HEALTHSMART

INNOVATIVE INSIGHTS INTO MODERN HEALTHCARE

Q3
2020

FEATURED ARTICLES

ADVIS NAMED TO MODERN HEALTHCARE'S BEST PLACES TO WORK FOR 2020

IDTF: A STRATEGIC BUSINESS OPPORTUNITY

COVID-19: KEY FEMA DISTINCTIONS AND RECOVERY GUIDANCE

SPOTLIGHT

A Q&A WITH PRO GOLFER - ROBBY SHELTON

advis
YOUR SMART HEALTHCARE CONSULTANTS

A Note from Lyndean

While we'd hoped to be nearing the end of these unprecedented times, unfortunately we continue to endure the severe effects of the COVID-19 pandemic. The Advis team applauds our clients and all providers working on the frontlines of this crisis with our utmost gratitude and respect. The heroic efforts you provide in this fight inspire awe. We are proud to stand by you in partnership, aiding your organizations through these difficult times.

The year has presented countless challenges. The lasting impact of this crisis has radically altered our healthcare system. As we look to a new year, it is crucial that we acknowledge the importance of all that the end of 2020 holds. Healthcare has become one of the most critical issues in the upcoming 2020 presidential election and it is my hope that, regardless of political affiliation, we all understand the importance of our right to vote this November.

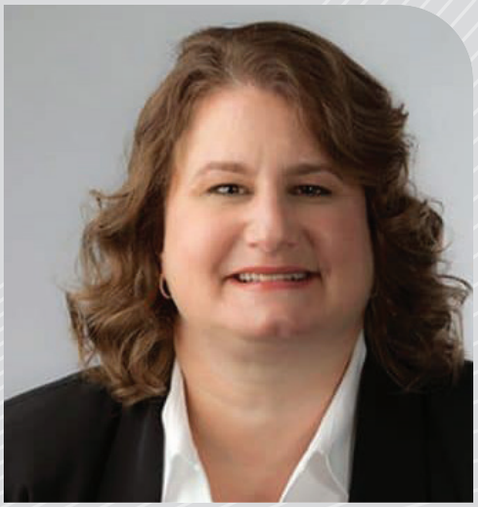
I am proud of the small victories our team at Advis has achieved throughout this year. Our organization was named one of Modern Healthcare's Best Places to Work in Healthcare for 2020. This recognition represents a high in the midst of an extremely strenuous year. It is an honor we are thrilled to receive. In other Advis firsts, we were able to cheer on Robby Shelton, our sponsored golfer, throughout his rookie year on the PGA tour. Robby finished top 70 to make it to our home turf for the BMW Championship outside of Chicago where he finished his year strong. We are immensely proud to be in partnership with him and look forward to watching his career continue to flourish.

In this issue, readers will examine our expert analysis of COVID-19 impact and post-pandemic strategies. We examine unprecedented circumstances for FEMA Public Assistance and provide expert strategy tips and other considerations for navigating reimbursement. We outline the benefits of Independent Diagnostic Testing Facility (IDTF) development in healthcare's new era and how IDTF development may serve as a savvy business opportunity for your organization. Advis values the relationships we build with each of our clients and we are proud to highlight the partnership we've developed with Northside Hospital. They remain a force in Georgia healthcare and we are proud to partner with them in their development and operations. We also give you an inside look at all of the hobbies that have kept our team busy throughout quarantine. From grilling to skateboarding, we've all managed to find some joy and fun in these pressing times.

Looking ahead to 2021, I want to recognize all of our healthcare heroes working to keep our country safe and strong. Our team remains dazzled by your efforts and committed to developing strategy for your organization to navigate this new era of healthcare. The Advis mission is to offer creative and innovative regulatory and compliance strategies in support of your organization. We're in this together.

Lyndean

SPOTLIGHT
on Susan Maupin



Susan M. Maupin is a Vice President at Advis and a valued asset to our team. With backgrounds in both clinical and legal practices, Susan offers a versatile expert perspective to aid hospitals and health systems across the country with a variety of projects.

Susan's expertise focuses on Post-Acute Care facilities, Overall Facility Development, Medicare Rules and Regulations, Operational Improvement, Third Party Accreditation, and Governance. She has led project developments for both Short-Term Care hospitals as well as Post-Acute Care Venues including Long-Term Acute Care Hospitals, Inpatient Rehab Facilities, and Skilled Nursing Facilities.

Susan has led ongoing operational oversight management for multiple providers and lends her expertise to best position providers as they navigate an ever-changing regulatory environment.

Along with her contributions to Advis, we are proud to recognize the efforts Susan makes to strengthening her community through her work with CASA of River Valley. In July of this year, Susan was elected as a Board Member and we could not be prouder to have her as an integral part of our team.

Prior to joining Advis, Susan was a Registered Nurse for an Indiana hospital and served as an Associate Attorney at a Chicagoland law firm. Susan received her J.D. from The John Marshall Law School and a B.A. in Sociology, R.N., from Purdue University.

MOVE UPDATE
Advis Has a New Location: Challenges of Moving in a Pandemic

Advis is thrilled about our relocation to our new Tinley Park Location!

Building a new office space in a pandemic has proven to be challenging, to say the least. When our company committed to moving work spaces before the COVID-19 crisis began, our plans looked a lot different. Our leadership was forced to think quickly and innovatively to update building plans and features to create a space that facilitated utmost employee safety and productivity.

While all of our employees will have the opportunity to work from home, we are excited to have integrated safety initiatives that provide our team a productive place to work. We've installed all touchless doors and water stations as well as extended space, individual offices, and divided work spaces to keep Advis functioning in high gear.

While office life has been forever altered, we are grateful to have a space where our team can feel safe, productive, and at home.

For questions, please contact Sade Larkin at **slarkin@advis.com**.

ADVIS
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TINLEY PARK, IL 60477

ADVIS RECOGNIZED

Named To Modern Healthcare's Best Places to Work for 2020

The COVID-19 pandemic has transformed almost every aspect of U.S. healthcare. To say the least, 2020 has taken a toll on the organizations within our industry. We have all been forced to adjust to new work environments, whether that be remote or in the safety of a shared space. Creating an accommodating and receptive work environment is more important now than ever.

Advis is proud to announce that we have been named one of Modern Healthcare's Best Places to Work in Healthcare 2020. MH's program is designed to recognize exceptional places of employment in healthcare that invest in their employees to provide the best possible products, services, workspace, and care. How our organization has navigated COVID-19, along with our long-established workplace policies, practices, and demographics, were all considered in the decision-making process. Each of our employees were given the opportunity to deliver specific and honest feedback. Receiving this recognition based on employee responses is something we are immensely proud of.

Advis is honored to accept this recognition, especially during a difficult time for our industry and our country. Our top priority at Advis is to value our employees and clients, first and foremost, as people. We strive to create a family-like environment amongst our employees so that every individual has a voice and recognizes that there is a comprehensive support team behind them. As we look ahead to 2021, we are grateful that through the many challenges this year has presented, we've become an even stronger team.

NORTHSIDE HOSPITAL

Optimizing Post-Acute Venues

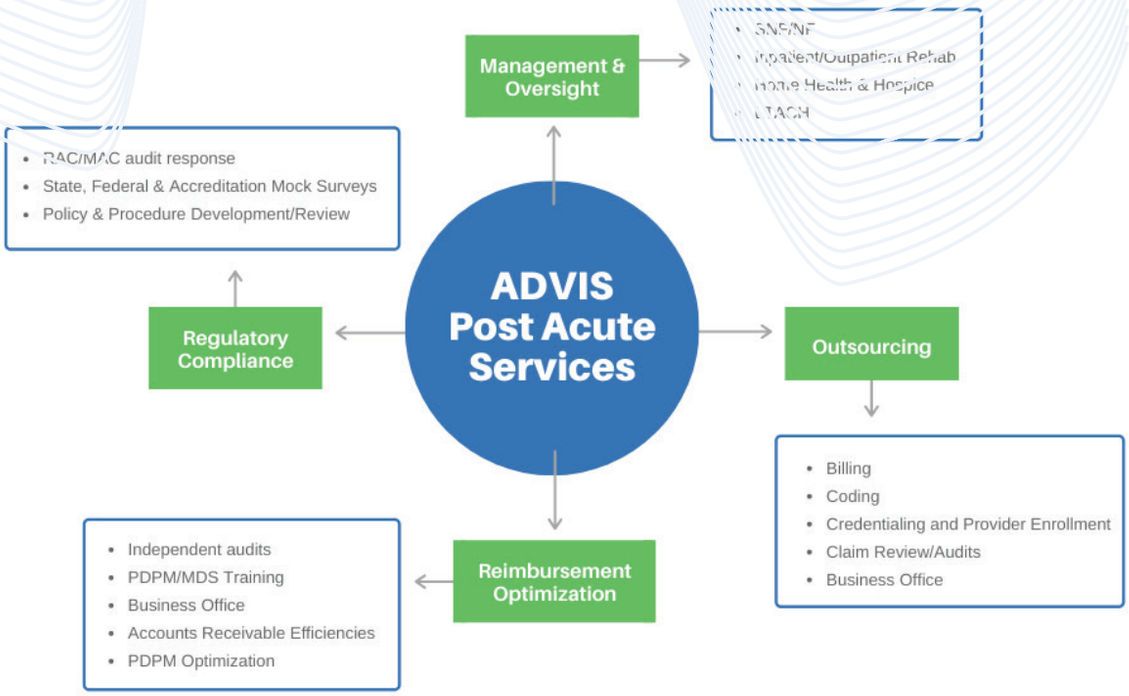
Advis is pleased to announce its dynamic relationship with Northside Hospital System and acknowledge Northside's exceptional staff. Northside Hospital System includes five not-for-profit hospitals throughout Georgia: in Atlanta, Canton, Cumming, Duluth and Lawrenceville. Our Advis team, headed by our featured consultants, Susan Maupin and Monica Hon, has been focused on Northside's post-acute locations.

In line with the Northside mission to ensure innovative and unsurpassed care for the community, Advis started working with Northside on a specific project which flourished into a multi-faceted partnership with a focus on the optimization of the post-acute venues.

Advis works hand in hand with Northside quality, administrative, revenue cycle, and clinical teams to achieve Northside's project goals. Advis's thirty years of experience in post-acute operations and management has proven a perfect match to the level of excellence Northside regularly achieves throughout their operations.

Over time, Advis has seen, first hand, that Northside is indeed a neighbor invested in the surrounding communities, specifically with their health and wellness initiatives. We are proud to partner with an organization focused, at once, on strengthening their community and the future of healthcare.

> **"The Advis team was instrumental in helping us optimize several of our service lines. They are thorough, comprehensive, knowledgeable and extremely responsive."**
>
> Jorge J Hernandez, Vice President of Administrative Services and Chief Compliance Officer, Northside Hospital, Inc.



FEMA TIPS

COVID-19: Key Distinctions and Recovery Guidance

The COVID-19 pandemic has had an unprecedented impact on the FEMA Public Assistance program. Based on Advis' 15 years of experience directly managing the FEMA reimbursement process for private non-profit health systems, our experts have identified several key factors that distinguish between the current COVID-19 event and prior natural/weather-related catastrophes. These distinctions are critical to health systems, hospitals, and other providers as they seek FEMA funding.

From navigating multiple available federal funding sources to the increased applicant administrative burden, we have developed appropriate funding guidance to ease the strain of the FEMA Public Assistance process for your organization. Our goal is to share meaningful knowledge and insight so that appropriate considerations may be given, and, when necessary, providers may implement the requisite internal controls to optimize available FEMA funding.

MULTIPLE SOURCES OF FEDERAL FUNDING AVAILABLE

Due to the unprecedented impact resulting from the COVID-19 pandemic, Congress acted quickly to make available an extraordinary amount of funding to multiple federal agencies to be used for COVID-19 response and recovery. FEMA is currently coordinating funding programs with approximately 40 other federal agencies.

For the current Public Health Emergency (PHE), FEMA is generally not requiring PA applicants to exhaust all available federal recovery sources prior to seeking PA funding. Specifically, FEMA has stated it will not deny funding for PA eligible costs simply because it may be eligible for funding under another federal agency's authority. The overlap is a departure from traditional policy where FEMA is the "payer of last resort", requiring all available sources of funding to be exhausted prior to seeking FEMA assistance. From a PA perspective, this policy change affords providers the flexibility to determine which source of federal funding to utilize in order to best meet their needs. It is important to note however, specific funding criteria continues to change for each federal program providing PHE assistance.

For providers, the most apparent overlap in available federal relief, likely of greatest significance, exists between FEMA PA and HHS' Provider Relief Funds ("PRF") made available through the Coronavirus Aid, Relief, and Economic Security ("CARES") Act. Despite this overlap, there are significant funding distinctions between the two programs. For the current PHE, FEMA only provides reimbursement for emergency protective measures (defined by FEMA as "Category B" costs) and eligible expenses are reimbursed at 75%. This results in a 25% cost share match to the applicant. CARES provides reimbursement for a much broader scope of activities and reimbursement of eligible costs at 100%. Per most recent HHS guidance (released in late September), it is uncertain whether final HHS funding criteria will impact the manner in which eligible expenses are claimed when funding overlap exists. It is important for providers to be cognizant of the multiple sources of federal funding made available due to COVID-19 and the everchanging program criteria for each.

EXPERT TIP: In order to optimize available federal funding and to yield more complete recovery, providers should first apply CARES funds (to the extent possible under applicable HHS guidance) to eligible healthcare-related lost revenues and any other healthcare eligible expenses not covered by FEMA PA.

FEMA STREAMLINED APPLICATION & MULTIPLE FILING OPTIONS

Estimates contend that tens of thousands of eligible PA applicants (if not more) will seek COVID-19 PA funding. As of July 2020, FEMA's various grant programs made more awards this year than during the past 30 years combined. The unprecedented scale of the COVID-19 pandemic impact has challenged traditional FEMA relief efforts. Due to the exceptional volume, coupled with limited FEMA resources, it was necessary for FEMA to rethink the manner in which it administers the PA program as well as the entire funding process. As a result, FEMA has developed a new streamlined project application that affords applicants options regarding the manner in which PA claims are submitted. Most significantly, the following filing options are included:

Option 1-A

- Submit a single PA application once the PHE has expired to include all eligible expenses incurred during the incident period.

Option 1-B

- Submit multiple PA applications throughout the PHE based on defined periods of time for which known eligible expenses have been incurred.

Option 2

- Submit a single PA application prior to the expiration of the PHE to include all eligible expenses incurred to date, as well as inclusion of estimates for costs not actually incurred, but are anticipated to be realized during the remainder of the PHE.

EXPERT TIP: When financial positioning allows, submission of a single FEMA PA claim after expiration of the PHE will allow providers to optimize available federal funding sources and will significantly decrease concerns regarding duplication of benefits, FEMA recoupment, and uncertainty due to the CARES Act PRF program. However, the decision regarding when to file must be carefully made in consideration of the applicant's economic situation and in concert with any directive received from state authority assigned to the applicant's filing.

A SCENARIO UNIQUE IN BOTH NATURE AND SCOPE

Application of FEMA PA funding to a Application of FEMA PA funding to a national pandemic is unprecedented. Therefore, FEMA finds itself in new funding territory.

Much of FEMA's existing policy and procedure is drafted based on the specific recovery needs of states and local governments. The unique recovery needs of a PNP, such as a provider, is not always apparent or sufficiently addressed in traditional FEMA policy. FEMA policy does not necessarily adapt adequately to a pandemic; nor does it address the distinct and specialized roles served by the healthcare community when responding to such an event.

FEMA PA allows for reimbursement of emergency protective measures. Per the current PHE, this includes procurement and utilization of medical supplies and equipment (including personal protective equipment "PPE"), and establishing temporary or expanded medical facilities, among other eligible expenses. However, FEMA policy indicates that eligibility for these costs only exists for the amount incurred that is beyond what the applicant usually incurs during its normal course of business. FEMA funding also exists for uncompensated emergency medical care. Since the PHE commenced, the definition for emergency medical care (for PA eligibility purposes) has evolved. As a result of COVID-19, FEMA has issued additional guidance related to eligible medical care costs and has expanded its scope of funding eligibility to include inpatient treatment of COVID-19 patients. FEMA defines COVID-19 patients to include both confirmed and suspected cases of COVID-19. Traditional FEMA policy has not previously allowed reimbursement for inpatient medical care. FEMA also provides coverage for care provided to patients within expanded or temporary medical facilities, as well as for surge planning activities when supported by data modeling. Much of this expanded eligibility is unique to the COVID-19 pandemic and continues to evolve.

Although FEMA has defined what is eligible for reimbursement per its definition of COVID-19 emergency protective measures, some uncertainty exists for providers regarding the manner in which these costs are to be calculated. As a result, providers arguably have an increased responsibility to demonstrate that eligible costs are appropriate for FEMA reimbursement. Be mindful of the distinctness between healthcare providers and other eligible FEMA applicants when calculating eligible costs for purposes of FEMA reimbursement.

EXPERT TIP: Providers that submit costs per a methodology based on sound logic and evidentiary support are best positioned to optimize available FEMA funding.

DURATION OF PUBLIC HEALTH EMERGENCY-ONGOING INCIDENT PERIOD

The incident period for the COVID-19 PHE for which eligible expenses may be reimbursed by FEMA commenced January 20, 2020, and is on-going (as of the release date of this paper). Traditional declarations resulting from a natural/weather-related catastrophe usually identify an incident period lasting several days or weeks. FEMA has not previously responded to an incident that has persisted over such a span of time and continues to evolve. As of today, the PHE will expire on January 21, 2021, unless extended another 90 days by HHS. Due to the potential increase of new COVID-19 cases anticipated in the fall/winter, however, it remains uncertain when the PHE period will end.

Due the distinctiveness of COVID-19 and the continuing unfolding of its enduring impact, FEMA continues to evaluate its policies, processes, and procedures. On September 1, 2020, FEMA issued revised policy guidance advising on the eligibility changes for work performed after September 15, 2020 that is generally directed to non-healthcare/first responder applicants. In addition, FEMA has completed assisting multiple federal agencies with establishing protocol and identifying best practices for re-opening America after the PHE. This guidance has already been provided to states and local governments. As the country shifts from responding to the pandemic to reopening amid a lingering outbreak, it is anticipated that continued FEMA policy changes will ensue. Unlike with prior incidents, FEMA is establishing different eligibility criteria for expenses based on the timeframe of incurrence during the PHE.

EXPERT TIP: Providers should be mindful of likely continued FEMA policy changes and plan for such as they relate to expense data collection processes and capabilities. Providers having internal data collection controls that are manageable and easily adaptable are best positioned to be responsive to FEMA policy changes.

INCREASED APPLICANT ADMINISTRATIVE BURDEN

Federal policy prohibits all federal agencies from duplicating benefits for disaster relief. This means providers cannot be paid twice for the same work performed/cost incurred. Although this is not a new concept, it becomes more complicated when dealing with COVID-19 funding. Additional complications are due to the number of federal agencies having authority over the PHE and the number of potential overlapping federal programs providing relief assistance.

Regardless of the federal funding program(s) utilized and/or to what extent, providers must continue to ensure there is no duplication of benefits. This may prove challenging for some providers. Once a provider strategically determines how best its eligible expenses are to be claimed, it is essential that expense data be recorded and carefully tracked throughout the funding process for each separate funding source to avoid any potential duplication of benefits. Maintaining accurate and up to date claim/reimbursement records based on multiple sources of funding can be a significant administrative challenge. Nonetheless, it remains the ultimate responsibility of providers to ensure it does not accept payment for the same item or work twice.

FEMA's new PA application is required to be completed and submitted electronically through FEMA's grants portal. For the first time, non-profit applicants, such as providers, are required to submit its claim directly to FEMA. This may be challenging for many hospitals that have not previously had a FEMA claim, especially those with limited resources.

Requiring providers to complete and submit their own FEMA claim without having direct access to a dedicated FEMA representative can be overwhelming for the applicant. This scenario increases the likelihood that incomplete information is submitted and/or the PA application is completed incorrectly. In addition, making the applicant responsible for completing and submitting its application will require increased resources from the applicant. Lastly, as FEMA implements greater automation measures, it becomes significantly more important that claimed data be accurate and complete at the time of submission for fear that portions of the claim be deemed ineligible due to technicalities. Therefore, many providers are retaining outside FEMA experts to assist with its PA claim preparation and submission. For these reasons, hospitals bear a much greater burden than previously required when seeking PA funding.

EXPERT TIP: Providers should be cognizant that increased administrative burden exists for preparing and submitting a COVID-19 PA claim. For some, this may result in the need for a dedicated team to coordinate the PA filing, for implementation of enhanced data collection processes, and/or assistance from outside resources.

As providers proceed with preparing COVID-19 FEMA PA claims, it is important to be mindful of the considerations discussed above. For more key considerations and additional information related to FEMA COVID-19 funding, please visit our website at www.advis.com.

IDTF DEVELOPMENT

A Strategic Business Opportunity

Imaging Services are always in need, whether for traditional diagnostics (MRI, CT, X-Ray, etc.) or the ever-growing field of diagnostics supported by advancements in remote patient monitoring. Advis has seen several trends within each service type that have been escalated by the pandemic, including:

- CMS and commercial payers are continuing to push imaging services outside of the hospital setting;
- The growth of teleradiology is expanding the need for radiologists to alter their billing practices;
- Expanding referrals from outside organizations are causing physician groups to review their operations; and
- A new source of income for device manufactures to directly bill for those services its technology offers.

Underlying all of these trends are COVID-19 concerns causing patients to avoid the traditional hospital and clinic setting, setting up a need for a dedicated imaging center that meets the needs of providers.

The solution for all of these trends has increasingly become the development of an Independent Diagnostic Testing Facility ("IDTF"). An IDTF is a Medicare Certified Entity that provides only diagnostic servicing. Importantly, an IDTF does not use directly the test results generated to treat a beneficiary. In some cases, the IDTF does not even have to see the patient but can still provide the diagnostic equipment to the patient for self-use at home.

IDTFs must operate pursuant to seventeen specific supplier standards established by CMS at 42 C.F.R. 410.33. The term IDTF is largely a Medicare term of art, but increasingly is recognized and employed by other payer types. IDTF services are billed to Medicare and reimbursed pursuant to the Medicare Physician Fee Schedule ("MPFS"). As noted, the IDTF is also recognized by Medicaid and commercial payers and is typically able to establish contracts as an IDTF. Yet, it sometimes takes creative thinking and negotiating to ensure the payer understands this unique facility type and the facility obtains the correct enrollment and most favorable rates.

Pursuant to Medicare guidelines, the IDTF can bill for both the technical component, providing the image, as well as the professional component, the physician interpretation. A separate agreement with the physician would be necessary to bill the professional fee component. Yet this agreement is not the same as a reassignment, as physicians do not need to reassign benefits to the IDTF.

Based upon the IDTF guidelines and the growing need and development of the imaging service line, Advis has seen growth in the area based upon four unique fact patterns, each of which has been escalated by the COVID-19 pandemic:

CMS and commercial payers are continuing to push imaging services outside of the hospital setting.

Medicare's site neutrality push has resulted in significant cuts to new (Non-excepted) off-campus locations. The "site neutral" reimbursement from CMS reimburses the technical component ("TC") of services at 40% of the Outpatient Prospective Payment System ("OPPS"). This payment rate only applies to new (established after 11/2/2015) hospital locations located off-campus. Based upon the services provided, there are some services that are actually reimbursed more under the MPFS (the IDTF setting), as seen in the table below:

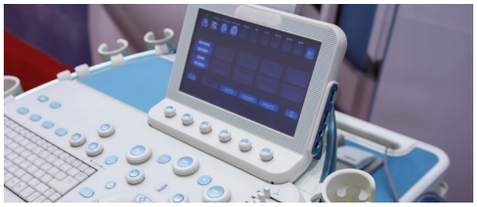
Other payers are increasingly following this practice or are not reimbursing the hospital clinic visit charge.

- Commercial Payers Trend Examples:
    - In August, 2017, Anthem reported that by March 2018 it will no longer pay for MRI's and CT Scan performed on an outpatient basis at hospitals in 13 of the 14 states in which they do business; and

HCPCS	Description	IDTF MPFS Rate*	Off-Campus HOPD OPPS Rate (40%)*	Differential
70553	MRI brain stem w/o & w/dye	$253.35	$152.74	$100.61
72148	MRI lumbar spine w/o dye	$144.72	$93.22	$51.50
73502	X-Ray exam hip uni 2-3 views	$34.29	$31.92	$2.37
74178	CT abd & pelv 1/> regns	$271.03	$152.74	$118.29
76705	Echo exam of abdomen	$62.80	$44.83	$17.97
70491	CT soft tissue neck w/dye	$134.98	$72.89	$62.09

- In March 2019, UnitedHealthcare implemented a policy that requires site of care medical necessity prior authorization reviews if an MRI or CT is to be performed at a hospital outpatient department. There's NO review if performed at an IDTF.

In seeking to avoid the challenges presented by commercial payers, and in keeping with governmental payer trends, many hospitals are seeking the development of a system or hospital owned IDTF. This ownership structure allows the IDTF to easily integrate into a hospital system's ambulatory care strategy while expanding its continuum of care; respond to market competition; and increase market share.



Referrals from outside organizations are causing physician groups to review operations.

Under IDTF guidelines if the following standards are met a physician clinic does not need to enroll as an IDTF:

- It is owned, directly or indirectly, by one or more physicians;
- It primarily bills for physician services (e.g., evaluation and management [E/M] codes) and not for diagnostic tests; and
- **It furnishes diagnostic tests <u>primarily</u> to patients whose medical conditions are being treated or managed on an ongoing basis by one or more physicians in the practice.**

As a physician group practice begins to expand its diagnostic imaging footprint, it may need to transition services to an IDTF setting in order to provide those services in compliance with Medicare regulations. This compliance change may result in more substantial changes going forward, as an IDTF may not share practice space with the physician office.

> **"With private payers increasingly scrutinizing imaging prices, we have seen intensifying efforts to steer patients to lower cost facilities—often times this is in an outpatient setting, where site-neutral payment legislation has moved reimbursements to 40% of the HOPD rate under Medicare. In addition, with the rise in high-deductible health plans, patients are increasingly sensitive to price and may shop around in choosing an outpatient imaging provider, so lower priced centers may have an advantage. Lastly, in the era of COVID-19, patients may also prefer off campus facilities because of the lower perceived infection risk. As a result, we have seen growth projections be higher for freestanding facilities versus HOPD-based facilities."**
>
> Kyle Jansen, Vice President, Imaging – Chicago Market, GE Healthcare

The growth of teleradiology is expanding the need to alter billing practices.

Radiologists are typically exempt from certain IDTF requirements because they do not bill for evaluation and management services, which removes concerns of fraud. However, as a radiologist practice CMS expects that it will provide both the technical component and the professional interpretation component. If the radiologist practice begins to refer out its reads, whether due to the increasing availability of teleradiology or to a desire to simply reduce workload, or both, the IDTF structure should be considered.

CMS guidelines state a Radiologist practice should rarely bill only for the technical component of a diagnostic test, and that the practice should bill for a substantial percentage of all interpretations of diagnostic tests performed. An IDTF does not have these same standards, and the term substantial percentage has not been defined by CMS. In order to avoid potential compliance concerns, therefore, many radiology groups are seeking to enroll as IDTFs. This enrollment status allows for little disruption of business due increased compliance under IDTF requirements and delays in billing (when the IDTF application is processing) but allows for the facility to refer out a substantial percentage of interpretations while remaining in compliance with CMS standards moving forward.

A source of income for device manufactures to directly bill for services its technology offers.

Wearables and smart devices are gaining approval from CMS to be provided in the IDTF setting. This development gives device manufacturers the ability to garner an additional revenue source by directly providing the device to patients referred from physicians and billing those patients directly.

However, this new revenue stream is not without additional costs that may be unknown to the device manufacturer as they enter the role of provider. Hidden costs may include additional staff requirements, billing capabilities, medical record management, and remote patient monitoring services on a 24/7 basis for select services offering remote patient monitoring ("RPM").

CMS also recently identified the growing trend of RPM based IDTFs and issued relaxed regulations in the 2021 proposed MPFS Rule. If approved, the rule would further solidify CMS's recognition of the potential of these service lines.

In Closing.

Of course, as we all know, healthcare is forever changed as a result of the pandemic and, as a result, the IDTF setting has become another potential option to be explored in earnest. The IDTF setting is strictly for diagnostic services. In fact, it cannot provide therapeutic services and cannot share space with another provider. This makes an IDTF the perfect option to divert patients seeking diagnostic imaging away from the clinic or hospital space that may be commingled with patients seeking care for conditions such as COVID-19 or as an avenue for additional revenue.

Q&A
With Pro-Golfer Robby Shelton

Robby Shelton embodies all of the qualities Advis aims to exemplify as a firm: character, commitment, hard work, and the constant striving for excellence. Following our initial meeting in 2013, it became a no brainer opportunity to develop a partnership between our firm and Robby. It has truly been an honor to watch his career take off and soar.

This year marked Robby's rookie year on the PGA Tour and to call it a success would be an understatement. Our team was able to cheer Robby on across the country, all the way to Chicago to watch him compete in the BMW Championship at Olympia Fields. What was it like joining the ranks of the greatest golfer's in the world this year? We sat down with Robby and asked.

Q: Why is it important to you to be associated with a firm that promotes quality healthcare and access?

A: Quality healthcare and access for everyone is something I strongly believe in. My girlfriend, Kelsie, is an ER nurse. She knows first-hand the importance of delivering quality primary care. My family has experienced some serious health issues that took the help of quality doctors to overcome. Access to quality healthcare is something I'm proud to be associated with.

Q: What has been the highlight of your rookie year on the PGA Tour?

A: Achieving the goal I set for myself at the beginning of the year: to finish in the Top 70 and make it to the BMW Championship at Olympia Fields. The way I made it, shooting 29 on the back side outside of Boston, was icing on the cake. I've always set lofty goals for myself and feel grateful that I was able to get there this year.

Q: What did it feel like finishing Top 70 this year and making it to the BMW?

A: It's very satisfying to achieve your goals. Having done so, I can approach the new season with confidence. Knowing I've done it before means I can do it again. This year's finish has me hopeful for the year to come.

Q: What are you most looking forward to your next year on tour now that you've got a year under your belt?

A: My first win. Simple as that. I'm really proud of the game I played this year on tour, but I know it's only the beginning.

Q: What advice would you give to amateur golfers?

A: Just get out there and practice. Don't take yourself or your game too seriously. I would encourage amateurs to focus on trying to master basic shot techniques to set a really solid foundation for your game. More than anything, it's about enjoying your time on the course and having fun.

ADVIS HOBBIES

Staying Sane in Quarantine

LYNDEAN BRICK
President & CEO

GARDENING—Throughout quarantine, I grew arugula, basil, leaf lettuce, oregano, parsley, carrots, iceberg lettuce, onions. I have sewn new seeds for the fall and arugula and lettuce are already starting to sprout. I plan on marking a makeshift green house to keep the vegetables going into the winter. I have added herbs in all my flower boxes this summer too. It was great to have rosemary and tarragon and basil at my reach. I wanted to line my whole driveway with stand-up gardens but my husband gave me push back. He felt the cars needed to be in the driveway.

ROB MONROE
Vice President

CHICKEN FARMING—My wife is an instigator. Novelty is the thinnest of veneers. As a new gentleman farmer, I have yet to crunch the numbers. But looking ahead I assume that my post-consulting income will be both substantial and all but guaranteed.

MARY CANAVAN
Consultant

NEW PUPPY—My new hobby has been playing with my new puppy, Crew, that we adopted during quarantine. We have been wanting a dog and decided quarantine was a good time to adopt, so we got him when he was 12 weeks and so little! We go on a lot of walks and have been working on training a lot. He's the best co-worker!

JAKE BEECHY
Senior Consultant

BIKE RIDING—My wife and I recently got bikes and a trailer for our son to ride around the neighborhood bike path. We moved into a new home last year and live on the bike path but didn't have any bikes. This year, since we couldn't go out and about, we decided that it was time we bought some. It's helped us get out of the house, enjoy the perks of our new neighborhood, and meet our neighbors (from a safe distance).

JORDAN PFAFF
Senior Data Scientist

SKATEBOARDING—While I have been into skating for a while, I worked with a friend to build a skate box from an old bookshelf and some supplies from the hardware store so I could continue skating during the pandemic. Now we just pull it out of the garage for an at-home skate session whenever we feel like it!

ANDREA GRAHAM
Senior Consultant

BAKING—I started baking with my mother and grandmother when I was pretty little. As I got older, I baked when I was bored (before I could drive or my friends could drive). Now I bake for stress relief, it's my happy place. During the quarantine I've tried to bake outside my comfort zone. I'm experimenting more with cheesecakes. I can't quite bring myself to attempt doughs yet, anything with yeast and I are NOT friends. The picture is chocolate chip cheesecake with a brownie crust.

JESTINE LENCKUS
Digital Marketing Coordinator

RUNNING—I found running by accident. I was taking a walk before an appointment and as I looked down at my watch, I realized I had 10 minutes to get back home and a mile to go, so I started to run. I haven't stopped since! Running really helps to challenge the mind and push through difficult situations. Deep breathing is needed to clear your mind and push through the feelings of giving up. These techniques have helped me get through the rigorous hills around my neighborhood. I've also had really good ideas come to me while doing runs!

CHRIS VITAS
Director of Operations

BARBEQUE—Since my family and I all like barbeque, I decided to buy a smoker. Over the years, I have learned how to smoke many cuts of meat. The finished product is always gratifying after such a long process.

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CELEBRATE

Advis Newlyweds

Congratulations to our Advis Newlyweds! Mary and Kyle Canavan had a small private ceremony in Chicago on August 22, 2020. We are excited to be expanding our Advis family and wish them a lifetime of love and happiness.

RESOURCES

1. **FEMA COVID-19 Whitepaper:** A comprehensive overview of key factors that distinguish between the current COVID-19 event and prior natural/weather-related catastrophes. We've developed key strategy tips to provide meaningful insight so that appropriate considerations may be given to optimize available FEMA funding.
2. **FQHC Whitepaper:** A comprehensive guide to FQHC collaboration strategies. Learn how developing an FQHC can further your organizations goals and may aid in your post-pandemic financial recovery.
3. **340B Medication Management Clinics:** In Advis's experience, one of the most effective non-traditional methods for realizing significantly greater 340B savings is through a 340B Medication Management Clinic (MMC). Explore how an MMC may significantly improve patient health outcomes while simultaneously realizing hundreds of thousands to millions of dollars in additional annual 340B savings for your organization.
4. **Reporting Requirements for Provider Relief Fund:** Advis summarizes reporting requirements provided by HHS in its first guidance document for recipients of the Provider Relief Fund based on the CARES Act.

For full articles and more information, visit **The Resource Library** at **advis.com**

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