

# HEALTHSMART

INNOVATIVE INSIGHTS INTO MODERN HEALTHCARE



Q1  
2020

## FEATURED ARTICLES

7 TIPS FOR MAINTAINING  
HOSPITAL PRACTICE  
LOCATION COMPLIANCE

MASTERING SNF BILLING  
OPERATIONS

SOCIAL DETERMINANTS  
OF HEALTH STRATEGY  
REQUIRES THE RIGHT  
FRAMEWORK



  
**advis**  
YOUR SMART HEALTHCARE CONSULTANTS

## SPOTLIGHT

ON ADVIS VICE PRESIDENT,  
RYAN YOKLEY

## A Note from Lyndean

As we ease into a new decade, I would like to once again express my pride in the team here at Advis. You remain, day in and day out, the living embodiment of our firm's values and expertise.

In this issue, readers will see that Advis is ready for 2020. In addition to our already extensive list of client services, we've expanded our capabilities to include SNF billing services. Additionally, there are articles on Population Health Strategic Planning and Provider-Based compliance tips. Reminders about this year's golf outing and the upcoming ACHE convention here in Chicago abound. For our friends at the ACHE, Advis is hosting a reception at Chicago's renowned 'Aviary' for libations and small plates. Everyone is looking forward to this event. And congrats to our new Advis parents, Jake and Kim Beechy, and Angela and Rob Balek! It's great to see team members bringing joy to the world.

Our value-based approach to providing practical, high quality health care solutions that give our clients a competitive edge best characterizes the Advis approach. Some things never change. We're able to create strong connections with our clients because of our outside-the-box thought leadership and the special tool kit Advis consultants represent. New, individualized, highly tailored solutions to our clients' most pressing business and regulatory needs are always at hand at Advis.

So, here's to a great 2020! Let's continue to provide healthcare organizations with the best problem solving in the industry. Developing and implementing innovative best-practice processes to transform hospitals and better serve health care providers all across the country is our brand.

*Lyndean*



## SPOTLIGHT on Ryan Yokley



Ryan Yokley is a Vice President with Advis and a very able hand. Ryan's healthcare consulting expertise focuses on Facility Development, Medicare Rules and Regulations, Strategy and Healthcare Integration, as well as Mergers and Acquisitions. Ryan focuses on assisting healthcare providers in obtaining and achieving continual regulatory compliance to preserve provider eligibility for Medicare and Medicaid programs. He is fully conversant with State Licensure Laws, Federal Medicare Conditions of Participation, State Medicaid

Provider Program Criteria and Accreditation Standards. He plays a key role at Advis.

Ryan assists health care providers further with identifying and achieving their goals. Through organizational restructuring and service line expansion in accordance with Federal and State rules and regulations, Ryan has helped many providers over the years with their success. Specifically, Ryan devotes a significant amount of his practice to assisting healthcare providers with continual Medicare certification and

state licensure issues. In relation to business transactions like Change of Ownership, Mergers & Acquisitions, and Initial Facility Development – all of which can significantly affect compliance – Ryan irons out every last entangling detail.

Additionally, Ryan has significant experience assisting providers with emergency disaster preparation, response, and recovery efforts. His work in this area entails identifying available federal and state sources of disaster reimbursement and hazard mitigation funding; identifying eligible expenses and projects per available program funding criteria; completing the filing processes and documentation needed to receive federal and state reimbursement and grant funding; and exercising management and oversight responsibility for the entire reimbursement process through receipt of funds and project close.

Prior to joining Advis, Ryan served as an associate attorney in Joplin, Missouri, specializing in personal injury, professional malpractice, products liability and family law; he was also employed at Healthcare Fellowship at HRSA-Center for Managed Care.



# SAVE THE DATE

## Advis ACHE reception at The Aviary

If you're in The Windy City during the 2020 ACHE Annual Congress, please join Advis for an exclusive networking reception. Combine an avant-garde experience with thought leadership for a can't miss event. The reception will be hosted at **The Aviary Chicago**, on Monday, March 23rd, from 5:00-7:30PM. A venue renowned for memorable evenings.

The Aviary is the brainchild of the Alinea Group. 'Nuf said. According to the Chicago Reader: "The Aviary is a defining Chicago experience. Grant Achatz and Nick Kokonas (Alinea Group founders) take cocktails to the next level". The Aviary has been recognized nationwide for its chic atmosphere and innovative cocktails since 2011.

Advis offers an innovative approach to all we do. The same is true for our hospitality. A passion for higher standards and sustained excellence defines us. The Aviary is an Advis kind of spot. Super creative cocktails, unique small plates, great conversation, and you. Please join us. A few lucky attendees will win an extraordinary gift.

For questions or to RSVP, please contact Sade at [slarkin@advis.com](mailto:slarkin@advis.com).



## 2020 Annual Golf Outing and Healthcare Seminar

September 30th – October 2nd  
Olympia Fields Country Club  
Home of the 2020 FedEx Cup Playoff Event

# NEW HIRE

## Justin Maupin

Justin Maupin, MHA, is Advis's newest consultant. In his time with Advis so far, Justin has enmeshed himself with the team by consistently generating actionable insights through in-depth research. His assistance with the creation of client-project deliverables proved invaluable again and again. Justin has been working closely with our 340B Drug Pricing Program team, where he has gained invaluable experience in 340B operational assessments and audit preparedness. Additionally, Justin has been assisting with EHR Meaningful Use Attestations for physicians as well as

Provider-Based Attestations for Hospital Outpatient Departments.

Prior to joining Advis, Justin received a Bachelor of Science in Biology from Indiana University Bloomington. Justin then went on to achieve a Masters in Health Administration from Valparaiso University College of Nursing and Health Professionals, graduating with highest distinction.



# 7 Tips for Maintaining Hospital Practice Location Compliance

CMS is cracking down on Medicare provider-based locations. Whether via exact match provisions (effective date beginning April 2020) or targeted provider-based audits, CMS is watching. Due to the financial penalties resulting from noncompliance, hospitals must ensure that their facilities are, in fact, integrated with the main hospital; each and every facility must meet all provider-based rules.

Just because hospital locations were integrated and in full compliance five years ago does not mean they are in full compliance today. Conducting routine provider-based audits is the best way to guarantee that day to day operational changes have not triggered a noncompliance issue with one or more provider locations. Integrate these audits into your facility licensing and accreditation survey preparations. As policies change or new staff members come on board, Advis often identifies locations that were once in full compliance, but, as a result of routine changes over time, begin to fall out of compliance with 42 CFR 413.65. It pays to catch these budding problems early.

Advis has extensive experience working with CMS Regional Offices and hospitals throughout the US. Advis ensures that our client hospitals maintain compliance. Here are some tips for ensuring compliance, straight from our integration strategy playbook:

## 1 MEDICARE CO-INSURANCE FORM

- Check your off-campus locations to confirm that staff are following hospital policy on the use of the Medicare Financial Notice of Liability Form. This form must be provided to a Medicare patient prior to the provision of patient care; and the form must contain an estimated amount of the patient's out-of-pocket liability for both the hospital and physician services.

## 2 PHYSICIAN BILLING & DOCUMENTATION OVERSIGHT

- Whether physicians providing services are employees or independent contractors, the services provided in a hospital location must be documented in accordance with hospital policy requirements.
- Hospitals are responsible for checking that physicians are billing with the correct site of service and that medical records are documented in accordance with hospital policy. This responsibility obtains whether the physicians are handling the claim submission themselves or the hospital is handling the claim submission on behalf of the physicians.

## 3 REVIEW FLOOR PLANS

- Hospital practice locations within a building that also includes non-hospital services or physician clinics must follow Medicare Conditions of Participation requirements. Those requirements state that hospital clinical space must be limited to hospital patients with no co-mingling of the utilized space.



- Entrances to and registration for hospital services should be clearly marked to prevent confusion with the non-hospital services.

## 4 INTEGRATE

- Integrate the main hospital culture, organizational chart and leadership with all practice locations.
- Integrate and maintain consistent staff training – as new staff come on board, it is important to ensure that they not only know the hospital's policies and procedures, but also know what being a provider-based facility means for the facility and patient alike. On a regular basis, staff need to review and be able to explain the impact these definitions have on patients.
- Integrate provider-based audits into hospital facility licensing and accreditation survey preparation activities and mocks.

## 5 CHECK SIGNAGE

- Signage should clearly state the main provider name to overtly make the connection between the hospital and its offsite practice location.
- Signage is of the upmost importance when a building shares space with both hospital practice locations and non-hospital services. A patient must not be confused about where they are.
- Ask yourself "If I were a patient, would I be able to identify this office as a hospital department? If so, How?" If you have trouble identifying anything specific, your signage may be vague or poorly worded. Additional measures may need to be taken.

## 6 CONSISTENT MEDICARE RECORD UPDATES

- Regularly check your enrollment record on PECOS. Your hospital's Medicare enrollment record must accurately reflect all of the locations that you maintain as provider-based.
- Check PECOS Section IV Practice Location data to ensure the name and address for each location are accurate. The address is significantly important; it must exactly match to the character the address submitted with Medicare claims data for off-campus locations.
- Although Medicare allows up to 90 days to report a new location or a change related to a location for Medicare Part A enrollments, Advis recommends staying on top of this reporting. Handle the reporting within 30-45 days.
- With regular oversight of your enrollments, providers can ensure their hospital does not mistakenly add or fail to remove an HOPD.

- Does your staff know when to use a PO/PN modifier?
- Especially for hospitals with both reimbursable hospital-based sites and non-reimbursable physician clinics, does your staff know when to use the correct place of service code: 11 vs 19 vs 22 vs 23? All clear?
- Create a calendar of provider-based audits for all practice locations to ensure the proper codes and modifiers are utilized.
- Provider-based facilities have complex billing requirements, depending upon the service type, effective date, and proximity to the main hospital. Make sure your billing department keeps up with all of the rules on a regular basis to ensure that potential overpayments do not go unnoticed for an extended period.

If you have questions regarding your provider-based compliance, please give Advis a call.

## 7 EFFICIENT & REGULAR REVIEW OF CLAIMS

- Confirm that hospital policy and training include detailed procedures for the proper utilization of necessary modifiers and place of service codes.

## Mastering SNF Billing Operations: ADVIS Expertise Extends Beyond Compliance and Management

The consultants at Advis have extensive experience in the efficient operation of compliant post-acute care services. We have an incredibly successful record with turn-around projects, management, and optimization strategies; we are a full-time resource for skilled nursing facilities all over the country. Therefore, Advis is excited to announce that we are expanding our services to address your skilled nursing billing needs. Whether its full or partial outsourcing, oversight, problem resolution, or optimization, Advis gets it done.

Is your facility receiving the appropriate reimbursement for care provided? Is your facility experiencing denials even after extensive PDPM training? Is your triple check process running accurately and efficiently? Have you recently lost billing staff? Need some assistance? Additional training is all that's required?

Here is a list of services Advis provides:

- Skilled Nursing Facility Feasibility Analysis, including a Pro Forma with

projected costs/revenue

- Facility Development, including state licensure & Medicare Certification and Accreditation
- Mock Surveys, Audits, and Operational Assessments
- Skilled Nursing Billing, including
  - Interim Staff or partial outsourcing
  - Outsourcing
  - Training (Clinical, PDPM, MDS, Billing)
  - Assessment and Audits of current Billing operations
  - Optimization of Billing processes
  - Billing Operations Turn-Around

If your skilled nursing facility or hospital-based unit is seeing a lot of denials, or you are failing to optimize reimbursements, Advis can help. We will perform a rapid assessment of your program to help you identify an action plan that addresses any hidden or lingering issues uncovered by our analysis.

## What is PDPM? Why did SNFs need this change?

As of October 1, 2019, Skilled Nursing providers must bill for services under PDPM using the HIPPS code that is generated from a 5-day PPS assessment and Interim Payment Assessment (IPA). Thus, instead of the therapy focused RUG-IV format that incentivized SNFs to provide therapy services, the PDPM format discourages the incentive. Instead, this new format is targeted to improve the overall accuracy and appropriateness of reimbursements by focusing on patient classifications based upon specific, date-driven patient characteristics. Although this change is supposed to help reduce the administrative burden on SNFs, the transition has been tumultuous, to say the least.





In the United States, the evolution of the health care market continues. The market is moving from predominantly fee-for-service payment models to an increased focus on value-based payment. This movement is driving a number of key trends in the industry. Underpinning the value-based revolution is an emphasis on the accountability of healthcare organizations for the health outcomes of patients and the communities they serve. This movement is also known as population health.

(air quality, water quality). Thus Social determinants of health (SDOH) has emerged as a key term to describe the non-clinical factors impacting health outcomes.

experience with clients.

Certainly, providers CAN find success under a multitude of strategic frameworks. However, Advis recommends providers focus on a few of the leading SDOH frameworks to position their organization for success. The chart above provides a brief overview of leading strategic frameworks Advis believes are positive foundations to guide SDOH strategy.

## Leading Population Health Strategic Models

Framework	Description	Founding Members & Developers
Pathways to Population Health (P2PH)	<p>This framework has a breadth of guidance materials, but the implementation guide has three primary sections:</p> <ol style="list-style-type: none"> <li><b>1. Foundational Concepts and Creating a Common Language:</b> This section defines key concepts and terms that are foundational to understanding the journey to population health (the WHY);</li> <li><b>2. Portfolios of Population Health:</b> This section describes four interconnected portfolios of work that contribute to population health (the WHAT); and</li> <li><b>3. Levers for Implementation:</b> This section surfaces the levers that can be used to accelerate your progress within and across portfolios of work to improve population health (the HOW).</li> </ol>	<p>This resource is the product of a collaboration among five partner organizations:</p> <ul style="list-style-type: none"> <li>• American Hospital Association/Health Research &amp; Educational Trust,</li> <li>• Institute for Healthcare Improvement,</li> <li>• Network for Regional Healthcare Improvement,</li> <li>• Public Health Institute, and</li> <li>• Stakeholder Health.</li> </ul>
Mobilizing Action Through Planning and Partnerships (MAPP)	<p>MAPP is a community-wide strategic planning framework for improving public health. MAPP helps communities prioritize their public health issues, identify resources for addressing them, and implement strategies relevant to their unique community contexts. The MAPP process has six phases. The website has numerous resources, including technical assistance for conducting each phase, a peer assistance network for MAPP users, tip sheets, and case studies.</p>	<p>Developed by the National Association of County and City Health Officials and CDC</p>
Upstream Strategy Compass	<p>This framework uses levels of prevention (i.e. primary, secondary, and tertiary) and levels of intervention (i.e. individual, organizational, community) to help healthcare systems and their community partners understand local needs as well as the opportunities to improve specific social determinants of health for priority patient populations.</p>	<p>Developed by Dr. Rishi Manchada &amp; HealthBegins</p>

Transforming organizations to move from volume to value requires new approaches to strategic planning. Of the above frameworks, Advis find the Pathways to Population Health platform to be the most complete for a Population Health strategy that encompasses SDOH. With leading industry stakeholders behind the initiative, detailed implementation resources, and adoptions growing, this framework provides a positive guide for developing a successful SDOH strategy. We encourage healthcare leaders to review whether their organization has selected a beneficial framework to guide long-term strategic planning for Population Health and SDOH.



# CELEBRATE

## New Life

Congratulations to our new Advis parents, Jake and Kim Beechy, and Angela and Rob Balek! Jake Jeffrey Beechy was born Friday 1/10 at 3:42pm. He weighed in at 7lbs 2oz and was 20.5 inches. Amelia Elizabeth Balek was born on Sunday, 11/24. She weighed in at 5 lbs 12oz, and was 19.5 inches long. What beautiful babies!

How great to see team members growing their families and bringing joy to the world.



## Holiday Party at Ignite Glass Studios

The Advis team kicked off the holidays with a special evening together at Ignite Glass Studios in Chicago. An entire year's worth of accomplishment was celebrated. Amidst a night of exceptional food, games, and companionship, each Advis team member and their guest was able to try their hand at a craft outside their normal health care regulatory skillset: glassblowing! We made a beautiful assortment of custom wine stoppers, ornaments, and paper weights. The experts at Ignite guided us from start to finish and a good time in an extraordinary setting was had by all. The evening proved an outstanding way to close out 2019.... And to begin looking ahead to what will surely be a fantastic 2020!

# RESOURCES

Stay informed with regulatory updates, expert advice, and news from Advis in our Resource Library. Please see the latest additions below:

1. **FQHC Whitepaper:** A comprehensive guide to FQHC collaboration strategies. Learn how developing an FQHC can further your organization's goals.
2. **Diversity Sets the Tone for a Safe & Inclusive Workplace:** Have you witnessed culturally inappropriate behavior in the workplace? If so, a tighter diversity and inclusion plan may be needed.
3. **Site Neutral Payment Update:** Hospitals will be repaid by CMS for 2019 reimbursement reductions. Advis recommends monitoring closely all financial information to ensure the correct reprocessing of claims.

For full articles and more information, visit **The Resource Library at [advis.com](https://advis.com)**

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