patient Access Asso Level I
dcollette@atlanticare.org

Alexis Connelly
Atlanticare
Patient Access Asso Level III
aconnelly@atlanticare.org

JaNai Couplin
Atlanticare
Patient Access Asso Level I
jcouplin@atlanticare.org

Jessica Giordano
Atlanticare
Patient Access Asso Level I
jngiordano@atlanticare.org

Evelyn Cruz
Atlanticare
Patient Access Asso Level I
ecruz@atlanticare.org

Irene Jones
Atlanticare
Patient Access Asso Level II
irjones@atlanticare.org

Tashmirah Davis
Atlanticare
Patient Access Asso Level I
tasdavis@atlanticare.org

Palak Desai
Atlanticare
Patient Access Asso Level II
pddesai@atlanticare.org

Thalia Mendez
Atlanticare
Patient Access Asso Level III
tmendez@atlanticare.org

Mayra DiazMartinez
Atlanticare
Patient Access Asso Level I
mdiazmartinez@atlanticare.org

Martha Febres
Atlanticare
Patient Access Asso Level I
mafebres@atlanticare.org

Adrianna Feliciano
Atlanticare
Patient Access Asso Level I
alfeliciano@atlanticare.org

Sephora Ferguson
Atlanticare
Patient Access Asso Level I
sferguson@atlanticare.org

Davida Fisher
Atlanticare
Patient Access Asso Level III
dsfisher@atlanticare.org

Katrina Flores
Atlanticare
Patient Access Asso Level I
katflores@atlanticare.org

Caitlin Fussner
Atlanticare
Patient Access Asso Level I
cfussner@atlanticare.org

FrancesAnne Godoy
Atlanticare
Patient Access Asso Level II
fgodoy@atlanticare.org

Jenifer GilHerrera
Atlanticare
Patient Access Asso Level I
jgilherrera@atlanticare.org

Ethan Horton
Atlanticare
Patient Access Asso Level I
ehorton@atlanticare.org

Ayanna Gonzalez
Atlanticare
Patient Access Asso Level I
ayngonzalez@atlanticare.org

Miguel Gonzalez-Chavez
Atlanticare
Patient Access Asso Level I
mgonzalezchavez@atlanticare.org

Enajah Gray
Atlanticare
Patient Access Asso Level I
engray@atlanticare.org

Maria GuzmanLeiva
Atlanticare
Financial Assist Rep Level I
mguzmanleiva@atlanticare.org

Aisha Hanjra
Atlanticare
Patient Access Asso Level I
ahanjra@atlanticare.org

Aniyah Hepburn
Atlanticare
Patient Access Asso Level I
ahepburn@atlanticare.org

Andre Jetter
Atlanticare
Patient Access Asso Level I
andjetter@atlanticare.org

Dharamavtar Khullar
Atlanticare
Patient Access Asso Level I
dkhullar@atlanticare.org

Delia Iguina
Atlanticare
Patient Access Asso Level III
diguina@atlanticare.org

New Members

Kathleen Kauffman
Atlanticare
Patient Access Asso Level III
kkauffman@atlanticare.org

Kayci Kelly
Atlanticare
Patient Access Asso Level I
kafkelly@atlanticare.org

Maseeha Khan
Atlanticare
Patient Access Asso Level I
maskhan@atlanticare.org

Fatema Khatun
Atlanticare
Patient Access Asso Level I
fkhatun@atlanticare.org

Naomi Lasco
Atlanticare
Patient Access Asso Level I
nlasco@atlanticare.org

Nazma Mostofa
Atlanticare
Financial Assist Rep Level I
nmostofa@atlanticare.org

Dominique Lopez
Atlanticare
Patient Access Asso Level II
domlopez@atlanticare.org

Julia LoSasso
Atlanticare
Patient Access Asso Level I
jlosasso@atlanticare.org

Saniyah Muhammad
Atlanticare
Patient Access Asso Level I
smmuhammad@atlanticare.org

Eneida Maldonado
Atlanticare
Patient Access Asso Level II
emaldonado@atlanticare.org

Mikaylah Parks
Atlanticare
Patient Access Asso Level I
meparks@atlanticare.org

Tayrisha Moore
Atlanticare
Patient Access Asso Level I
tajmoore@atlanticare.org

Natiya Marshall
Atlanticare
Patient Access Asso Level I
namarshall@atlanticare.org

Tianna Martin
Atlanticare
Patient Access Asso Level II
tmmartin@atlanticare.org

Adrian Matthews
Atlanticare
Patient Access Asso Level III
admatthews@atlanticare.org

Tyonna Meade
Atlanticare
Patient Access Asso Level I
tmeade@atlanticare.org

Nesly Mendoza
Atlanticare
Patient Access Asso Level III
No Email
Marrianne

Obispo Atlanticare
Patient Access Asso Level II
mobispo@atlanticare.org

Destiny Miller
Atlanticare
Patient Access Asso Level I
deimiller@atlanticare.org

Jasmine Reales
Atlanticare
Patient Access Asso Level I
jreales@atlanticare.org

Shonta Oglesby
Atlanticare
Patient Access Asso Level I
soglesby@atlanticare.org

Antonia Olbert
Atlanticare
Patient Access Asso Level II
aolbert@atlanticare.org

Nevaeh Ortiz
Atlanticare
Patient Access Asso Level I
neortiz@atlanticare.org

Harsh Patel
Atlanticare
Patient Access Asso Level I
harspatel@atlanticare.org

Kiara Robinson
Atlanticare
Patient Access Asso Level IV
kmrobinson@atlanticare.org

Rosa Penarrieta
Atlanticare
Patient Access Asso Level I
rpenarrieta@atlanticare.org

Jemmar Penny
Atlanticare
Patient Access Asso Level II
jpenny@atlanticare.org

Jaidy Perez
Atlanticare
Patient Access Asso Level II
jamperez@atlanticare.org

Markus Porquin
Atlanticare
Patient Access Asso Level I
mporquin@atlanticare.org

Romeo Racraquin
Atlanticare
Financial Assist Rep Level I
rracraquin@atlanticare.org

Vaishali Raval
Atlanticare
Financial Assist Rep Level I
vraval@atlanticare.org

Abdur-Rahim SalahuddinHarris
Atlanticare
Patient Access Asso Level II
asalahuddinharris@atlanticare.org

Chaviannah Reaves-Young
Atlanticare
Patient Access Asso Level I
creavesyoung@atlanticare.org

Sarah Riggins
Atlanticare
Patient Access Asso Level I
sriggins@atlanticare.org

Gina Ritson
Atlanticare
Patient Access Asso Level IV
gritson@atlanticare.org

Genesis Rivera
Atlanticare
Patient Access Asso Level I
gnrivera@atlanticare.org

Erika Roblin
Atlanticare
Patient Access Asso Level I
eroblin@atlanticare.org

Jenny Vanzant
Atlanticare
Patient Access Asso Level I
jvanzant@atlanticare.org

Frances May Saberon
CRCR
Atlanticare
Patient Access Asso Level III
fsaberon@atlanticare.org

Riya Somaiya
Atlanticare
Patient Access Asso Level I
rsomaiya@atlanticare.org

Nakia Spence
Atlanticare
Patient Access Asso Level I
nspence@atlanticare.org

Jowana Tadros
Atlanticare
Patient Access Asso Level I
jowtadros@atlanticare.org

Taina Santiago
Atlanticare
Financial Assist Rep Level I
tasantiago@atlanticare.org

Mykhala Wheeler
Atlanticare
Patient Access Asso Level II
mwheeler@atlanticare.org

Shahid Smith
Atlanticare
Patient Access Asso Level I
sdsmith@atlanticare.org

Mary Hesper Santos
Atlanticare
Patient Access Asso Level II
mhsantos@atlanticare.org

Michel Scott-Gunter
Atlanticare
Patient Access Asso Level III
mscottgunter@atlanticare.org
Natale Stinson
Atlanticare
Patient Access Asso Level I
nstinson@atlanticare.org

Alfredo Triunfo
Atlanticare
Financial Assist Rep Level III
atriunfo@atlanticare.org

Martha Vazquez
Atlanticare
Field Rep Finan Counselin Svcs
mvazquez@atlanticare.org

Sharoline Vega-Ortiz
Atlanticare
Patient Access Asso Level I
svega@atlanticare.org

Chanique Wright
Atlanticare
Patient Access Asso Level III
cwright@atlanticare.org

Nesly Mendoza
ATLANTICARE
PAA/ADMISSION
nesly.mendoza@atlanticare.org

Bella Briones
bella.briones@student.uagc.edu

New Members

Gerri Fiacco
Atlantic Health
Director Revenue Integrity
geraldine.fiacco@atlantichealth.org

Nidhi Anil Menon
Montefiore Health System
Decision Support Analyst
nimenon@montefiore.org

Ashli Clarke
CHFP
Atlantic Healthcare System
Physician Contracting and Compensation Manager
ashliclarke@ymail.com

Meryl Bunch
ATLANTICARE HEALTHPLEX
FINANCIAL COUNSELOR
No Email

Juanita Wilson
Hackensack University Medical Center
Patient account coordinator
woodysgirl86@msn.com

Todd Huffman
Ardent Health Services
Market CFO - NJ
toddmhuffman@gmail.com

Christopher Ashton
Self employed
Contractor
cdaone@comcast.net

Michael Skudera
Hackensack Meridian Health
Manager, Access Services
michael.skudera@hmhn.org

Christina Oh
CHFP
Business Manager
chw326@gmail.com

Brian Case
Deborah Heart & Lung Center
Vice President
caseb@deborah.org

Charlene Harding
Deborah Heart & Lung Center
Reimbursement Financial Analyst
hardingc@deborah.org

Andrew Gordon
Rutgers University
Researcher
asg244@scarletmail.rutgers.edu

Christina Norman
Bergen New Bridge Medical Center
Director of Clinical Integration
cnorman@newbridgehealth.org

Tracy Schoenberg
Bergen New Bridge Medical Center
Director of Public Relations
tschoenberg@newbridgehealth.org

John Chiara
Sage Capital Recovery, LLC
CEO
jchiara@sagerecovery.net

Shawn Ekwall
SVP
shawn.ekwall@gmail.com

Lizbeth Chavez
Trinity Health
claim representative
lizbeth.chavez@trinity-health.org

Sheila Blattner
Trinity Health
Billing and Follow-up Representative II
sheila.blattner@trinity-health.org

Stefani Alston
Ensemble Health Partners
Patient Access Representative
stefani.alston@ensemblehp.com

Johanna Betances
Title - Not Provided
johanna.betances@ensemblehp.com

Shawn Ryan
ORACLE
ORCA
shawn.s.ryan@oracle.com

Toni LoGiudice
RWJBH Trintias
Revenue Cycle Director
tlogiudice327@gmail.com

Edward Chung
Burke Rehabilitation Hospital
VP Finance
edchung@burke.org

Amna Abbasi
KPMG
Advisory Associate
amnaabbasi@kpmg.com

Roselyn Bonet
Ensemble Health Partners
Spec Insurance Authorization
roselyn.bonet@ensemblehp.com

Lisa Delgado
CorroHealth
Director, Denials Management
ldelg2783@yahoo.com

Melissa Candela
The Peer Group
Director of Finance
mdcandela@peergroupnj.com

Kimberly Tran
Atlanticare
Revenue Cycle Systems Trainer
kihtran@atlanticare.org

Sehrish Mazhar
Henry J. Austin Health Center
Director of Finance and Revenue Cycle
sm9676@nyu.edu

Raymond Lloyd
Atlanticare
Mgr, Rev Cycle
rlloyd@atlanticare.org

irina tropcheva
Atlanticare
Revenue Cycle Manager Behavioral Service Line
itropcheva@atlanticare.org

Shauna Walton
Valley Health System NJ
Revenue Integrity Analyst
swalton@valleyhealth.com

Courtney Lepine
Bon Secours Mercy Health
Net Revenue Analyst
clepine@mercy.com

FOCUS ON … NEW JOBS IN NEW JERSEY

JOB BANK SUMMARY LISTING

HFMA-NJ's Publications Committee strives to bring New Jersey Chapter members timely and useful information in a convenient, accessible manner. Thus, this Job Bank Summary listing provides just the key components of each recently-posted position in an easy-to-read format, helping employers reach the most qualified pool of potential candidates, and helping our readers find the best new job opportunities. For more detailed information on any position and the most complete, up-to-date listing, go to HFMA-NJ's Job Bank Online at www.hfmanj.org.

[Note to employers: please allow five business days for ads to appear on the Web site.]

Job Position and Organization

DIRECTOR OF PAYER STRATEGIES
Valley Health System

FINANCE OPERATIONS ANALYST
CentraState Healthcare System

•Who's Who in NJ Chapter Committees•

2024-2025 Chapter Committees and Scheduled Meeting Dates

*NOTE Committees have use of the NJ HFMA conference Call line

If the committee uses the conference call line, their respective attendee codes are listed with the meeting date

PLEASE NOTE THAT THIS IS A PRELIMINARY LIST – CONFIRM MEETINGS WTH COMMITTEE CHAIRS BEFORE ATTENDING

Committee	Chair	Co-Chair(s)	Board Liaison	Dates/Time/Access Code	Meeting Location
CARE (Compliance, Audit, Risk, & Ethics)	Fatimah Muhammad fmuhammad@saintpetersuh.com (732) 745-8600 Ext. 8280	Ryan Peoples RPeoples2@virtua.org	Lisa Weinstein lisa.weinstein@bancroft.org (856) 348-1190	First Thursday of the Month 9:00AM Access Code 473803 Call Line (667) 770-1469	Conference Call
Communications/FOCUS	James Robertson jrobertson@greenbaumlaw.com (973) 577-1784		Brian Herdman bherdman@cbiz.com (609) 918-0990 x131	First Thursday of the Month 8:00AM Access Code 868310 Call Line (667) 770-1479	Conference Call
Education	Lisa Weinstein lisa.weinstein@bancroft.org (856) 348-1190	Tara Bogart tara.bgart@pmmconlne.com (704) 618-1531	Kim Keenoy kim.keenoy@bofa.com (732) 321-5935	Second Friday of the Month 9:00AM If interested please contact one of the Chairs	MS Teams meeting
Certification (sub-committee-Education)	Amina Razanica arazanica@njha.com (609) 275-4029		Amina Razanica arazanica@njha.com (609) 275-4029	See schedule for Education Committee	
FACT (Finance, Accounting, Capital & TaxesA)	licia Caldwell alicia.Caldell@bakertilly.com (732) 687-3535	Mia Morse mmorse@matheny.org (908) 234-0011 ext 1380	Josette Portalatin jportal@valleyhealth.com (973) 641-2200	Third Wednesday of the Month 8:00AM Access Code 720-430-141 Call Line (872) 240-3212 via GoToMeeting	MS Teams meeting
Institute 2024	Brian Herdman Bherdman@cbiz.com (609) 937-4387	Christine Gordon cgordon@virtua.org (856) 355-0655	Maria Facciponti Facciponti.Maria@gmail.com (973) 583-5881		
Membership Services/Networking	Daniel Demetrops ddemetrops@medixteam.com (845) 608-4866	Ari Van Dine Ari.VanDine@rsmus.com (212) 372-1278	Heather Stanisci Hstanisci@annuityhealth.com (862) 812-7923	Third Friday of the Month 9:00AM Teams	MS Teams meeting
Patient Financial Services and Patient Access Services	Daniel Demetrops ddemetrops@medixteam.com (845) 608-4866	Marco Coello mcoello@affiliatedhmg.com (973) 390-0445	Amina Razanica arazanica@njha.com (609) 275-4029	Second Friday of the Month 10:00AM Access Code 120676 Call Line (667) 770-1453	Conference Call
Payer/Provider Collaboration	Tracy Davison-Dicanto Tracy.Davison-DiCanto@scasurgery.com (609) 851-9371		Lisa Maltese-Schaaf LMaltese-Schaaf@childrens-specialized.org (732) 507-6533	Contact committee for schedule	Contact Committee
Healthcare Current Events Forum	Michael McLafferty michael@mjmaes.com (732) 598-8858		Koy Dever koy.dever@forvis.com (347) 693-4390	Third Wednesday of the Month 8:00AM via Teams (contact committee)	Webex
Regulatory and Reimbursement	Koy Dever koy.dever@forvis.com (347) 693-4390	Gary Stevens gstevens@virtua.org 856-355-0649 ext. 50649	Chris Czvornyek chris@hospitalalliance.org (609) 989-8200	Third Tuesday of the Month 9:00AM Call Line: (732) 515-4266 Phone Conference ID: 670 733 396	MS Teams Call
Revenue Integrity	Tiffani Bouchard tiffani2014@gmail.com (561) 350-0623	Jonathan Besler jbesler@besler.com (732) 392-8238	Jonathan Besler jbesler@besler.com (732) 392-8238	Second Wednesday of the Month 9:00AM via Zoom Join Zoom Meeting: https://zoom.us/j/94907808878?pwd=Sk1nYXdBOFhsdG41TVBoWmVZdytadz09	Zoom
CPE Designation	Lew Bivona lewcpa@gmail.com (609) 254-8141				

ARE YOU FEELING STRESSED?

HFMA NJ is introducing a new column in the Garden State FOCUS Magazine

STRESS LESS & THRIVE MORE:
TIPS FROM COACH LISA HAMMETT

Have a question or need some advice? Email info@lisahammett.com to be featured in the column. Participants will remain anonymous.

An Interview with Nio Queiro

By Fatimah Muhamad and Denny Henderson

Fatimah Muhammad

Denny Henderson

Nio Queiro is a seasoned industry leader, an acclaimed public speaker, classical pianist and author, with over 30 years of strategic healthcare revenue cycle management and consulting experience. Her expertise in Executive Leadership, Healthcare, Revenue Cycle Management & Consulting, along with her role as a Leadership Coach, has made her a sought-after voice in the healthcare field.

Fatimah Muhamad and Denny Henderson recently sat down with Nio to discuss the secrets of her success both as a healthcare leader as well as a mentor and guru for team and personal development.

When asked how she got into the revenue cycle field, Nio recalled, "When I started my healthcare journey, I was pre-med and I had a scholarship to Columbia, and it wasn't for me. I quickly learned that I didn't like to touch people. That would be a problem if you're gonna be a doctor. So there I was, and saying, 'well, somebody runs these hospitals'. I'm a mathematician by nature. My mother's a math educator and taught us math very early on, so that was very much my thing, finance." She shared, "I got the opportunity to sit down with the CFO of Palisade General Hospital when my father was working there, and he told me about the revenue cycle. In his case, he was telling me the revenue cycle could be my conduit to be a CFO one day, and that's the way I found my path, through that conversation."

> ***I've learned to look at life like a kaleidoscope and be open to the multiple views that make up the scene." It's important to bring awareness to the perceptions and perspectives of everybody on the team. If you start by understanding how everybody is seeing the exact same situation, then at least you have full awareness.***

When asked about how her background as a minority Cuban-Spanish leader, Nio shared, "The Cuban community and Hispanic communities as a whole are very tight-knit communities, and health care for them is a challenge. It's a language challenge, it's a fear that they are not going to be provided the same care, equitable care, as someone who is an American. I saw both my parents go through that journey. First, my father, which was the way that we came to this country. He lost his eye and he decided to not go under any special services of Medicaid or anything like that. He went to work. Then, my mother ended up getting cancer. I was there, this eight-year-old going with her everywhere to be her translator."

Nio used all those early experiences to shape her approach to revenue cycle management. She shared how important it is to have multilingual services for all the communities the hospital serves and forms that they can read in the language they speak. They need to be informed of both their medical care and they need to be informed of their financial responsibility. Patients need to be allowed the opportunity to handle both with respect. That has been her mission in healthcare is to provide a safe financial place for patients.

This mission extends beyond the patient as Nio addressed one of her biggest challenges. Nio shared, "When you don't look like everybody in the room, you come into the room very differently than others. Your dress is different than others. You do dress for acceptance and acknowledgment that you prepared yourself because your dress means I'm prepared. But also that you're ready for any situation. A lot of people hear the story of, I have to be three times better. No, you don't, you have to be 10 times better and better prepared. You have to self-educate and invest in yourself 10 times more. I learned so much because I learned how to manage a team when adversity was all around me. I learned how to make sure that my teams felt safe, and gave them the opportunity to thrive, to get all the things they needed to be their best. I learned how to have self-care. But the true power is in being completely self-aware and making sure that you do not waste your energy in telling yourself negative stories about future outcomes, a.k.a Worring, is a no for success.

Nio says: "I've learned to look at life like a kaleidoscope and be open to the multiple views that make up the scene." It's important to bring awareness to the perceptions and perspectives of everybody on the team. If you start by understanding how everybody is seeing the exact same situation, then at least you have full awareness. Now you can begin to solve together. Setting up a collaborative environment, a place where people feel heard, validated, and that they are part of this solution, is the way to build a strong team and to move forward. You don't have to agree with anyone, but in seeing different viewpoints from your own, one can always find something that can make the situation better. We can learn from the collective because we all bring some talent, skillset, and good words of wisdom, even in the mess of disagreement.

Building on the importance of creating a safe environment for the team, she shared about how staffing has such an impact on Revenue Cycle. "The revenue cycle has always been the area where there's been low investment in staffing. Because for many years, people believed that you did not need advanced education to be a revenue cycle person. That is not true today.

If you do not have certifications, or a degree, or a master's, you will fall short of meeting the skills required to handle these complex contracts and demands for payers to do your work. So, educating and getting the correct staff to keep your staff educated is challenge number one. Challenge number two is the fact that the revenue cycle is beholden to payers and payer rules. On an average year, we have over 13,000 changes in payer rules. We have to consistently be dragging ourselves trying to figure them out and be responsive to them. That's a challenge.

If we don't use innovation, or if we don't use machine learning, and we don't start understanding that we are truly tied at the hip with technology, we will not be able to advance.

If we don't use innovation, or if we don't use machine learning, and we don't start understanding that we are truly tied at the hip with technology, we will not be able to advance. I'm spending my time going to revenue cycle offices, offices, whether they're vendor or hospitals, and helping them reframe how we do our work, skill up their workforce, and deal with these payers that have more technology than we do and keep making our lives miserable."

Nio shared an example of a successful initiative that she led at Tufts that resulted in significant improvements in revenue cycle performance. She implemented a program in addition to Tuffs' learning ecosystem where they let every employee select some educational courses. In addition to the required continuing education, they could choose a course that would meet a personal goal. There are over 20,000 certifications given by top universities for free that are obtainable for you to get your people enrolled. Everything from getting your PMP for free to getting your Agile certification and being able to understand AI. What you do is just sit down and look at the courses that are available and we pick the top courses that are going to make an impact in your ecosystem. Then you say, "Hey, which one's are interesting to you?"

Some people had a personal goal of wanting to learn Spanish. Another person had a personal goal of wanting to learn music. What she did was give them a means to achieve their goals. For example, she gave one employee two months of Babbel so that they could learn Spanish. She gave someone else the app for two months so that they could learn how to string a guitar. That was her Christmas gift to the individual. Her point is, that it's up to you, the leader, to want to scale up your workforce. Sometimes they'll say, we looked at those courses too and you missed this one. And we pick that one for them. Imagine a continuous learning workforce. Not that you're forcing them, they want to do it. You're letting them pick. You're empowering them.

These courses helped to create well-rounded people. You don't want them to think that you only care about what they can produce in the office. You want them to know that you care for the whole person, their happiness outside of the office. Nio says, that she has adopted the philosophy that to understand people, you must ask them questions. She listened. They set work related goals for education as well as setting personal goals. What she told us is that their productivity while at Tufts increased 120% from her predecessor. They had the highest engagement scores of the whole organization. Revenue cycle broke the record in engagement scores. They loved their leaders. They were 4.5 out of five stars in leadership.

One of the tools that Nio embraced was employee reviews to help drive that engagement. She said that they don't do reviews just once a year; they do them quarterly. It's not a burden on the leadership nor a burden on the employee. It's something that both look forward to. We had a good, happy team. When their engagement scores increased, we celebrated the good scores and looked for more opportunity to improve them. Then the whole team, not just the leaders, met with everyone to work on the bad ones. The team created the plan for how they were going to change and presented it to leadership. Then leadership and staff worked together on the final plan. The next year, their engagement scores went even higher. Either you're celebrating or you're learning.

Nio's Quick Hits

On Resilience: First, understand that the problem or situation is just a moment in time. You have to become vulnerable and accept who you are, what's in your midst, and what your challenge is. Then, you have to deal with the problem or situation. It's not just perseverance and moving forward, you have to deal with the situation.

When I have situations, I keep a piano in my office and I go right to my piano and play. I mean, I am like killing it. I'm a classical pianist, so it's usually Beethoven or Chopin and I'm all over it. It's me releasing, me being able to say, exhale, get it out of you, now deal with the situation. But you've got to do that, you've got to deal, then you're resilient because you've learned, and you've celebrated the gratitude of the learning. Then you can have the power to move forward towards your goal.

On Stepping Into the Moment: You know that song by Simon and Garfunkel? Hello darkness, my old friend. Stepping into that silence. Clearing your head and being there, present. You have to step into the silence and view the moment. And be willing to experience the moment. The way that I do that is I stay quiet, and I look around and I look at how it impacts every single person. Then I look at myself and think how did I feel? What did my intuition say? What now? Those three questions let you be present. Because you have to step into the moment to answer them.

On Being Present: When I was 30 years old. I had a brain tumor. I had surgery, cardiac arrest, and a stroke. My whole life shut down. Imagine being 30 and all of a sudden you have to learn how to walk, talk, and eat again. I literally had to force myself to be present because if I wasn't present, the words never came out right. I remember telling my hands to pick up the knife. The richness of the fact that I was so present, I became a better person. I was able to listen and be a part of the other person that was in the room, but I was also able to be a part of myself. I was able to be kind to myself. That's where my life changed.

On Being Kind To Yourself: I don't try to be perfect. I gave up on perfect. I need to feel a certain way for me to be full and whole. I don't apologize to anybody for that. Sometimes you need to take breath. Nio's breath means that Nio is going to focus 100% on Nio. Because I have identified that what I do best is give back. But if I don't fill my tank, I can't give you anything. Please find your love, and your care, and give it to yourself. I believe I'm a better mother, and grandmother because I know who I am.

On Purpose: Purpose is an interesting thing. Purpose finds you. I have learned that many times we try to plan our purpose and what happens is we obtain what we thought was our purpose, which is a goal, not a purpose. Purpose is about you being placed in experiences that all of a sudden you find that you're the best. You're fulfilled. You are at a point of joy and peace when you provide that which is your purpose. I am in love with helping young people find their path in life. I love being able to talk to people about their journey in life and letting them know they are enough. Giving them a way to find their way. That is my purpose, my joy and peace. All my other accomplishments are goals, and they're important. However, they don't give me joy and peace.

Nio recently penned her first book, "JOY NOTES," a compelling exploration of healing, resilience, and triumph. She shares an inspiring narrative that delves into the transformative power of faith and the universal language of music. In her book, Nio shares the story of her Near-Death Experiences, and how she navigated the depths of despair to emerge stronger, offering readers a glimpse into a journey of hope and joy.
Through a harmonious blend of personal anecdotes and interviews with resilient women who have triumphed over health traumas, the book addresses how to lead when your life is falling apart. How do you get through it? Every single chapter of the book is a music genre. Every genre has something that takes you from one part of your life to the next. It gives you these wonderful notes on which to focus.

The book is about surging forward. What we love about it is that none of us are the same. We all handle life differently, and Nio wanted a book that you could put down and deal with your situation today and pick it up with another situation and it still would resonate. Through a harmonious blend of personal anecdotes and interviews with resilient women who have triumphed over health traumas, Nio continues to inspire and uplift with her message of resilience, faith, and the enduring power of joy while continuing to trailblaze as a leader in healthcare.

About the authors

Denny Henderson is VP Sales with FairCode. He can be reached at dhenderson@faircode.com.

Fatimah Muhammad, MPH, is Director of 340B Pharmaceutical Services and Drug Replacement at Saint Peter's University Hospital. She can be reached at fmuhammad@saintpetersuh.com.

The 2024 Women's Leadership & Development Session

Positive Thinking –How to Unleash It and Use It


Lisa Weinstein

By Lisa Weinstein

The 2024 Women's Leadership and Development Session called Positive Thinking –*How to Unleash It and Use It* was held on May 1, 2024 and was a resounding success by all measures! A capacity crowd of 130 plus guests were enthralled from the moment the doors were opened to the last drink served at the networking cocktail reception! The event was presented by the HFMA NJ Education Committee, Lisa R. Weinstein, Sandy Gubbine & Tara Bogart, Co-Chairs and the event co-chairs Lisa R. Weinstein and Annabelle Seippel, and their extremely dedicated and supportive committee members! The day started with HFMA Announcements and was followed by an inspiring and unforgettable talk by the keynote Speaker Deborah Visconi, President and Chief Executive Officer at Bergen New Bridge Medical Center. Her talk was called Building Bridges, Breaking Barriers: Transformational Leadership Redefined. We laughed and we cried with her!

Next was Panel number 1 on SHEroes of Positivity Sparking Women's Leadership Brilliance. We heard from women in healthcare about their experiences positively leading and coaching to promote future leaders in the industry and beyond. The Moderator was Deborah Visconi (President and Chief Executive Officer at Bergen New Bridge Medical Center) and the Panelists were: Jennifer Graves (VP of NE Region Sales – ClearBalance Healthcare), Amanda Buirge (Chief Financial Officer – Roxborough Memorial Hospital), Karina Checo (Executive Director of Revenue Cycle – Bergen New Bridge Medical Center) Deb Casarella (ACIO, IS Entity Services, Penn Medicine). All in all, the audience connected with the ideas that were shared!

Panel 1 was followed by Chameleon Communication or How to tailor your communication to best influence your audience through tone, body language and emotional connection. Our guest Speaker was Nio Queiro, National Speaker, Author of Joy Notes, Leadership and Business Development Coach, EHR Implementation, Digital and Financial Transformation Expert, Innovator and Entrepreneur. She shared some great tips and takeaways for day to day communication success!

During our yummy lunch break, attendees used the opportunity to mingle with other guests and the morning speakers! Lots of hugs and sharing of social media connections were made!

Our afternoon session started with Panel 2: Embracing Technology Soaring Through the Fear of the Unknown or how to adapt to the ever-changing landscape of technology in healthcare. The discussion focused on the use of technological advancements as a mechanism for personal and professional development as we continue transforming healthcare. The Moderator was Leslie Boles (Co-Owner & President – Revu Healthcare) and the Panelists were Marie Mathieu (VP of Network Clinical Documentation – Hackensack Meridian Health), Eileen Sullivan (Manager of Denial Management – Atlantic Health System), Maureen Trainor (Director, Health Information Management – Cooper University Hospital) and Jenna Gabbe (Student, Rutgers University / Population Health Intern – Saint Peter's Healthcare System). We are less "scared" of new technology than before!

Next was a super fun and relaxing session called Just Breathe: Chair Pilates & Mindful Meditation on Positivity. A giant group exercise session was held complete with donated resistance bands. It was led by Toni LoGiudice (Director of Revenue Cycle – Trinitas Regional Medical Center/RWJBH) and Annabelle Seippel (VP of Denial Management –Corro Health) and we also learned about the history of Pilates. Just say Ah!

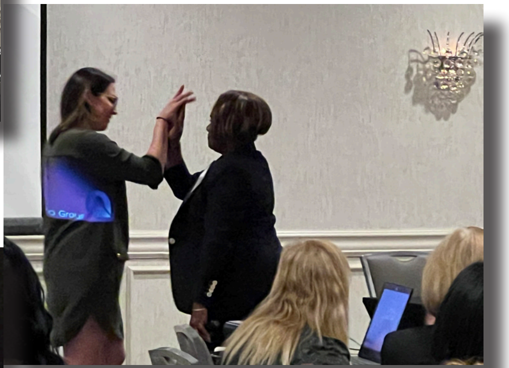
Next was the much needed and wanted Barista Break followed by Panel 3 on Financial and Emotional Prosperity or How to Achieve Your Goals and Obtain Peace of Mind. Live audience participation was encouraged! Everyone shared their ideas and advice for financial and emotional prosperity. The Moderator was Nio Queiro and the Panelists were: Tracy Davison-Dicanto (VP of Strategy and Payer Engagement Surgical Care Affiliates), Michael McKeever (HFMA Advisory

Council, NJ HFMA Past President, Former Region 3 HFMA Executive).Brittany Weber (Licensed Social Worker, Manasquan Counseling Center) and Lisa R. Weinstein (Corporate Compliance and Privacy Officer, Bancroft). There were rounds of applause during the presentation as well as some tears. The speakers and moderator provided tremendous and welcomed insight!

The Networking Hour was a super way to mingle and make new friends and it was a pleasure to fill the room with donations for the Charity: The Unforgotten Haven for Women in Domestic Violence Shelters). Many thanks to all of our sponsors and attendees! See you next year!!!!

About the author

Lisa R. Weinstein, MPH, CHC, CHPC is the Bancroft Corporate Compliance and Privacy Officer. She also serves as a Board Director for the HFMA NJ Chapter. In addition, she is the Chair of the Education Committee for HFMA NJ as well as the Co-Chair of the Women's Leadership and Development Committee. She is a proud recipient of the HFMA Medal of Honor awarded in 2011. For more information about joining the Education Committee or the Women's Program Planning Committee, feel free to contact her at lisa.weinstein@bancroft.org

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The Physician Practice Forum is Now the Healthcare Current Events Forum

By Michael J. McLafferty, CPA, MBA, FACMPE, FACHE, FHFMA

I have had the pleasure of chairing the Physician Practice Forum (PPF) for the last four years. The PPF had ten monthly presentations each calendar year, excluding July and August. During this time, the PPF has evolved from a focus mainly on physician organizations to a broader current events view of the healthcare provider marketplace.

The Healthcare Current Events Forum (HCEF) will provide an opportunity for current event updates and member interaction. The HCEF will share current events for the following categories: (1) National/State Issues; (2) Part A Hospital Issues; (3) Part B Outpatient Issues; (4) Compliance Issues; (5) Payer Issues; and (6) Technology Issues. The HCEF will also act as a sounding board for statewide challenges associated with provider concerns.

The HCEF will have virtual meetings on the third Wednesday of every month. All meetings will have an agenda and input from attendees is encouraged as issues are shared and discussed.

Please reach out to Michael McLafferty at michael@mjmaes.com for additional information.

About the author

Michael McLafferty is a Healthcare thought leader and advocate who promotes improved access and benefits for patients and their physicians. He is the CEO and Founder of MJM Advisory and Educational Services LLC.

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Coding Social Determinants of Health and Potential IPPS Impact

Tom Risi

Nick Altvater

by Tom Risi, CCS and Nick Altvater, CCS

If you've attended an HFMA Institute in the past decade, you've likely been a part of the discussion regarding Social Determinants of Health (SDoH) and their impact on outcomes for patients in our health systems. While SDoH diagnosis codes have existed since the implementation of ICD-10-CM in 2015, the Inpatient Prospective Payment System (IPPS) proposed rule is seeking to further expand the comorbidity status of up to seven more ICD-10-CM diagnosis codes regarding housing status for Fiscal Year 2025. With impending updates coming this October, is your organization accurately capturing the data it needs?

What are SDoH?

The World Health Organization defines SDoH as "the conditions in which people are born, grow, live, work and age" and "the fundamental drivers of these conditions."[1] These factors impact healthcare outcomes in many ways, providing new opportunities to better understand vulnerable populations. SDoH now are associated with bold initiatives, such as the White House's "ALL INside" goal to reduce unsheltered homelessness 25% by 2025[2]. In line with the government's focus on patients' housing status, SDoH codes are utilized for data collection to identify patients potentially at risk for worse health outcomes and increased resource utilization.

Coding, Reimbursement, and Potential Updates

While these data were always captured via ICD-10-CM diagnosis code assignment, it was not until fiscal year 2024 that certain SDoH codes were updated from non-comorbid condition status to comorbid conditions, potentially impacting DRG assignment. Currently, the following diagnosis codes correspond to a "Comorbid Condition" (CC) in the MS-DRG grouper:

- Z59.00 - Homelessness, unspecified
- Z59.01 - Sheltered Homelessness
- Z59.02 - Unsheltered Homelessness

Chiefly, the recognition of homelessness as a comorbid condition impacting a person's healthcare treatment and outcome meant assignment of SDoH codes Z59.00, Z59.01, or Z59.02 as a secondary diagnosis resulted in a DRG assignment "with CC" when applicable to DRG couplets and triplets that split for CCs. Accurate assignment of these SDoH status codes can result in increased Relative Weight Factor and payment.

For 2025, CMS is proposing that seven additional codes related to housing status be granted comorbidity status, based upon analysis indicating higher average resource costs of cases with these diagnosis codes.[3]

The seven proposed additions to the CC list are:

- Z59.10 Inadequate housing, unspecified
- Z59.11 Inadequate housing environmental temperature
- Z59.12 Inadequate housing utilities
- Z59.19 Other inadequate housing
- Z59.811 Housing instability, housed, with risk of homelessness
- Z59.812 Housing instability, housed, homelessness in past 12 months
- Z59.819 Housing instability, housed unspecified

Where Does This Fit into Reimbursement?

Let's take the example of two patients both admitted for pneumonia, but with different housing situations:

Patient A is noted to have an inadequate housing environment temperature, such as from a broken furnace, and admitted inpatient for pneumonia. The coding of J18.9 "Pneumonia, unspecified," as principal diagnosis with an additional diagnosis of Z59.11 "Inadequate housing environmental temperature," would result in MS-DRG 194.

Patient B is also admitted with pneumonia, but presents from a stable well-heated home and has no other medical conditions. With J18.9 as principal diagnosis and no secondary diagnoses, this patient is assigned to MS-DRG 195.

This results in different weight factors and expected length of stay while an inpatient, as illustrated below:

Patient	MS-DRG	Description	Relative Weight Factor	Geometric Mean Length of Stay
A	194	SIMPLE PNEUMONIA AND PLEURISY WITH CC	0.8160	2.8 days
B	195	SIMPLE PNEUMONIA AND PLEURISY WITHOUT CC/MCC	0.6183	2.3 days

The housing status of the former example may be the sole factor increasing reimbursement for this encounter. Given the difference in geometric mean length of stay is an additional half day for MS-DRG 194 compared to MS-DRG 195, the proposal to include inadequate housing status as a comorbid condition suggests that the data supports a poor housing situation can increase hospital resource usage. This could take form in many ways, such as increased social work involvement or delayed discharge related to unstable housing status.

Potential Pitfalls to Accurate Data

The opportunity to capture SDoH codes also presents challenges for accurate coding of these conditions.

- Coding from Other Clinicians

  SDoH codes have unique rules – similar to other status codes - regarding documentation for assignment. ICD-10-CM Guideline I.B.14 “Documentation by Clinicians Other than the Patient’s Provider” permits code ssignment based on documentation from clinicians - such as a social worker or nurse - that are not the provider.[4] Since social workers and nurses are most intimately involved with intake on a patient’s living situation, documentation may only appear in these non-provider notes. The difference in increased DRG reimbursement may be hidden in your facility’s LCSW or RN notes.

- EMR and UB-04

  Another potential obstacle is the transfer of coding data from your Electronic Medical Record to the UB-04 issued to the patient’s insurer. If a code is truncated or otherwise reshuffled to a lower position, it may be omitted from the billing file submitted to the payor. This may result in potential loss of full reimbursement, inaccurate data collection, and incomplete submission of SDoH codes to CMS.

Ensuring Accurate Data

To prepare for these future coding updates, how can you ensure seamless capture of reliable data?

- Ongoing Coder & HIM Education

  Continuing education is the greatest asset for your HIM department. A well-informed staff with knowledge of changing coding conventions will accurately capture important documentation. Coding updates are issued in April and October of each year - education prior to implementation of these new codes will be crucial. Auditing of encounters with SDoH status codes assigned should be performed to ensure accurate and consistent Discharge Disposition assignment.

- Check-Ins with your EMR and Billing Staff With frequent updates to ICD-10 coding, new versions of EMRs, and changing billing processes - maintaining clear communication is essential. Ensuring data is properly transmitted between systems is vital for proper data collection and reimbursement.

Putting it all Together

In the ever-evolving inpatient setting, the ability to best serve patients remains a top priority. The introduction of new SDoH codes will not only have the potential to impact DRG assignment, but create a more well-rounded picture of your facility’s patient population. While only a handful of SDoH codes are either current or proposed ICD-10-CM comorbid conditions, it is important not to neglect coding other SDoH codes for data capture that could result in future proposed additions to the list of comorbid conditions and better reimbursement. This data will be crucial in creating future initiatives, tailoring current programs, and best serving the most vulnerable in our community.

About the Authors

Tom Risi, CCS and Nick Altvater, CCS are revenue recovery auditors at Health Resources Optimization Inc. Health/ROI specializes in DRG verification, denial appeals, cost outlier, transfer methodology, and APC recovery for multiple hospitals throughout the greater NYC metropolitan area. Tom and Nick can be contacted at trisi@health-roi.com and naltvater@health-roi.com.

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•Focus on Finance•

Black Basta Ransomware Group Accelerates Attacks on the Healthcare Sector

Jason Spezzano

By Jason Spezzano

On May 10, the Federal Government issued a joint advisory as the Black Basta Ransomware Group continues accelerating attacks on the healthcare sector.

The Federal Bureau of Investigation (FBI) Cybersecurity and Infrastructure Security Agency, the U.S. Department of Health and Human Services (HHS), and Multi-State ISAC released a joint cybersecurity advisory to provide information on Black Basta. The Health-ISAC also issued a bulletin warning hospitals and other healthcare sector entities of a significant acceleration in cyberattacks by the Black Basta ransomware group.

Q: What is Black Basta?
A: Black Basta is a ransomware variant that has encrypted and stolen data from at least 12 out of 16 critical infrastructure sectors, including the Healthcare and Public Health (HPH) Sector. As of May 2024, Black Basta affiliates have impacted over 500 organizations globally.

Black Basta affiliates use standard initial access techniques—such as phishing and exploiting known vulnerabilities—and then employ a double-extortion model, both encrypting systems and exfiltrating data.

> ***Healthcare organizations are attractive targets for cybercrime actors due to their size, technological dependence, access to personal health information, and unique impacts to hospital operations and patient care disruption.***

Q: Why are healthcare organizations attractive targets for these types of attacks?
A: Healthcare organizations are attractive targets for cybercrime actors due to their size, technological dependence, access to personal health information, and unique impacts to hospital operations and patient care disruption.

The federal agencies urge organizations to apply the recommendations in the Advisory's mitigations section to reduce the likelihood of compromise from Black Basta and other ransomware attacks.

Q: What steps can my company take to mitigate cyber threats from ransomware?
A:

- Install updates for operating systems, software, and firmware as soon as they are released.
- Require phishing-resistant MFA for as many services as possible.
- Train users to recognize and report phishing attempts

This joint advisory provides tactics, techniques, and procedures (TTPs) and indicators of compromise (IOCs) obtained from FBI investigations and third-party reporting.

This alert highlights the healthcare industry's continued and evolving threat landscape and the need for heightened security measures within the healthcare sector.

About the author
Jason Spezzano is Executive Cybersecurity Advisor at Withum and van be reached at jspezzano@withum.com.

Annual Golf Outing
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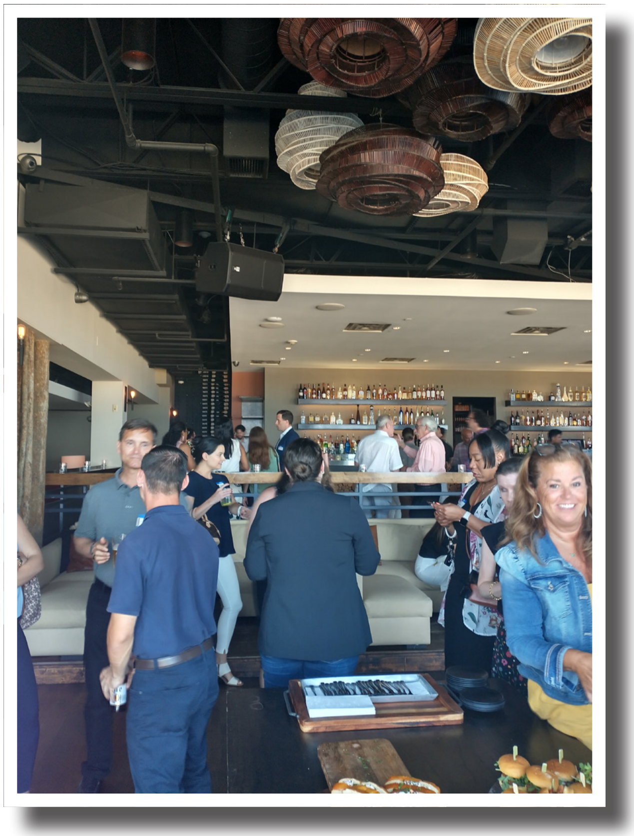

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