• Medicaid 2.0 Blueprint
• DSH Allocation Changes
• MACRA – The Time to Act is Now!
NEW JERSEY & METRO PHILLY HFMA PRESENT...
THE 41ST ANNUAL INSTITUTE
WEDNESDAY, OCTOBER 4TH - FRIDAY, OCTOBER 6TH, 2017
BORGATA HOTEL & CASINO // ATLANTIC CITY, NJ

~KEYNOTE SPEAKER CAPTAIN AL FUENTES~
FDNY 9/11 FIRST RESPONDER & SURVIVOR

// NEW OPEN FLOOR PLAN //
// REDUCED HOTEL ROOM RATES //
// CHARITY FUNDRAISER //
// SPONSORSHIP OPPORTUNITIES //

njhfmainstitute.org  #NJAI2017
Medicaid 2.0 – Blueprint for the Future  
by Linda Schwimmer ................................................................. 7

Federal Anti-Kickback Statute:  
What Physicians Need to Know  
by Monica Kaden, MBA, ASA, CHFP ........................................... 10

Medicare DSH and the Uncompensated Care Pool Distribution  
Transition to Worksheet S-10 beginning October 1, 2017  
by Mike Sabo ........................................................................... 14

Awards Ceremony @ ANI .......................................................... 16-17

MACRA/ MIPS: Why Practitioners Need To Act  
Now To Avoid Penalties  
by Dr. Ashish Atreja and Tina Colangelo .................................. 18

Church-Affiliated Hospital Pension Plans  
Win Big in SCOTUS  
by James A. Robertson and Jason Castle .................................. 20

What's In Your Beachbag? ....................................................... 21

Career Development: Public Speaking  
Keynote Speaking at its Best  
by Jan McInnis ........................................................................ 23

Speed Mentoring – Mentors, Mentees, 6 minutes, Go! .......... 24

Profiling the CARE Forum Leadership  
by Michael P. McKeever, CPA, FHfMA, CHC, CHRC .................. 25

Annual Institute Update  
by Michael P. McKeever, CPA, FHfMA, CHC, CHRC .................. 31

The 2017 NJ HFMA Scholarship Recipients .......................... 33

Turning a Passion into Reality –  
Sammy’s Hope Animal Welfare & Adoption Center  
by Cara Ianniello .................................................................... 34

NJ HFMA and NJ MGMA .......................................................... 37

2017 Institute Schedule at a Glance ...................................... 38-39

2017 NJ HFMA Golf Outing .................................................. 41-42

NJ HFMA Leadership 2017-2018 ........................................... 43-47
Communications Committee
Brian Herdman, Director....................................................CBIZ KA Consulting
Adam Abramowitz, Chair ................................................CBIZ KA Consulting
Mark P. Dougherty, FACHE..............................................North American Distributed Energy
Jessica Forenza ..............................................................Wilmot Smith + Brown, P.C.
Laura Hess, FHFM ............................................................New Jersey Hospital Association
John Manzi ........................................................................Panacea Healthcare Solutions, LLC
Nicole K. Martin, MPH, Esq. .............................................Martin Law, LLC
David A. Mills, Co-Chair ..................................................New Jersey Hospital Association
Amina Razanica .............................................................New Jersey Hospital Association
James A. Robertson, Esq. ...................................................McElroy, Deutsch, Mulvaney & Carpenter, LLP

NJ HFMA Board Members
Scott Besler ........................................................................Besler Consulting
Megan Byrne .....................................................................Ernst & Young
Deborah Carlino.............................................................Rutgers
Michael Costa .....................................................................Aetna
Peter Demos ......................................................................Meridian Health
Christin Fenton – Associate Board Member ............AtlantiCare Regional Medical Center
Brian Herdman ....................................................................CBIZ KA Consulting
Michael McKeever ......................................................Saint Peter’s University Hospital
Anthony J. Panico, CPA, MS ..........................................Wilmot Smith + Brown, P.C.
Brittany Pickell ....................................................................
Roger Sarao, CHFP – Ex-Officio .........................................New Jersey Hospital Association
Hayley Shulman – Associate Board Member .........Wilmot Smith + Brown, P.C.
Heather Stanisci – Associate Board Member ............Arcadia Recovery Bureau
Jill Squires ........................................................................Aetna

NJ HFMA Advisory Council
Dan Willis .........................................................................Aetna
Heather Weber ................................................................Baker Tilly LLP
Tracy Davison-DiCanto, MBA , FHFMA ........................Princeton Healthcare System
David J. Wiessel ..................................................................Ernst & Young, LLP

NJ HFMA Chapter Officers
President, Scott Mariani .................................................Princeton Healthcare System
President-Elect, Erica Waller ..........................................Princeton Healthcare System
Treasurer, Michael McKeever ......................................Saint Peter’s University Hospital
Secretary, Stacey Medieros ..............................................New Jersey Hospital Association

Advertising Policy/Annual Rates
The Garden State “FOCUS” reaches over 1,000 healthcare professionals in various fields. If you have a product or service you would like the healthcare financial industry to know about, please take advantage of this great opportunity!
Contact Laura Hess at 868-652-4362 to place your ad or receive a copy of the Chapter’s advertising policy. The Publications Committee reserves the right to refuse any ad not consistent with the overall mission of the Chapter. Inclusion of an ad in this Newsmagazine does not infer endorsement of the product or service by the Healthcare Financial Management Association or the Publications Committee. Neither the Healthcare Financial Management Association nor the Publications Committee shall be responsible for slight variations in production quality of published advertisements. Effective July 2015 Rates for 4 quarterly issues are as follows:

<table>
<thead>
<tr>
<th>Color</th>
<th>Black &amp; White</th>
<th>Per issue/Total</th>
<th>Full Page</th>
<th>$675</th>
<th>$607 / $1,214</th>
<th>$573 / $1,719</th>
<th>$540 / $2,160</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Per issue/Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2x (10% off)</td>
<td></td>
<td></td>
<td>$607 / $1,214</td>
<td>$573 / $1,719</td>
<td>$540 / $2,160</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3x (15% off)</td>
<td></td>
<td></td>
<td>$573 / $1,719</td>
<td>$540 / $2,160</td>
<td>$500 / $2,050</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Full Run (20% off)</td>
<td></td>
<td></td>
<td>$540 / $2,160</td>
<td>$500 / $2,050</td>
<td>$500 / $2,050</td>
</tr>
<tr>
<td>Black Cover – Full Page</td>
<td>$1,450</td>
<td>$1,305 / $2,610</td>
<td>$1,232 / $3,696</td>
<td>$1,160 / $4,640</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inside Front Cover – Full Page</td>
<td>$1,350</td>
<td>$1,215 / $2,430</td>
<td>$1,147 / $3,441</td>
<td>$1,080 / $4,320</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inside Back Cover – Full Page</td>
<td>$1,350</td>
<td>$1,215 / $2,430</td>
<td>$1,147 / $3,441</td>
<td>$1,080 / $4,320</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First Inside Ad – Full Page</td>
<td>$1,100</td>
<td>$990 / $1,980</td>
<td>$935 / $2,805</td>
<td>$880 / $3,520</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full Page</td>
<td>$800</td>
<td>$720 / $1,440</td>
<td>$680 / $2,040</td>
<td>$640 / $2,560</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DEADLINE FOR SUBMISSION OF MATERIAL

<table>
<thead>
<tr>
<th>Issue  Date</th>
<th>Submission Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall</td>
<td>August 15</td>
</tr>
<tr>
<td>Winter</td>
<td>November 1</td>
</tr>
<tr>
<td>Spring</td>
<td>February 1</td>
</tr>
<tr>
<td>Summer</td>
<td>May 1</td>
</tr>
</tbody>
</table>

IDENTIFICATION STATEMENT
Garden State “FOCUS” (ISSN#1078-7038; USPS #003-208) is published bimonthly by the New Jersey Chapter of the Healthcare Financial Management Association, c/o Elizabeth G. Litten, Esq., Fox Rothschild LLP, 997 Lenox Drive, Building 3, Lawrenceville, NJ 08648-2311
Periodical postage paid at Trenton, NJ 08650. POSTMASTER: Send address change to Garden State “FOCUS” c/o Laura A. Hess, FHFM, Chapter Administrator, Healthcare Financial Management Association, NJ Chapter, P.O. Box 6422, Bridgewater, NJ 08807

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.

EDITORIAL POLICY
Opinions expressed in articles or features are those of the author(s) and do not necessarily reflect the view of the New Jersey Chapter of the Healthcare Financial Management Association, or the Communications Committee. Questions regarding articles or features should be addressed to the author(s). The Healthcare Financial Management Association and Communications Committee assume no responsibility for the accuracy or content of any articles or features published in the Newsmagazine.

The Communications Committee reserves the right to accept or reject contributions whether solicited or not. All correspondence is assumed to be a release for publication unless otherwise indicated. All article submissions must be typed, double-spaced, and submitted as a Microsoft Word document. Please email your submission to: Elizabeth G. Litten, Esq. elitten@foxrothschild.com

REPRINT POLICY
The New Jersey Chapter of the HFMA will not reprint articles published in Garden State FOCUS Newsmagazine. Individuals wishing to obtain reprint authorization must obtain it directly from the author(s) of the article. The cover of the FOCUS may not be used in the reprint; however, the reprint may note that the article was published in a specific issue. The reprint may not imply endorsement by the HFMA, directly or indirectly.
Hello New Jersey HFMA Chapter members!
As the incoming President of our Chapter, I’d first like to congratulate our immediate past President, Dan Willis, on an outstanding year. Select highlights from our Chapter’s recently concluded fiscal year include the following:

- Over 100 Chapter events
- Over 18,000 education hours
- Sister Mary Gerald Bronze Award – Excellence for Education
- Five (5) Helen M. Yerger Special Recognition Awards

Our current New Jersey Chapter leadership team started its new fiscal year with certain officers, Board members and committee chairs attending HFMA’s National Leadership Training Conference in Arizona in late April. HFMA’s National theme this year is “Where Passion Meets Purpose.”

Thereafter, in late May our current New Jersey Chapter leadership team, including officers, Board members, committee chairs and co-chairs, held its annual full-day Chapter leadership retreat at the New Jersey Hospital Association. During this full-day retreat, we identified new goals and initiatives and looked at how we continue developing and implementing those from previous years.

Our goals this year include the following:

- Continue creating education opportunities for members through live sessions and webinars
- Increase networking opportunities with ideas from all members and all age generations
- A newly combined Marketing and Communications Committee
- A succession plan initiative designed to help identify and mentor future Chapter leaders

Now, I’d like to thank this year’s officers, Board members, committee chairs, co-chairs and committee members for volunteering their time, hard work and efforts to the Chapter and assisting me as your New Jersey Chapter President.

We have a fantastic Chapter comprised of many outstanding and talented members. As President, I encourage everyone to consider how you may get more involved with the Chapter, whether through a committee, activity or networking event. I have always enjoyed meeting other Chapter members and working collaboratively together while also developing friendships.

This edition of the *Garden State Focus* has a complete listing of our Chapter’s 2017-2018 leadership team, which includes everyone’s name, photo, Chapter position, employer and email address. Please feel free to contact any of our Chapter leaders with questions or how to get more involved.

Let’s all work together and contribute to making 2017-2018 a terrific year for the NJ Chapter!
Greetings! As you may have heard, change is afoot with the Garden State Focus. After 20 years of dedicated service, Elizabeth Litten has stepped down as editor of the magazine and we (Adam Abramowitz and Brian Herdman) have taken over the reins. With this being our first letter from the editor, we wanted to introduce ourselves and provide our perspective on the direction of the Garden State Focus. First, we’d like to say that we’re stepping into an excellent situation. The Garden State Focus provides fantastic content to the New Jersey HFMA membership. It’s our job to continue on that course.

As we all know, healthcare is in an almost constant state of flux. Over the last decade, a series of profound changes have altered the delivery of healthcare and its reimbursement to providers. Hospital consolidation and the formation of accountable care organizations have created vast health networks to improve the quality of care and contain costs. The availability of big data has given regulators the ability to track, benchmark, punish and reward providers based on outcomes, quality and other performance-related measures. The expansion of governmental healthcare coverage has resulted in more Americans receiving state and federal health insurance than in any other era. In short, these changes have led to an evolution in the mission, goals and composition of the HFMA. Reflecting the new healthcare financial management landscape, the HFMA has made a concerted effort to add physicians and payers to its membership. These stakeholders play a central role in this era of integrated healthcare delivery networks.

It’s our goal as co-editors of the Garden State Focus to adapt to these changes in the healthcare industry and to provide meaningful content that addresses a representative cross-section of our membership. We don’t plan to undertake a radical transformation of the magazine but we want to ensure that we provide perspective on topics in the industry vanguard, while staying true to our bedrock mission of serving the New Jersey HFMA membership.

We’d like to acknowledge the fantastic efforts of our predecessor. Elizabeth Litten has given the Chapter a great gift in her leadership as editor of the Garden State Focus over the past two decades. We can only hope to maintain the quality and breadth of content that she oversaw in her tenure as editor. Elizabeth could always pluck the right expert on whatever topic the committee saw as newsworthy. The Chapter is fortunate that she’ll continue to avail herself as a resource. (Brian’s note: I don’t think I would’ve taken on the job without her continued counsel.)

We’re also thankful for the ongoing support of the Garden State Focus planning subcommittee members who have been great collaborators. They provide numerous article ideas, connections to authors and help in many directions.

Thank you to the following Board of Directors members who have completed their terms and will be gaining some of their free time back:

- Kevin Joyce
- Josette Portalatin
- Belinda Doyle Puglisi

We also want to emphasize that the Garden State Focus is your magazine. Without your content, support and readership, there wouldn’t be a magazine. We certainly are seeking your input. Feel free to give us a call at 609-918-0990, send us an email or even (gasp!) join our communications committee. We’re always looking for new content and sponsorship support.

About the Authors

Adam Abramowitz is a senior manager for sales and marketing at CBIZ KA Consulting Services, LLC in East Windsor, NJ. Prior to working in healthcare, Adam was a policy coordinator and speechwriter for several South Jersey political campaigns and administrations. He graduated with degrees in political science and creative writing from Emory University and an M.B.A. from Temple University. A Cherry Hill native, Adam currently resides in Philadelphia where he enjoys playing guitar, hiking, hockey and watching classic movies.

Brian Herdman is an operations manager in financial reimbursement services for CBIZ KA Consulting Services, LLC in East Windsor, NJ. Brian has a degree in chemistry from Princeton University and an M.B.A. from Rutgers University. When not pouring over Medicare regulations or claims data, Brian is keen on traveling near and far with his wife, rooting for his hometown teams from Pittsburgh and tasting and preparing as many barbecue styles as he can find.
Worried about your denial problems?

Worry a little less.

How much are your denials really costing you? ARMC and BPStrategies have years of experience appealing and collecting denials for our clients – inpatient, outpatient, clinical and administrative – and many more years in optimizing the revenue cycle. Our combination of technology, industry knowledge and professional negotiation skills brings results.

Over the last several years we have collected over $40 Million for hospitals and physician groups in New Jersey. That money might have been written off and lost forever. Instead it went right to our clients’ bottom line. Just saying...

Contact Brian Sherin or Jack Hoban
732-974-7582
jack.hoban@armerccovery.com
bsherin@bp-strategies.com
In Memory of Terry Fullmer

With sadness, we mourn the loss of long time NJ HFMA member and former New Jersey chapter president (1991-1992) Theresa Fullmer. Terry lived in Cliffside Park for approximately the past 20 years, and last served as chief financial officer to a non-profit community action program and the largest federally qualified health center (FQHC) in New Jersey, North Hudson Community Action Corporation, until her retirement in 2011.

Prior to that, Terry also worked for organizations such as UMDNJ-University Hospital, Healthcare Association of New York State, Robert Wood Johnson University Hospital, St. Lawrence Rehabilitation Center, Arthur Andersen & Co., Cooper Medical Center, and in several consulting roles.

“She was an intelligent, delightful woman to be around with a terrific sense of humor. She could ‘mix it up with the guys’ at any time, and not back down. Many of the NJ members will fondly remember Terry Fullmer.”

Charlie Santangelo

“Terry was a brilliant woman, great boss and I’m proud to say my healthcare mentor. When I’ve thought of Terry over the years, I always remember the night we were walking out to the parking lot at Saint Lawrence together and she opened the trunk of her car, which was full of women’s shoes – not in boxes, but scattered across the bottom of the trunk. I laughed. She was embarrassed, but we joked about it many times afterwards.”

Mike McKeever

“Heaven has a special angel with Terry Fullmer. She was a true friend, colleague, and teacher. Terry’s infectious laugh and kind demeanor made everyone feel comfortable from the moment they met her. She always showed genuine concern and looked out for someone’s best interest. We will miss you Terry!”

Kati Gibbons

Theresa Mary “Terry” Fullmer

Terry was a loving sister of Joseph A. (Delores) Fullmer Jr. of Morrison, CO., Marie (Thomas) Fries of Rehoboth Beach, DE, Anna (James) Dugan of Lindenwold, NJ and Rita (Wilbur) Ralston of Mt. Laurel, NJ. Terry was very proud of her family and often spoke about them. She is also survived by 13 nieces and nephews, 24 great nieces and nephews and two great, great nieces. Being a CPA, she was a member of the adjunct faculty of Baruch College, CUNY, and was also an exam grader, tester and reviewer for the AICPA. Terry was a parishioner at Church of the Epiphany in Cliffside Park.
Introduction and Goals

Medicaid reform in New Jersey is an ongoing exercise. Each year the state budget process demands an evaluation of more efficient ways to operate the program. With the generous support of The Nicholson Foundation, the New Jersey Health Care Quality Institute began the Medicaid 2.0 project in March 2016 with the goal of developing a strategic Blueprint for policymakers to use to shape the program for the next decade. An overarching objective was to identify multi-year solutions to a number of the more intractable problems within the system, those that often cannot be addressed during the annual debate over state resources and the politics of the New Jersey budget. Between New Jersey’s fiscal struggles and the impending federal changes, such as repeal of the Affordable Care Act and other changes to Medicaid financing, there has never been a more urgent time to take a long-term view of the direction of Medicaid and develop a flexible blueprint to guide reform and innovation.

Essential to the development of the Blueprint was ensuring that input was obtained from all entities involved in Medicaid. Over the last year, the Medicaid 2.0 project team has met with over 100 stakeholders – beneficiaries, providers, payers, legislators and political leadership, state administrators, and others involved in providing direct service to the beneficiaries. Additionally, the Blueprint and its recommendations are informed by extensive primary and secondary research on other state Medicaid programs, services and payment systems, and site visits to Ohio, Massachusetts, New York and Connecticut. We identified five major focus areas from this extensive research: Access and Quality, Behavioral Health Integration, Eligibility and Enrollment, Purchasing Authority, and Value-Based Purchasing. We then designated Transformation Teams of health care experts, which met over the course of 10 weeks to assess the problems in each of these areas and make consensus recommendations.

The Transformation Teams used their expertise to reconcile the practical application of policy ideas and reforms from other states with their own on-the-ground experience, developing New Jersey-specific goals and timetables for implementation. Setting aside self-interest and working toward consensus in this iterative process allowed stakeholders to offer solutions and innovations that are likely to be successful. Many of the recommendations in the Blueprint are taken directly from the Transformation Teams. Some have been expanded upon or included based on the research and investigation of the Quality Institute.

In its final stages, the Blueprint received the benefit of the review and input from the project’s Steering Committee. Throughout the Blueprint’s development, we met with state Medicaid officials to ensure that the data and assumptions were correct, and to solicit their input and advice. The process of developing the Blueprint is the first effort of its kind to involve all stakeholders in an inclusive, global discussion about the payment and delivery of health care to the Medicaid population. With funding support from The Nicholson Foundation, we intend to continue to work with stakeholders throughout New Jersey to support the implementation of the Blueprint recommendations. There are endless issues to cover and some exceeded our capacity and timeline for this project. Please note that the participation of the state, any of

continued on page 8
the Transformation Team members, their employer entities, or other entities listed herein does not imply their endorsement of any specific recommendations in the Blueprint.

Executive Summary

The New Jersey Medicaid Program is at a critical juncture. The state is in the midst of a years-long financial crisis, with no end in sight. The federal government is considering strategies to contain or reduce the federal share of Medicaid funding. With likely decreases in federal funding and the state’s continuing financial woes, the Medicaid program will be squeezed at both ends. Therefore, no matter what happens at the federal level, state leaders must make wise decisions now to improve the existing program that will better allocate limited resources and yield long-term benefits. But they must act before it is too late.

New Jersey’s Medicaid system currently covers over 1.8 million residents and costs federal and state taxpayers over $15 billion annually. In 2017, the state’s share of the Medicaid program cost accounts for nearly 20% of the state budget. The Medicaid program is jointly funded by the federal government and the state; the Federal Medical Assistance Percentage (FMAP) varies by state, based on criteria such as per capita income. In New Jersey, the federal government, with the Affordable Care Act (ACA) expansion, matches $2 in federal funds for every $1 in state spending on the program. Therefore, any federal changes in this system will have significant repercussions on both the health of a significant portion of the state’s residents and New Jersey’s overall healthcare infrastructure and delivery system. The new federal administration has indicated its intent to repeal portions or all of the ACA. This could result in hundreds of thousands of New Jersey residents losing their health care coverage, unless the state were to absorb the full cost of covering those individuals.

There is no historical precedent for the elimination of coverage for the over-552,000 individuals covered through the Medicaid expansion. The elimination of the Medicaid expansion would also have a significant negative impact on the state’s hospitals, which are required to care for patients regardless of their ability to pay. The impact would especially harm those essential hospitals that care for a far higher share of the uninsured and those covered through Medicaid. Under the proposed federal changes, the state could receive a capped amount of federal funding adjusted annually for inflation, a move away from the 65%-35% match of federal and state dollars.

Further complicating the financial picture is New Jersey’s unfunded pension and health benefits liabilities, which have triggered a series of downgrades on the state’s credit rating. These downgrades and legal obligations all but compel the state to use any incremental revenues to address those outstanding obligations at the exclusion of the state’s other needs. In short, there is a very real prospect that New Jersey Medicaid funding will remain flat at best, and at worst, decline significantly. For these reasons, it is essential that New Jersey accelerate and expand existing Medicaid reforms and initiate many of those included in this Blueprint.

New Jersey’s Medicaid system currently covers over 1.8 million residents and costs federal and state taxpayers over $15 billion annually. In 2017, the state’s share of the Medicaid program cost accounts for nearly 20% of the state budget.

The Medicaid 2.0 project, funded by The Nicholson Foundation and led by the New Jersey Health Care Quality Institute, was shaped through a year-long intensive stakeholder engagement process. The Blueprint is the result of that process. It contains 24 separate recommendations to improve Medicaid’s efficiency and effectiveness. I hope you take a look at what the Blueprint offers.

About the Author

Linda Schwimmer is the President and CEO of the New Jersey Health Care Quality Institute. The Quality Institute is a nonprofit focused on improving the quality and affordability of health care in New Jersey. Ms. Schwimmer is also a member of the board of the Leapfrog Group, a national hospital safety advocacy group that issues the Hospital Safety Grade. She serves on the board of the Network for Regional Healthcare Improvement and sits on the Consensus Standards Approval as well as Palliative and End-of-Life Care Standing Committees for the National Quality Forum. She also serves on the Quality Improvement Advisory Committee for the NJ Department of Health and has made the NJ Biz Power 50 in Health Care list in 2015, 2016, and 2017.
We bring our 44 years of experience from the front lines of health care management to providers facing today’s challenges.

- **Revenue Cycle Enhancement** – Boost financial performance with billing outsource, revenue recovery, and cash acceleration services.
- **Turnaround and Strategic Planning** – Prepare for bundled payment arrangements.
- **Care Management Support** – Prevent denials, improve clinical documentation, and assign patient status correctly the first time.
- **Compliance Review** – Evaluate key risk areas, including documentation of medical necessity, charge capture, and regulatory compliance.

**Contact us today.**
Jeffrey Silvershein, Vice President, Principal
800.767.6203
info@McBeeAssociates.com

McBeeAssociates.com | @McBeeAssociates
Federal Anti-Kickback Statute: What Physicians Need to Know

by Monica Kaden, MBA, ASA, CHFP

When physicians consider entering into a rental, equipment or service relationship with another healthcare entity, it is important that they are knowledgeable about what is allowable according to the federal government pursuant to the Federal Anti-Kickback Statute. Section 1001.952 of the Statute lists the allowable exceptions and specifically addresses space rental, equipment rental, personal services and management contracts. The critical components of each of these exceptions listed in Section 1001.952 should be included in any provider agreement so that physicians are protected. I wrote this article because I personally witnessed a physician that was found guilty of bribery, partially due to the inadequacy of the agreements that he had, and key factors and support that were missing.

Regarding space rental, Section 1001.952 of the Federal Anti-Kickback Statute states the following:

(1) The lease agreement is set out in writing and signed by the parties.
(2) The lease covers all of the premises leased between the parties for the term of the lease and specifies the premises covered by the lease.
(3) If the lease is intended to provide the lessee with access to the premises for periodic intervals of time, rather than on a full-time basis for the term of the lease, the lease specifies exactly the schedule of such intervals, their precise length, and the exact rent for such intervals.
(4) The term of the lease is for not less than one year.
(5) The aggregate rental charge is set in advance, is consistent with fair market value in arms-length transactions and is not determined in a manner that takes into account the volume or value of any referrals or business otherwise generated between the parties for which payment may be made in whole or in part under Medicare, Medicaid or other federal healthcare programs.
(6) The aggregate space rented does not exceed that which is reasonably necessary to accomplish the commercially reasonable business purpose of the rental. For this section, the term “fair market value” means the value of the rental property for general commercial purposes, but shall not be adjusted to reflect the additional value that one party (either the prospective lessee or lessor) would attribute to the property as a result of its proximity or convenience to sources of referrals or business otherwise generated for which payment may be made in whole or in part under Medicare, Medicaid and all other federal healthcare programs.

Regarding equipment rental, the law states the following:

As used in section 1128B of the Act, “remuneration” does not include any payment made by a lessee of equipment to the lessor for the use of equipment, as long as all of the following six standards are met:

(1) The lease agreement is set out in writing and signed by the parties.
(2) The lease covers all of the equipment leased between the parties for the term of the lease and specifies the equipment covered by the lease.

(3) If the lease is intended to provide the lessee with use of the equipment for periodic intervals of time, rather than on a full-time basis for the term of the lease, the lease specifies exactly the schedule of such intervals, their precise length, and the exact rent for such interval.

(4) The term of the lease is for not less than one year.

(5) The aggregate rental charge is set in advance, is consistent with fair market value in arms-length transactions and is not determined in a manner that takes into account the volume or value of any referrals or business otherwise generated between the parties for which payment may be made in whole or in part under Medicare, Medicaid or other federal healthcare programs.

(6) The aggregate equipment rental does not exceed that which is reasonably necessary to accomplish the commercially reasonable business purpose of the rental. For this section, the term “fair market value” means the value of the equipment when obtained from a manufacturer or professional distributor, but shall not be adjusted to reflect the additional value that one party (either the prospective lessee or lessor) would attribute to the equipment as a result of its proximity or convenience to sources of referrals or business otherwise generated for which payment may be made in whole or in part under Medicare, Medicaid or other federal healthcare programs.

(7) The services performed under the agreement do not involve the counseling or promotion of a business arrangement or other activity that violates any state or federal law.

(8) The aggregate services contracted for do not exceed those which are reasonably necessary to accomplish the commercially reasonable business purpose of the services.

For purposes of this section, “an agent of a principal” is any person, other than a bona fide employee of the principal, who has an agreement to perform services for, or on behalf of, the principal.

***

It is evident that each of these exceptions – space rental, equipment rental, personal services and management contracts – all require very similar components that should be included in their respective agreements. It is very important that the physician closely review any agreement prepared by his or her healthcare attorney to ensure that all of these components are included. The more details provided in the agreement, the greater protection provided to the physician. Ensuring that payment figures included in any agreement are reflective of fair market value is also critical. The physician should maintain a support file for any agreement that includes the fair market value calculation or evidence to support any discussion notes that reflect intervals of time or usage to be included, etc.

continued on page 12

The physician should maintain a support file for any agreement that includes the fair market value calculation or evidence to support any discussion notes that reflect intervals of time or usage to be included, etc.
Physicians must be wary of any agreements, whether oral or written, that include payments to be received or paid from other providers where there is the possibility of referral of services that are reimbursed, even at a modest level, by the federal government through Medicare and Medicaid payments. The specific details outlined above must be included in the agreement, and all payments to be paid or received should be at fair market value and supported with workpapers, calculations, etc. Unfortunately, I have seen rental and service agreements prepared by a lawyer that did not provide protection to a physician who received payments. The lawyer had prepared draft agreements and never saw the final versions of the agreements. In court, the lawyer was not held accountable for the agreements, as he had not prepared the final signed agreements. Additionally, the payment amounts put into the agreements in this particular case were not reflective of fair market value in certain agreements. Certain information required, as stated above, such as time intervals to be used, specific rooms to be used, etc., was not clearly stated. The physician who signed the agreement and was a recipient of payments was found guilty of bribery.

Critical Takeaway
Physicians work very hard to achieve their medical degrees and licensure, and to develop a practice. It is surely not worth losing the ability to work, and potentially going to prison, because of kickbacks and referral payments. In my view, the government has been vigilant in its effort to uncover whatever “overpayments” or bribes it can find, and to then make examples of those physicians or providers. It is imperative for physicians to adequately protect themselves with agreements that include all of the necessary components listed in the exceptions part of the law, and to make sure that all numerical amounts included are reflective of fair market value and have adequate support in the workfile.

About the author
Monica Kaden, M.B.A., ASA, CHFP, is a Director at Marks Paneth, located in Parsippany, New Jersey. She is an accredited senior appraiser, specializes in the valuations of health care entities and also performs litigation support. Monica can be reached at mkaden@markspaneth.com.
Who’s Who in NJ Chapter Committees – 2017-2018 Chapter Committees and Scheduled Meeting Dates

*NOTE: Committees have use of the NJ HFMA conference Call line. The call-in number is (515) 739-1015

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 WITH COMMITTEE CHAIRS BEFORE ATTENDING.

<table>
<thead>
<tr>
<th>COMMITTEE (Compliance, Audit, Risk, &amp; Ethics)</th>
<th>PHONE</th>
<th>DATES/TIME/ACCESS CODE</th>
<th>MEETING LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairman: Melanie Sponholz – <a href="mailto:Msponholz@waudcapital.com">Msponholz@waudcapital.com</a></td>
<td>(656) 473-2211</td>
<td>First Thursday of the month</td>
<td>Conference Calls</td>
</tr>
<tr>
<td>Co-Chair(s): Rob Seniska – <a href="mailto:RSeniska@the-consult.com">RSeniska@the-consult.com</a></td>
<td>(609) 249-3819</td>
<td>9:00 AM</td>
<td></td>
</tr>
<tr>
<td>Board Liaison: Mike McKeever – <a href="mailto:m.mckeever2@verizon.net">m.mckeever2@verizon.net</a></td>
<td>(732) 745-8600 x 9069</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Communications / FOCUS Sub-committee</th>
<th>PHONE</th>
<th>DATES/TIME/ACCESS CODE</th>
<th>MEETING LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairman: Adam Abramowitz – <a href="mailto:AAbramowitz@CBIZ.com">AAbramowitz@CBIZ.com</a></td>
<td>(609) 918-0990 x69</td>
<td>First Thursday of each month</td>
<td>CRIZ KA Consulting Offices</td>
</tr>
<tr>
<td>Co-Chair(s): David Mitts – <a href="mailto:dmmitts332@gmail.com">dmmitts332@gmail.com</a></td>
<td>(609) 658-7418</td>
<td>Access Code: 549-653-204</td>
<td>50 Millstone Road, Building 400, Suite 100 East Windsor, NJ</td>
</tr>
<tr>
<td>Board Liaison: Brian Herdman – <a href="mailto:bherdman@cbiz.com">bherdman@cbiz.com</a></td>
<td>(609) 918-0990 x131</td>
<td>9:30 AM</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education</th>
<th>PHONE</th>
<th>DATES/TIME/ACCESS CODE</th>
<th>MEETING LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairman: Sandra Gubine – <a href="mailto:Sandra.Gubine@atlanticcare.org">Sandra.Gubine@atlanticcare.org</a></td>
<td>(609) 484-6407</td>
<td>First Friday of each month</td>
<td>Conference Calls</td>
</tr>
<tr>
<td>Co-Chair(s): Mary Cronin – <a href="mailto:mmcronin@do1.com">mmcronin@do1.com</a></td>
<td>(732) 589-9613</td>
<td>10:00 AM</td>
<td></td>
</tr>
<tr>
<td>Jane Kaye – <a href="mailto:jane@chdvisions.com">jane@chdvisions.com</a></td>
<td>(732) 233-3144</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Board Liaison: Stacey Medieros – <a href="mailto:SMedeiros@njha.com">SMedeiros@njha.com</a></td>
<td>(609) 275-4017</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Certification (Sub-committee of Education)</th>
<th>PHONE</th>
<th>DATES/TIME/ACCESS CODE</th>
<th>MEETING LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairman: Amina Razanica – <a href="mailto:arazanica@njha.com">arazanica@njha.com</a></td>
<td>(609) 275-4029</td>
<td>First Friday of each month</td>
<td>Conference Calls</td>
</tr>
<tr>
<td>Board Liaison: Stacey Medieros – <a href="mailto:SMedeiros@njha.com">SMedeiros@njha.com</a></td>
<td>(609) 275-4017</td>
<td>10:00 AM</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACT (Finance, Accounting, Capital &amp; Taxes)</th>
<th>PHONE</th>
<th>DATES/TIME/ACCESS CODE</th>
<th>MEETING LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairman: Dave Murray – <a href="mailto:murray@thimn.org">murray@thimn.org</a></td>
<td>(856) 575-4757</td>
<td>Second Wednesday of each month</td>
<td>Conference Calls</td>
</tr>
<tr>
<td>Co-Chair(s): John Smith – <a href="mailto:jsmith@withum.com">jsmith@withum.com</a></td>
<td>(973) 532-8875</td>
<td>8:00 AM</td>
<td></td>
</tr>
<tr>
<td>Board Liaison: Tony Panico – <a href="mailto:apanico@withum.com">apanico@withum.com</a></td>
<td>(973) 532-8847</td>
<td>Access Code: 587-991-674</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Institute 2017</th>
<th>PHONE</th>
<th>DATES/TIME/ACCESS CODE</th>
<th>MEETING LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairman: Mike McKeever – <a href="mailto:mmckeever@stjohnpeterah.com">mmckeever@stjohnpeterah.com</a></td>
<td>(732) 745-8600 x5089</td>
<td>Third Wednesday of each month</td>
<td>Conference Calls</td>
</tr>
<tr>
<td>Co-Chair(s): Tony Panico – <a href="mailto:apanico@withum.com">apanico@withum.com</a></td>
<td>(973) 532-8847</td>
<td>8:00 AM</td>
<td></td>
</tr>
<tr>
<td>Stacey Bigos – <a href="mailto:sbigos@njha.com">sbigos@njha.com</a></td>
<td>(609) 275-4017</td>
<td>Access Code: 207-716-678</td>
<td></td>
</tr>
<tr>
<td>Board Liaison: Scott Mariani – <a href="mailto:smariani@withum.com">smariani@withum.com</a></td>
<td>(973) 532-8835</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Marketing and Communications Committee</th>
<th>PHONE</th>
<th>DATES/TIME/ACCESS CODE</th>
<th>MEETING LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairman: David Mitts – <a href="mailto:dmmitts332@gmail.com">dmmitts332@gmail.com</a></td>
<td>(609) 658-7418</td>
<td>Third Friday of each month</td>
<td>Conference Calls</td>
</tr>
<tr>
<td>Co-Chair(s): Peter DeMasi – <a href="mailto:pdemasi@hackensackmeridian.org">pdemasi@hackensackmeridian.org</a></td>
<td>(732) 751-3378</td>
<td>9:30 AM</td>
<td>In-person Meetings</td>
</tr>
<tr>
<td>Board Liaison: Brittany Pickel – <a href="mailto:pickelB@ymail.com">pickelB@ymail.com</a></td>
<td>(732) 221-0765</td>
<td>Access Code: 808-053-2866</td>
<td>by Notification</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Access Services</th>
<th>PHONE</th>
<th>DATES/TIME/ACCESS CODE</th>
<th>MEETING LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairman: Maria Lopes-Tylurczy – <a href="mailto:MLopes-Tylurczy@paliadsmoothical.org">MLopes-Tylurczy@paliadsmoothical.org</a></td>
<td>(201) 295-4023 / C: (201) 744-8505</td>
<td>September 14, 2017 2:30P-4P – RWJBH Corporate office 379 Campus Drive, Somerset NJ</td>
<td></td>
</tr>
<tr>
<td>Co-Chair(s): Andrew Webber – <a href="mailto:awebber@medixteam.com">awebber@medixteam.com</a></td>
<td>(201) 406-1097</td>
<td>November 16, 2017 9A-10:30A – AETNA 9 Entin Road, Parsippany NJ</td>
<td></td>
</tr>
<tr>
<td>Board Liaison: Dan Willis – <a href="mailto:dwillis6@gmail.com">dwillis6@gmail.com</a></td>
<td>(201) 803-4067</td>
<td>February 15, 2018 9A-10:30A – RWJBH Corporate office 379 Campus Drive, Somerset NJ</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Financial Services</th>
<th>PHONE</th>
<th>DATES/TIME/ACCESS CODE</th>
<th>MEETING LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairman: Steven Stadtmueller – <a href="mailto:ssstadtmueller@csandw-lp.com">ssstadtmueller@csandw-lp.com</a></td>
<td>(973) 776-1771 x146</td>
<td>Second Friday of each month</td>
<td>Contact</td>
</tr>
<tr>
<td>Co-Chair(s): Marta Beck – <a href="mailto:beckm@kpmg.org">beckm@kpmg.org</a></td>
<td>(973) 754-2151</td>
<td>10:00 AM</td>
<td>Committee</td>
</tr>
<tr>
<td>Board Liaison: Scott Besler – <a href="mailto:sbesler@besler.com">sbesler@besler.com</a></td>
<td>(732) 598-9608</td>
<td>Access Code: 714-898-796</td>
<td>Leaders</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Payer and Provider Collaboration</th>
<th>PHONE</th>
<th>DATES/TIME/ACCESS CODE</th>
<th>MEETING LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairman: Steve Miller – <a href="mailto:SMiller@fkh.org">SMiller@fkh.org</a></td>
<td>(732) 744-5519</td>
<td>Third Wednesday of each month</td>
<td>alternating locations each month</td>
</tr>
<tr>
<td>Co-Chair(s): Jennifer Gillooly – <a href="mailto:jgillooly@healthpubnj.com">jgillooly@healthpubnj.com</a></td>
<td>(973) 508-0214</td>
<td>2:00 PM</td>
<td>United Healthcare, Helin, NJ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physician Practice Issues Form</th>
<th>PHONE</th>
<th>DATES/TIME/ACCESS CODE</th>
<th>MEETING LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-Chair: Rob Booth – <a href="mailto:rbooth@sthm.net">rbooth@sthm.net</a></td>
<td>(908) 277-8777</td>
<td>TBD</td>
<td>Conference Calls</td>
</tr>
<tr>
<td>Co-Chair: Joan Hendler – <a href="mailto:sjhendler@remexinc.com">sjhendler@remexinc.com</a></td>
<td>(800) 562-5158 x2124</td>
<td>9:00 AM</td>
<td></td>
</tr>
<tr>
<td>Board Liaison: Deborah Carlin – <a href="mailto:dcarlin@cu.n">dcarlin@cu.n</a> Rutgers.edu</td>
<td>(973) 972-3260</td>
<td>Access Code: 703-211-177</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regulatory &amp; Reimbursement</th>
<th>PHONE</th>
<th>DATES/TIME/ACCESS CODE</th>
<th>MEETING LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairman: Jonathan Besler – <a href="mailto:jbesler@remexinc.com">jbesler@remexinc.com</a></td>
<td>(732) 392-8238</td>
<td>Third Tuesday of each month</td>
<td>Please call for meeting locations</td>
</tr>
<tr>
<td>Co-Chair(s): Tracey Roland – <a href="mailto:troland@avanswe.com">troland@avanswe.com</a></td>
<td>(908) 377-5122</td>
<td>9:00 AM</td>
<td></td>
</tr>
<tr>
<td>Board Liaison: Peter Demos – <a href="mailto:p.demos@hackensackmeridian.org">p.demos@hackensackmeridian.org</a></td>
<td>(732) 751-3378</td>
<td>Access Code: 175-802-794</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Revenue Integrity</th>
<th>PHONE</th>
<th>DATES/TIME/ACCESS CODE</th>
<th>MEETING LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairman: A.Christine Puttman, CHFP, COC, CPC – <a href="mailto:christine.puttman@athens.templ.edu">christine.puttman@athens.templ.edu</a></td>
<td>(215) 707-4079 x24079</td>
<td>First Wednesday of each month</td>
<td>Princeton HealthCare System</td>
</tr>
<tr>
<td>Co-Chair(s): Nora A. Burdi – <a href="mailto:nburdi@valleyhealth.com">nburdi@valleyhealth.com</a></td>
<td>(201) 291-6384</td>
<td>9:00 AM</td>
<td></td>
</tr>
<tr>
<td>Betsy Weiss – <a href="mailto:bweiss@stfranciscimedical.org">bweiss@stfranciscimedical.org</a></td>
<td>(609) 599-5347</td>
<td>Access Code: 351-605-588</td>
<td></td>
</tr>
<tr>
<td>Board Liaison: Tracy Davison-Dicanto – <a href="mailto:tdavison-dicanto@princetonhcs.org">tdavison-dicanto@princetonhcs.org</a></td>
<td>(609) 529-5461</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CPE Designation</th>
<th>PHONE</th>
<th>DATES/TIME/ACCESS CODE</th>
<th>MEETING LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairman: Lew Bivona – <a href="mailto:lbivona@verizon.net">lbivona@verizon.net</a></td>
<td>(609) 254-8141</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Medicare DSH and the Uncompensated Care Pool Distribution Transition to Worksheet S-10 beginning October 1, 2017

by Mike Sabo

Key Points:
- The formulas used to distribute uncompensated care are proposed to change in 2018
- The new methodology would use uncompensated care costs calculated from Worksheet S-10, a previously underutilized Medicare cost report form
- Inconsistent Medicaid expansion has put pressure on CMS to move away from the practice of using Medicaid days to distribute uncompensated care payments

Background: The Medicare Disproportionate Share (DSH) Payment adjustment was implemented in May 1986 following Congressional passage of the Deficit Reduction Act of 1984. The original purpose was to provide additional reimbursement for hospitals treating a large share of low-income patients, who tend to be sicker and costlier to treat than other patients with the same diagnosis. Additionally, it was felt that DSH funding would preserve access to care for Medicare and low-income populations by providing hospitals with additional financial assistance.

The empirically justified DSH calculation, under the Primary Method, is based on two fractions – the Medicare Proxy and the Medicaid Proxy qualifying a hospital for a DSH Payment Adjustment at a 15% threshold:

<table>
<thead>
<tr>
<th>DSH Threshold Formula</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare Proxy:</td>
</tr>
<tr>
<td>Medicare SSI Days</td>
</tr>
<tr>
<td>+</td>
</tr>
<tr>
<td>Medicaid Proxy:</td>
</tr>
<tr>
<td>Medicaid, Non-Medicare Days</td>
</tr>
<tr>
<td>Total Patient Days</td>
</tr>
</tbody>
</table>

Affordable Care Act: Nearly four years ago, the Affordable Care Act (ACA) implementation changed how Medicare Disproportionate Share (DSH) payments were paid to qualifying hospitals. Hospitals still had to qualify for a DSH Payment Adjustment by meeting the empirically justified 15% DSH threshold. However, beginning October 1, 2013, the DSH payment amount calculated, using the formula above, was reduced from 100% to 25%. The ACA then created an Uncompensated Care Pool (UCP) that would distribute the remaining 75% of the Medicare DSH budget. Before calculating the UCP, the pool amount was reduced by the percentage of uninsured patients becoming insured under the ACA Medicaid Expansion.

CMS’ intention was to distribute the UCP dollars for DSH qualifying hospitals based on their Uncompensated Care Costs (UCC) per the Medicare cost report Worksheet S-10, Line 30. CMS stated that the UCC will be determined by Charity Care and non-Medicare Bad Debt costs, excluding Medicaid and other shortfalls.

Following industry resistance due to inconsistent reporting on Worksheet S-10, CMS delayed the use of this worksheet, implementing instead a “Low-income Days Proxy” based on Medicaid-eligible and SSI days. Essentially, the UCP calculation used the low-income days as in the empirically justified calculation. The days used for the UCP were based on three-to-four-year look-backs for FFY 2014 - 2016. For FFY 2017, CMS used a three-year average of Days Proxy based on Medicaid Days (2011-2013) and SSI Days (2012-2014). The three-year average will calculate a hospital’s Factor 3, which is used to distribute the UCP.

Industry feedback has prompted CMS to revise Worksheet S-10 instructions. First, in the Total Bad Debt instruction in 2014 and now as part of Transmittal 10 (November 2016), CMS has revised the reporting period for Charity Care, aligning with the reporting period with Total Bad
Debts. Previously, Charity Care was reported on Worksheet S-10 based on patient “service dates” within the hospital’s cost report year. Transmittal 10 changed that to be the amounts the hospital “wrote off” during the hospital’s cost report year. This allows a more reasonable time frame for the charity care write-offs. Hospitals now may have write-offs of patients from service dates that are outside of the hospital cost report year. This makes sense since charity care determinations can take time to ascertain.

Further complicating matters, the Supreme Court ruled that states had the ability to opt out of Medicaid expansion. This has created UCP pool distribution inequity for expansion vs. non-expansion states, depending on if the Days Proxy or the Worksheet S-10 methodology is used. Expansion states would do better if the Days Proxy remained, as they saw additional Medicaid days and reimbursement increase while their charity care decreased. However, the non-expansion states did not see Medicaid days and reimbursement increases. Their UCC stayed stable or increased. Under the Worksheet S-10 methodology, they will fare better unless additional healthcare reform makes changes to the UCP calculation.

**CMS Mixed Message:** In the FFY 2017 Inpatient Prospective Payment System (IP-PPS) Final Rule, CMS indicated that they will implement using Worksheet S-10 to calculate the UCP no later than FFY 2021. They also stated that this would start with the 2017 Medicare cost reports.

However, in April 2017, CMS changed their guidance with the release of the FFY 2018 IPPS Proposed Rule.

**Uncompensated Care Pool Transition to Worksheet S-10:** In the FFY 2018 Proposed Rule, CMS has stated that they are proposing to initiate a three-year transition from the Days Proxy to Worksheet S-10 beginning with the start of FFY 2018 (October 1, 2017), and fully-implementing S-10 in FFY 2020.

The transition will include the three-year average introduced in 2017. For FFY 2018, the Days Proxy will represent 2/3 and Worksheet S-10 will be 1/3 of the average to calculate Factor 3. For FFY 2019, the factors are reversed where S-10 will represent 2/3 and the Days Proxy 1/3. Then for FFY 2020, CMS intends to fully use Worksheet S-10 Uncompensated Costs (Line 30) to distribute the UCP:

<table>
<thead>
<tr>
<th>Proposed Transition Timetable</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
</tr>
</thead>
</table>

**Next Steps for Hospitals:** The accelerated adoption of Worksheet S-10 will have major implications not only on the DSH hospitals receiving uncompensated care payments but also on the low-income populations that they serve. Modifications to these payments may ultimately impact care, which was one of several reasons for the initial DSH Payment Adjustment.

Hospitals must adequately prepare for the upcoming transition, which could have potentially devastating consequences. Here are several suggestions on how to best prepare for the transition:

- Hospitals should review their Charity Care, Bad Debt, and other related policies to ensure that S-10 Charity Care and Bad Debt write-off amounts are in alignment with the hospital policies and the S-10 cost report instructions as revised by Transmittal 10. As stated above, Charity Care will now be based on the “date of the hospital write-off” instead of the previous instruction, which was based on the patients’ “date of service.”

- Should CMS open a window to amend (in the FFY 2018 Final Rule), hospitals should be prepared to amend the Worksheet S-10 amounts for their 2015 and 2016 cost reports. CMS did open a 2014 cost report window for Worksheet S-10. In the Final Rule (August 2, 2016), they gave hospitals until September 30, 2017 to amend. Should CMS open a window, they may ask for both years at the same time or hopefully open the 2015 window this year and 2016 next year.

- The Charity Care definition change is effective with cost report periods beginning October 1, 2016 based on the date the hospital wrote off the Charity Care amount. As mentioned above, previously, the write-off was based on the patients’ specific date of service. This will create two interpretations for reporting of Charity Care dollars. Hospitals should review and base their revisions on their best-case scenario.

- It should be noted that the FFY 2018 Proposed Rule states that Worksheet S-10 will be eligible for desk review and audit beginning with the 2017 cost reports. They seem to indicate that prior years will not be reviewed.

- Charity Care and Total Bad Debt patient detail logs will become a necessity in order to have S-10 amounts available for audit.

**Bottom-line:** Each hospital is now competing for Federal DSH UCP dollars with all other DSH-eligible hospitals. The playing field may not be level, so hospitals will need to optimize their Charity care payments.
Care and Bad Debts accurately based on CMS guidance and cost report instructions. The Disproportionate Share Adjustment (empirically justified) and Uncompensated Care Pool combined amounts have been declining from $12.5 in FFY 2014 to $10.96 in the Proposed FFY 2018 rule. Make sure that your hospital is positioned to receive its proper DSH amounts.

About the Author

Mike Sabo is the Senior Vice President of Regulatory Affairs, Product Strategy and Development for NAVEOS. Mike has been in the healthcare industry for 43 years, serving in positions at the Medicare fiscal intermediary, two New Jersey healthcare systems, and as a consultant.

Awards ceremony at last month’s HFMA ANI

The New Jersey Chapter was well represented once again at the awards ceremony at last month’s HFMA ANI. Kudos to the Education Committee, as the Chapter once again won the Bronze Award of Excellence for Education. The Chapter also took home four Single Chapter Yerger Awards, the maximum allowed for any Chapter, and a Multi-Chapter Yerger Award for the R3 Summit that was held in August 2016. There was a Yerger for Collaboration, for partnering with NJ MGMA to present education of interest to both organizations; Education, for the Chapter’s successful webinar series; and two awards for Improvement, one for the PAS Forum for using member feedback to enhance the value of the committee, and the other for the Women’s Event for incorporating men in the agenda as speakers and panelists. Congratulations to all who were involved in these award-winning endeavors, and a special thanks to those who wrote and reviewed the Chapter’s Yerger submissions.
The HFMA Region 3 Presidents with Mike Allen and Mary Mirabella

2017 volunteer gala photo

Outgoing and incoming NJ HFMA Presidents, Dan Willis, left, & Scott Mariani, right

Dan Willis (center) accepting the NJ Chapter Awards with Mary Mirabella, left, 2016/2017 HFMA National Chair, and Mike Allen, right, the HFMA Secretary/Treasurer of the Board of Directors
MACRA/MIPS: Why Practitioners Need To Act Now To Avoid Penalties

by Dr. Ashish Atreja and Tina Colangelo

Medicare Access and CHIP Reauthorization Act (MACRA) repealed the sustainable growth rate formula replacing a needlessly unpredictable system. This transition stabilizes Medicare payments and potentially rewards physicians for high-quality care. Doctors and health systems should begin preparing their practices for Quality Payment Program (QPP) immediately in order to submit data in 2017 and take full advantage of reimbursements while avoiding penalties.

The Quality Payment Program has two tracks you can choose from: (1) The Merit-based Incentive Payment System (MIPS) or (2) Advanced Alternative Payment Models (APMs).

Physicians who elect to go into the MIPS will now have three options for reimbursement:
2. Improvement Activities - https://qpp.cms.gov/mips/improvement-activities; and

Under the first option for MIPS, physicians who submit at least some data to the Centers for Medicare and Medicaid Services (CMS) in 2017 will not be penalized financially in 2019. MIPS has been the most popular reimbursement track of MACRA’s QPP.

On June 20, 2017, CMS released the highly-anticipated modification to 2018 QPP Proposed Rule. The 1,058-page document reflects clinician reaction to MACRA in calling for more flexibility, less administrative burden and, perhaps most favorably, additional opportunities to earn bonus points pursuant to MIPS.

Here are the key takeaways from the proposed rule:

Incentivizing Technical Upgrades
Though the 2014 certification edition will suffice for those health systems ready to upgrade their EMR systems, those who do choose to upgrade will receive 10 bonus points under the ACI category. In addition, virtual group reporting becomes an additional reporting option for smaller practices, which helps them compete with the larger organizations in MIPS.

Rewarding Improvements in Care
Further, eligible clinicians who can demonstrate a rate of improvement in performance between 2017 and 2018 can receive up to 10 points in the Quality Measures category. Those practitioners caring for sicker patient populations will be granted a one-time special consideration of up to three bonus points due to patient noncompliance as a direct result of their illness.

Lessening Administrative Burdens
The proposed rule will also allow hospital-based physicians to report on quality and cost categories within their facilities, which will decrease administrative burdens. Cost category will be deferred for another year, worth 0% in 2018, while skyrocketing to 30% in 2019. However, care providers should be mindful of costs, despite the 0% value in the first two years of MACRA.

Expansion of Medicare Low Volume Threshold
Lastly, the low volume threshold has been expanded to $90,000 Medicare Part B charges and 200 patients. This helps clinicians who may not be ready or do not yet have the resources to participate in MIPS. This threshold would exclude 134,000 from MIPS in the 2018 performance year.

Five Easy Steps To Get Started With MIPS:
Accordingly, clinicians should engage in a simple analysis to
ensure that they successfully secure the benefits of MACRA/ MIPS reimbursements and avoid unnecessary penalties:

1. Check your practice’s participation status at https:// qpp.cms.gov/;
2. Measure the impact of QPP on your practice using the AMA Payment Model Evaluator;
3. Choose which of the three MIPS options (or the APM model) that works best for your practice - pick your pace on what to submit (see below);
4. Use Digital Medicine technologies to fulfill many of the quality improvement requirements https://qpp. cms.gov/mips/improvement-activities; and;
5. Submit your practice’s 2017 data to avoid a penalty - data can be submitted through CMS website, qualified registry or by just dropping a code.

“Pick your Pace in MIPS” allows practitioners to submit just one quality measure or one quality improvement activity in 2017 to avoid a downward payment adjustment. This is easily accomplished by using digital medicine tools that automate quality improvement activities such as those that gather patient experience to improve practice, provides online scheduling, allows secure communication with patients or supports appointment reminders and transitions of care. If more quality improvement activities or quality indicators are submitted, practitioners can get rewarded by up to an additional 4% payment starting in year 2019.

About the Authors:
Dr. Ashish Atreja is the co-founder of Responsive Health and has been working to pioneer digital medicine for the past decade, first at the Cleveland Clinic, now at Mount Sinai Health System as the Chief Innovation and Engagement Officer of Medicine. Dr. Atreja runs the Sinai App Lab, where the RxUniverse Digital Medicine Prescription Platform was originally created. Dr. Atreja also runs NODE Health, a consortium of over 20 health systems, which focuses on the evidence required for health systems to collaboratively adopt digital medicine solutions.

Tina Colangelo is a consultant for medical organizations and practices looking to navigate the cumbersome paradigm shift to value-based care. Due to her expertise in MACRA and MIPS, she is regularly sought after to find solutions by leaders of the medical community. Tina’s recent experience includes live webinars outlining all aspects of MACRA and video tutorials posted on social media. Tina also serves as a subject matter expert for various health care start-ups focusing on telehealth medicine. She’s been quoted in recent industry publications, including Medical Economics, and serves as an instructor of online training programs of healthcare professionals.
Church-affiliated hospitals have long awaited a definitive answer to the urgent question of whether a pension plan maintained by a church or church-affiliated principal purpose entity for the benefit of its employees qualifies for the “church plan” exemption afforded by the Employee Retirement Income Security Act of 1974 (ERISA). On June 5, 2017, the Supreme Court gave its resounding answer: “Yes.”

Advocate Health Care Network v. Stapleton1 arose from the Seventh Circuit Court of Appeals (Illinois) and was decided together with St. Peter’s Healthcare System v. Kaplan, a case from the Third Circuit (New Jersey), and Dignity Health v. Rollins from the Ninth Circuit (California). Under ERISA, private employers offering pension plans are obligated to abide by a number of rules designed to protect plan participants and ensure plan solvency. Among these rules are reporting and disclosure mandates, participation and vesting requirements, and specific funding standards. However, when ERISA was enacted in 1974, Congress carved out a “church plan” exemption, which applied to “a plan established and maintained . . . for its employees . . . by a church.”2 Six years later in 1980, Congress amended the statute by expanding the definition of “church plan” to state that:

“[a] plan established and maintained for its employees . . . by a church . . . includes a plan maintained by an organization . . . the principal purpose . . . of which is the administration or funding of [such] plan . . . for the employees of a church . . ., if such organization is controlled by or associated with a church.”3

This new, broader definition encompassed the church-affiliated hospital parties involved in the several cases before the United States Supreme Court. However, the amendment was not clear about whether a church-affiliated plan must have been “established” by a church to be eligible for the exemption. The plaintiffs, representing current and former hospital employees, filed class action lawsuits, requiring the Supreme Court to determine whether a pension plan which is “established” and maintained by religiously-affiliated organizations falls within the “church-plan” exemption, or if the exemption only applies to plans that were actually “established” by churches.

In an unanimous 8-0 decision4 written by Justice Kagan, the Supreme Court reversed the decisions of the three separate federal appeals courts and sided with the church-affiliated hospitals, adopting a broad interpretation of the “church plan” definition in ERISA.5 Under the Court’s ruling, pension plans maintained by church-affiliated entities are exempt from ERISA regardless of whether a church originally “established” the plan.

Justice Sotomayor, writing a concurring opinion, agreed with the Court’s conclusion, but remained “troubled” by the Court’s ruling, signaling to Congress that although she agreed with the Court’s interpretation of the statutory text, Congress’ original legislative intent to exempt pension plans “established and maintained” by lesser financially solvent church-affiliated entities like the orders of Catholic Sisters could now be leveraged by “some of the largest health-care providers in the country” who also “operate for-profit subsidiaries . . . employ[ing] thousands of employees . . .[and] earn[ing] billions of dollars in revenue.” This signal to Congress could provoke a legislative response, resulting in an amendment which narrows the scope of the ERISA exemption excluding larger church-affiliated institutions.

Despite Justice Sotomayor’s angst, the Court’s ruling frees church-affiliated hospitals from the financial burden of complying with ERISA, enabling them to reinvest the money that they would have needed to fund their plans had they lost the case back into their operations and thus, back
into their mission of delivering quality patient care. However, the ruling is also narrow in scope and turns entirely on the Court's interpretation of ERISA and the 1980 amendment, stating, “Under the best reading of the statute, a plan maintained by a principal-purpose organization therefore qualifies as a ‘church plan’ regardless of who established it.” The decision left open the question of which particular entities will qualify as a principal-purpose organization. In fact, the Court went out of its way in Footnote 2 to point out that the scope of its opinion does not address whether hospital pension plans are “church plans” with the necessary association with a church or whether hospital internal benefits committees count as principal-purpose organizations. Since those issues remain unresolved, the Court may have left a slight crack open in the door for an enterprising plaintiff’s attorney to develop an alternative theory to challenge religiously-affiliated hospital pension plans in the future.

About the Authors
James A. Robertson is a Partner and Chair of the Health Care Practice at McElroy, Deutsch, Mulvaney & Carpenter, LLP.

Jason Castle is a third-year law student at Seton Hall Law School and a Summer Associate at McElroy, Deutsch, Mulvaney & Carpenter, LLP.

Footnotes
4 Justice Gorsuch took no part in the case.
The Devil

Opportunity is in the Detail.

You have data. You need insight.

CBIZ KA Consulting Services, LLC

- Financial Modeling
- Clinical Benchmarking
- Revenue Integrity
- Eligibility and DSH Services
- Charge Evaluation
- Risk Reduction (RAC)

Information. Not Intuition.

1-800-957-6900
www.kaconsults.com
Editor’s Note:
Career development is one of the clear missions of the HFMA. From time to time, we will feature content in areas that are vital for the advancement of healthcare finance professionals. In this article, the author gives some first-hand reflections on professional enrichment, emphasizing the value of attending conferences and seminars.

I’ve never been caught in a wood chipper and I don’t know anyone who has been. But, as a keynote speaker and comedian who has attended thousands of conventions, I’ve been privileged to hear many “caught in a wood chipper”-type stories from motivational speakers. You know, people who have been forced to jump off a burning building or land a plane on a palm tree, and I think that we love listening to these stories because we’re fascinated by people who live through tough times and come out ahead. We gain strength from those who’ve overcome the impossible, and aren’t bitter or resentful or disenfranchised by the human race.

This fascination of being your best despite the odds – the great keynotes we hear at these conferences – is how I recently found myself at a Tony Robbins convention in Dallas as a paying customer. That’s right: attending a conference in my free time! I first listened to his tapes 20+ years ago while driving my Honda Civic 60,000 miles a year doing comedy clubs. A friend copied them for me onto cassette tapes (ooohh, so high-tech!) and Tony kept me sane as I drove straight through from Minneapolis to Virginia. I loved the tapes. I put it on my bucket list to see him in person, as payback for the tapes I had copied. That item had been buried in my bucket for about 20 years... until recently. My sister and niece were attending his “Unleash the Power Within” experience and they encouraged me to knock it off my list. So I went!

Now I’m not much of a “rah rah” (as I call it) motivational type person, but Tony is very high energy and very “rah rah” — in fact, he gets 8,000 people to “rah rah” with him. You get more hugs in one hour than you do at a weekend of Burning Man (look it up). There was also screaming and yelling, but in a good way. In fact, the only time we didn’t scream was while walking on the two million degree hot coals. Yeah, that’s part of the. . . er, ah. . . “attraction” to the event. I gathered that the point in doing this was not to give you a skill for your next BBQ (“Hey look everyone! See what I can do!”), but rather to show you the power of your mind – how you can get yourself in a state of mind to do anything. It’s quite amazing and it works.

Aside from dancing around on hot coals, I learned that all the “rah rah”-ing had an actual purpose. One of his many points (and I’m paraphrasing here) is that information without emotion is not retained as well. So if you learn something and then create emotion (“rah rah”-ing), you’ll remember it. This is good news as my humor keynotes have some great tips and lots of laughs...so people (hopefully) remember the tips!

He also gave us nutrition advice. The downside was that we were at a convention center with limited access to tofu and fresh avocados. Five hours into listening about my crappy diet, I snuck out to get us some lunch. After paying the snack bar cashier, she told me she was out of bags. I said “I can’t go back into a nutrition seminar openly carrying three chicken Caesar wraps and a large bag of sea salt potato chips!” — she laughed and found me a bag! I shouldn’t have continued on page 24
felt so bad though. . . later during the break, the line for the caramel corn was huge, which shows that it’s easier to understand something intellectually than to actually put it into practice.

He showed us a lot of other useful tools that did not include tofu but which will help us live life in a “beautiful state,” as he says. But what I really learned, aside from never wanting to hug another stranger again (for a few days anyway), is the value of attending a conference to connect with people face-to-face, take a break from the hectic pace, and pick up effective tools that will help me enjoy life more fully. And at the risk of being self-serving, because I keynote at so many conferences, I do encourage you to make time to attend professional events that feed your soul, because that’s just as important as catching up on your emails. And who knows, maybe you’ll pick up a tip or two that will help you if you ever find yourself caught in a wood chipper.

About the Author
Jan McInnis is keynote speaker, comedian and comedy writer. She has shared her customized humor keynotes with thousands of associations and corporations, and she is the author of two books: “Convention Comedian” and “Finding the Funny Fast.” She was also featured in the Wall Street Journal, the Washington Post, and the Huffington Post. Jan can be reached at www.TheWorkLady.com

Speed Mentoring - Mentors, Mentees, 6 minutes, Go!

Speed Mentoring – what is it? Why did we do it?

Chapter leaders met in 2016 to plan for the coming year. During that meeting the group identified through our S.W.O.T. analysis the following:

**Strengths:** our members are industry leaders; members freely share their knowledge in many venues; our Chapter has a good blend of payors, vendors and providers as members and we have an intergenerational membership

**Weaknesses:** our Chapter leaders/members are getting older (average age 56); our Chapter does not have a structured mentorship program and our Chapter needs to encourage the early careerists to become more involved to maintain Chapter viability and to “thrive”

**Opportunities:** to provide our Chapter’s early careerists, as well as to attract other early careerists with the HFMA NJ value proposition

The Chapter decided to submit for an Innovation Award to National. The Chapter proposed a fun, fast-paced structured Speed Mentoring Event focusing on bringing our experienced Chapter members together with early careerists, both Chapter members and by reaching out to those who are not yet members. This event would be conducted at a venue that will provide enough room to conduct the speed mentoring program and a wrap up reception.

Our goal was threefold: through the pairing of experienced members and early careerists, provide each participant with six-to-eight encounters which illustrate the value proposition of HFMA membership; give early careerists an individual to partner with who can act as their career mentor; and create closer connections that will sustain the Chapter for the future.

National said yes and awarded us $5,000 to try this idea.

In two events, one on May 18 at the Watermark in Asbury Park and the other on June 13 at Pines Plaza in conjunction with the Revenue Integrity Education Session, the Chapter brought together 16 mentees and 14 mentors. Anecdotal feedback has been very positive: “Six minutes was just long enough. If you didn’t click from a personality perspective, there was no problem moving on.” “Many of us are linking up on LinkedIn.” “I’ve never done this before. It was so much fun.”

The Chapter is awaiting the results of the surveys by the participants. Once those results are tabulated, a report will be submitted to HFMA National to finalize the award. However, it is clear that the Chapter needs to capitalize on this momentum to move forward.
As we begin a new Chapter year, there have been changes to the leadership of the NJ HFMA CARE (Compliance, Audit, Risk & Ethics) Forum. Melanie Sponholz is the new Chair, assisted by Rob Senska as Co-Chair. As the Board Liaison to the CARE Forum, I thought it might be of interest to readers of the Garden State Focus to get to know Mel and Rob a little better, so I compiled a list of questions to pose to them. Their answers are below. And I also want to take this opportunity to thank Sue Hatch, who has chaired the CARE Forum for the past two years, assisted by Lisa Hartman Weinstein and Deb Carlino as Co-Chairs.

I know a little about your backgrounds, so please tell me how you became involved in healthcare compliance.

Mel – Healthcare was my second career. I was working as an editor in New York City and volunteering at a hospital when I decided that I’d rather be in healthcare full time. Since I had been an English major in college, I did two years of pre-requisites in Columbia’s post-bac pre-med program, and then I entered their Masters of Science program in physical therapy. Practicing as a PT morphed into working as a regional director for a large organization, which morphed into being their director of quality assurance. When it was time for implementing a formal compliance program, I was nominated to do the job! And the rest is history…I stayed in compliance but have served as a compliance officer in several different healthcare sectors now.

Rob – My entire career has been in healthcare. I earned my M.B.A. in health systems administration and focused on healthcare law in law school. Practicing law in both New York and New Jersey, I represented the full spectrum of healthcare providers on compliance and regulatory issues. Now, as a healthcare consultant, I continue to provide services nationwide to providers, primarily hospitals and physician groups. I have also served as chief compliance officer and general counsel of a New Jersey community hospital, as well as a national health system.

What initially drew you to the NJ HFMA CARE Forum?

Mel – I met the CARE Forum gang during an NJ Compliance session at an HCCA Annual Institute. I could not have connected with a more welcoming and supportive group! The Forum quickly became my go-to for all those “phone a friend” moments in the life of a compliance officer, and I have been active with the group ever since.

Rob – As a hospital chief compliance officer in New Jersey I was interested in staying current on issues on a national level, but also those germane to the New Jersey marketplace. The CARE forum is a perfect venue to hear from current industry leaders on such issues.

How long have you been an active member of the Forum?

Mel – I think it has been six years?

Rob – I have been involved with the Forum for several years, but have taken a much more active role this past year.

What do you feel are the major takeaways from the Forum, and how do these things enhance your effectiveness in your jobs?

Mel – Depending on the size of your organization as a compliance officer, you may be a lone ranger in the compliance department or face some limitations with your in-house resources. The Forum really becomes your extended team, the people to call for advice and go to with challenging questions. During our monthly round-table discussions, we all benefit from each other’s experiences. It’s always helpful to gain insight into how key topics and issues are being addressed elsewhere. There are always good discussions, and all of the members are generous in sharing best practices.

continued on page 26
Rob – The Forum is an excellent venue to apprise yourself of current issues facing healthcare entities, such as hospitals, especially those in the New Jersey marketplace. The attendance is always strong and the folks on the calls are truly the leaders of their companies. Therefore, the tips and practical information shared on the calls are invaluable, for both new healthcare professionals and seasoned veterans.

What do you see as the major compliance risks that all providers will be facing over the next 12 months? Three-to-five years?

Mel – I think that the tumultuous political landscape and its impact on healthcare will be the biggest challenge in the near future. Over the coming years, I think that the biggest challenges will be the evolving framework of compliance in an era of shared risk, joint ventures, and other shared risk models of care delivery, as well as continuing evolution in the areas of reimbursement and technology. Whereas compliance officers were once siloed in their particular segment of the healthcare industry, we will all need to have a much more comprehensive skill set as healthcare shifts gears towards population health models that span the spectrum of care. I also think that to be a successful compliance officer, you will need to be a successful business partner, so that compliance solutions can be a part of an organization’s overall strategy and vision.

Rob – I think that the government will continue to pursue OCR audits and we will see continued increases in HIPAA enforcement. I also believe that coding and documentation issues, especially around outpatient and physician billing for hospitals, will continue to be scrutinized by government and private payors. These are both areas of low-hanging fruit that impact the bottom line and can also be easily corrected. Finally, I believe that the intersection of compliance, quality, and efficiency is here to stay, and organizations need to be strategic and thoughtful in how they develop their business plans around all three – no longer can compliance be handled on an island.

What can we expect from the CARE Forum going forward?

Mel – We hope to continue to spur lively conversation and sharing at Forum meetings, increase the opportunities to meet face-to-face with the group and potentially add a brief segment from a presenter on a compliance hot topic to each of our monthly calls.

Rob – We anticipate continued commitment from its participants, and excellent information and idea sharing during meetings and calls. Further, there has been a calling to have some additional in-person meetings for members to network and share ideas and information – this is something Mel and I are actively exploring.

Is there anything additional you’d like to say related to your experiences with the CARE Forum and/or NJ HFMA in general?

Mel – The Forum calls, annual education day and NJ HFMA Annual Institute in October are all fantastic ways to continue professional growth. The fellowship and insight you will gain are invaluable!

Rob – Overall, I would say that the CARE Forum provides a superb, comfortable atmosphere for the free sharing of thoughts, issues and ideas. The attendance and participation at monthly meetings is always strong. The Forum has evolved with such strength due to excellent leadership and a true team commitment to run the group. I am very pleased to be a part of the team that grows and moves the CARE Forum forward!

The NJ HFMA CARE Forum meets on the first Thursday of the month at 9 a.m. All are welcome to participate. Check the Chapter’s website for additional information.

About the Authors

Melanie Sponholz
Prior to her role as Chief Compliance Officer for WCP Healthcare, Ms. Sponholz served as Chief Compliance Officer for BioScrip, Inc., a leading national provider of infusion and home care management solutions with more than 70 locations across 28 states. Ms. Sponholz also served as the Chief Compliance Officer for Home Solutions, one of the largest independent home infusion providers in the country, and Fox Rehabilitation, a multi-state provider of home physical, occupational and speech therapy.

Ms. Sponholz holds a B.A. from Drew University and a M.S. in physical therapy from Columbia University College of Physicians and Surgeons, as well as numerous credentials from the Compliance Certification Board. Ms. Sponholz is a frequent

continued from page 25
speaker on healthcare compliance and an active member of the HCCA, the SCCE, and HFMA. She can be reached at MSponholz@waudcapital.com.

Rob Senska, Esq., M.B.A.
Rob has over 15 years of legal, compliance and regulatory experience in the healthcare field, focusing on both the payer and provider side. Rob has held senior-level hospital legal and compliance leadership roles at both community hospitals and major national health systems. He has also worked at top New Jersey and New York law firms in their health and hospital practice groups. Rob holds a J.D. from Brooklyn Law School, an M.B.A. from Union University, a B.S. from Union College and a Lean Six Sigma Black Belt Certification from Villanova University. He is a member of the NJSBA, NYSBA, HFMA and HCCA. He is a member of the bar in both New York and New Jersey. Rob can be reached at RSenska@LW-Consult.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 Website.]

Job Position and Organization

Engagement Manager
Aetna

Senior Accounts Receivable Specialist
Robert Wood Johnson Physician Enterprise

Chief Financial Officer
Kendal on Hudson

Senior Director, Strategic Financial Planning
Hospital for Special Surgery

Controller - Full Time
Catholic Charities, Diocese of Trenton

AVP Patient Financial Services
Hospital for Special Surgery

Senior Director, Bundled Payment Solutions
Hospital for Special Surgery

Manager, Managed Care
Inspira Health Network

Business Analyst I
Robert Wood Johnson Physician Enterprise

Revenue Integrity Data Analyst
Inspira Health Network

Clinical Revenue Data Integrity Analyst
Inspira Health Network

Corporate Director, Revenue Integrity
Kennedy Health

Credentialing Assistant
Princeton HealthCare System

Senior Director, Strategic Financial Planning
Hospital for Special Surgery

Senior Director, Bundled Payment Solutions (SD-BPS
Hospital for Special Surgery

Controller
Hackensack Meridian Health Mountainside Medical Center

ICG Consultant II
Yale New Haven Health System
We’ve just purchased a partnership practice. Is the transaction amount specified in the Purchase and Sale Agreement fair market value as defined by the Public Health and Internal Revenue Service regulations?

When one physician or specialist practice buys another, public health regulators and the Internal Revenue Service (“IRS”) are interested in the transaction price. Public health regulators are checking to make sure that the acquisition is not a cover for payment for referrals and the IRS is interested in making sure any built-in gain or other tax issue generated by the transaction is satisfied according to its regulations. In some cases, the amount in the transaction agreements may qualify as a bona fide fair market value.

However, when two partnerships join together, the Purchase and Sale Agreement (“PSA”) likely describes a purchase consideration much different than the fair market value of the acquired entity. This situation arises when partnerships merge, because the goal of both parties is to get all the owners to an equal playing field.

To accomplish this, PSAs between partnerships typically describe a process whereby the books and records are reconciled to one another, accounts receivable and accounts payable are estimated, and an equation for the amount of cash the partners need to contribute to the combined entity is developed. The goal is to have a single entity where partners from the prior two entities own the new entity on equal terms with one another. However, those terms may not be fair market value but rather a calculated amount based on accounts, audited or unaudited books and records developed for financial reporting or tax purposes.

It is a good idea to consider bringing in a valuation professional to calculate the arm’s-length price at which the acquired entity would sell in an arm’s-length transaction in preparation for regulators’ questions or to calculate tax implications properly.

Valuation professionals may use all or a combination of the approaches listed below to derive its conclusions, depending on whether an approach is applicable or not. No formula yields a definitive determination of value, as each company and asset valuation involves unique factors. The valuation process requires the objective analysis of data, the application of experienced judgment and discussion with management to yield a reasonable conclusion. Following these approaches may yield a significantly different number than the total paid for the acquired partnership. A brief description of each approach is discussed below:

**Income approach:** The income approach measures the value of an asset by the present value of its future economic benefits. These benefits can include earnings, cost savings, royalty savings, tax deductions and proceeds from the asset’s disposition. When applied to assets of a business, value indications are developed by capitalizing current benefits or discounting prospective cash flows to their present value at a rate of return that incorporates the risk-free rate for the use of funds, the expected rate of inflation and risks associated with that
particular investment. The capitalization and discount rates selected are generally based on rates of return available for alternative investments of similar type and quality as of the valuation date.

**Market approach:** The market approach measures the value of an asset through an analysis of recent sales or offerings of comparable assets. When applied to the valuation of an asset, consideration is given to the financial condition and operating performance of the company that owns the asset. Market approaches tend to generate the highest value as the market multiples include goodwill, generally in all cases, whereas, the income approach considers some scenarios without goodwill. The cost approach (below) rarely captures any goodwill.

**Cost approach:** The cost approach measures the value of an asset or a business based on the cost to reconstruct or replace it with another of like utility.

In concluding on the respective fair market value of the acquired entity, the valuation professional will consider and reconcile the results from each approach as appropriate.

Another issue has to do with normalization adjustments. Whereas the PSA may contain a simple formula to equate the economic interests of the respective parties’ owners, a fair market value estimate may require normalizing income statement and balance sheet information to remove discretionary, non-operating or one-time items not reflective of what a willing buyer/willing seller would consider. Compensation is most often the focus of adjustments as owner/physicians may have suppressed compensation to allow for more distribution proceeds, or they may have take higher compensation, as is their prerogative. In any event, compensation studies should be used to support or adjust the reported compensation in your valuation models.

Valuation professionals are, for the most part, cognizant that the variance between the “cash boot,” to merge in a partnership, and fair market value may be significant. Further, these variances may cause optics challenges between the parties’ members perceived value and an amount calculated for regulatory purposes. A sound advisor should be able to bridge the conceptual gap and allay concerns on the basis that anything provided consistent with regulatory guidelines is not indicative of the absolute value of a business, but rather the result of following a fairly systematic and established process for meeting regulators’ needs.

---

**A sound advisor should be able to bridge the conceptual gap and allay concerns on the basis that anything provided consistent with regulatory guidelines is not indicative of the absolute value of a business, but rather the result of following a fairly systematic and established process for meeting regulators’ needs.**

---

A last point to consider is that the rules for determining fair market value for public health regulatory purposes and tax purposes are not identical. Specifically, the public health regulatory valuation guidelines require consideration that the most likely buyer would be one in a business similar to the seller, but for tax purposes it’s assumed that anyone with sufficient capital to buy the business would do so. Also, the public health regulations require removal of consideration of those entities which could hypothetically provide referrals to either party to the transaction. These limitations may result in lower multiples or significantly different market assumptions given the use of a different comparable company set.

Public health officials and the IRS are interested in a number calculated using principles established through mandate and case law. Valuation performed using the methods under the approaches described above will result in a number consistent with those regulatory body expectations, or at least mitigate the risk somewhat of assuming the value calculated in a PSA is consistent with fair market value. Reach out to your local valuation professionals for advice should the matter be of significant risk.

**About the author**

*Howard J. Krieger is Senior Manager with WithumSmith+Brown. He can be reached at hkrieger@withum.com.*
BE IN A POSITION OF STRENGTH™

At WithumSmith+Brown, PC, (Withum), our client-focused philosophy and goal-oriented approach delivers expertise, efficiency and innovation to meet the unique needs of the healthcare industry.

Scott J. Mariani, JD, Partner, Practice Leader
smariani@withum.com
So if this is the Summer Edition of the *Garden State Focus*, I guess it’s time to bring you all up to speed with where we are in planning the 41st Annual Institute. As some of you know from first-hand experience, we begin the planning process on Friday afternoon once the final session of the Annual Institute has ended. The Institute has been the premier educational and networking event for our members and guests for the last 40 years. In order to continue this successful run, we must constantly re-evaluate everything, so that each year is a little different, and we hope a little better. This year, the Institute will be held again at the Borgata in Atlantic City on October 4-6. At this point, I’d be remiss if I didn’t thank my Co-Chairs, Tony Panico and Stacey Bigos, as well as the members of the Annual Institute Committee for their hard work and dedication. Kudos also go to the Education Committee, with Stacey as Chair and Mary Cronin and Sandy Gubbine as Co-Chairs, who once again this year are responsible for the fabulous agenda of speakers who will be presenting on topics of interest to all of our members, whether their focus is finance, revenue cycle, reimbursement, compliance, payer issues, physician practice, or some combination of all of the above. There is truly something for everyone, and more than enough great sessions to keep us all engaged.

As you probably are aware, the Education Committee began the process of creating the agenda with a Request for Abstracts that went out at the end of January to all members, prior presenters, and parties who have expressed an interest in participating at the Annual Institute. This year we automated the process, using a web-based tool from EventRebels. This was a great step forward, in that we would no longer be passing around individual files to the committee members who review and score the submitted abstracts. Rather, potential presenters uploaded both their biographical information and their abstract to the website. We received 117 submissions this year, which is more than any of us who are involved with this process can ever remember. Having the files accessible in the cloud streamlined the review process, with the individual reviewers reading their assigned abstracts online and scoring them in real time. Once those submissions that would comprise the agenda were identified, the system notified the presenters that they were accepted by way of an email.

We’ve rearranged the schedule a bit this year, with breakout sessions on Wednesday morning, followed by lunch and the Keynote, and ending the day’s educational offerings with more breakout sessions. And of course the ever popular Lunch & Learns will be included again this year on Wednesday and Thursday. We’re starting off Thursday morning with the 2017 Regulatory Update, presented by Michael McLafferty, followed by a very special Keynote speaker. We’ve extended the breaks this year, so that there’s more time for meeting the sponsors and networking with peers before the second General Session, which will be an update on Healthcare Reform by the New Jersey Chapter’s own John Dalton. As of this writing, who knows what the future course of American Healthcare will be, but I’m sure regardless of the direction we’re going, John will be able to bring some clarity to the larger picture. Thursday afternoon will be filled with great breakout sessions. Friday begins with an interesting Keynote session that I’ll discuss a little later on in the article, followed by what we’re calling the C-Suite Panel this year, recognizing that the leadership team at most entities has expanded to include expertise beyond the traditional roles of finance and operations. We’ll be ending the Institute with a presentation on using data analytics as a tool to improve performance, so you’ll continued on page 32
want to be there to hear from this informative speaker. A copy of the agenda can be found elsewhere in this edition of the *Garden State Focus*.

We’ve arranged for three very different but equally compelling Keynote speakers again this year. On Wednesday, we have Ilise Zimmerman, who is the Executive Director of the Partnership for Maternal & Child Health of Northern NJ. For those of you who don’t know, they are a non-profit 501(c)(3) organization of healthcare professionals and consumers dedicated to providing education and increasing community awareness by facilitating collaboration among the private and public sectors and providers for the delivery of high quality coordinated maternal and child health care. They, along with the Central Jersey Family Health Consortium and the Southern New Jersey Perinatal Cooperative, are the beneficiaries of this year’s Wednesday Night Charity Event at the Institute.

Our Thursday Keynote is Captain Al Fuentes, a former New York City fireman who survived the 9/11 attack on the World Trade Center that forever changed our lives. He is the author of the book “American By Choice - One Man’s Journey,” and those who have heard him speak have said that the experience is both thought-provoking and moving.

On Friday morning, we have a Keynote that should be fun and possibly helpful for those of us who find ourselves increasingly forgetful. Tyler Ensyn will be teaching us some skills to enhance our memory in a high energy and interactive presentation. This may be just what the doctor ordered to help us all wake up after Thursday night’s networking events.

And speaking of networking events, we’re still planning the Wednesday Night Charity Event, Thursday Night President’s Reception, and of course the Late Night Event. At the time that I’m writing this, we haven’t yet chosen all of the venues for the 2017 Annual Institute, as there are sections of the Borgata that are being renovated. As much as we all have enjoyed the Borgata Pool as the location for the President’s Reception, we’ve outgrown that space with our number of attendees. Entertainment at this year’s President’s Reception will be provided by Jimmy of Jimmy and the Parrots, a Jimmy Buffett tribute band, who has been playing to delighted fans all over the US and Caribbean for the past 12 years. And the rest of the band will be joining Jimmy to perform at the Late Night Event on Thursday. It’ll be a great night for margaritas and Hawaiian shirts.

The Charity Event will take place once again in the Conference Center, where we’ll be returning to an open floorplan, which will allow more space and increased visibility for our sponsors. This year we’ve decided to offer iPads for the winners of our Sponsor Bingo, rather than free registration to the next year’s Annual Institute. Numerous fun and exciting distractions are being planned to enhance the experience while attendees enjoy the light fare while participating in the Charity Auction. Be sure to visit the vendor booths, where the gifts will be on display, and from where the winners will be chosen. Once again, this year the event is scheduled to end at 8:00 pm while the night is still young and there will be plenty of time to visit one of the Borgata’s fine new restaurants or try your luck in the casino.

This year at the Annual Institute you can also have a professional headshot taken, thanks to Steve Aaron and HBCS. Steve provided this service at last year’s Women’s Educational Session and it was very popular with the attendees. We’re also planning to include the Certification Review Course that had been presented as a series of webinars in recent years. A recent survey performed by the Education Committee showed that our members would like to have an opportunity to meet in-person with the presenters and then take the test with the group. If you’ve been thinking about pursuing your certification, please consider this opportunity.

Finally, no article about the Institute would be complete without a big shout out to our sponsors, without whose support we wouldn’t be able to present such a fabulous program year after year. We always solicit feedback from our sponsors, and this year was no different. We did an open conference call in January, as well as a focused survey. In response to the feedback, we’re moving to an open floorplan this year, so that there won’t be any more dead ends in the vendor hall. And the sponsors will be able to hear our Keynote and General Session speakers from their booths. And as I mentioned earlier, we’ve rearranged the schedule to allow for longer breaks between sessions, so please spend the extra time meeting with those vendors, whose support is so essential to the continued success of not only the Annual Institute but also the New Jersey Chapter.

See you at the Borgata!

**About the author**

*Michael P. McKeever, CPA, FHFMA, CHC, CHRC*, is the Director, Internal Audit for Saint Peter’s Healthcare System. He is also the Treasurer of the NJ Chapter of HFMA and Chair of the Annual Institute Committee. Mike can be reached at m.mckeever2@verizon.net.
The New Jersey HFMA Chapter recently presented four scholarships to the dependents of present NJ chapter members. Past President Heather Weber presented the students with the awards at the June 13th Revenue Integrity Educational Session at the Pines Manor in Edison. We’d like to wish the best of luck to the scholarship recipients as they continue to pursue their education in the healthcare field.

Olivia Hellerich has lived in Milltown her entire life and is the oldest sister of three girls. She attended Spotswood High School in Spotswood, where she will graduate with a 3.9 GPA. Olivia is a member of the National Honor Society, as well as a member of Heroes and Cool Kids. She is a six-time varsity letter recipient in both basketball and softball. She has also competed in the National DECA competition throughout her four-year career. During her summers, she is a lifeguard and has been a camp counselor. Olivia plans on attending Seton Hall University in the fall and has decided to major in nursing. She looks forward to a challenging four years and helping those in need upon her graduation.

Luke Hess is a graduating senior from the Bridgewater-Raritan High School class of 2017 and an honors student with a 4.2 GPA. He will be attending Lehigh University in the fall, pursuing an undergraduate degree in biology with hopes to continue on to medical school.

Luke has been a competitive swimmer since he was eight years old. He’s had great success in both butterfly and freestyle, and is a member of the Somerset Valley YMCA National team. He’s a four-year varsity letter recipient for the Bridgewater men’s team, which reached the state final this past season. Before Luke goes to school in August, he will be spending his second summer working as a pool manager and swim coach. Luke strongly believes that swimming is a key life skill and he enjoys teaching younger members of the community how to swim.

Graham Litten has just completed his sophomore year at NYU’s Gallatin School of Individualized Study with a current GPA of 3.9. His concentration is in New Media Production and Distribution. Graham is very interested in the intersection of healthcare and traditional creativity media. Through his studies at New York University, he has learned how to take new media and use it for a variety of applications. Last summer, in order to get hands-on experience within this field of study, Graham interned for Tabula Rasa Healthcare and will return again this summer in an IT support role. Graham looks forward to continuing his experience at Tabula Rasa Healthcare this summer and his education at NYU this fall.

Katelyn Wolak is currently a third-year student at Ramapo College of New Jersey. She is majoring in business administration with a concentration in finance. She has dedicated much of her time to extracurricular activities such as Sophomores Advancing in Leadership, College Advocates Supporting Higher Education, and working as a consultant at the Center for Reading and Writing. Katelyn is looking forward to a career in healthcare financial management.
Turning a Passion into Reality – Sammy’s Hope Animal Welfare & Adoption Center

by Cara Ianniello

Editor’s Note:
One feature that we’d like to incorporate into the magazine is a “Passion Project” article, where we highlight the captivating works and deeds of our members. In this inaugural feature, Cara Ianniello describes the arduous and rewarding process of setting up an animal shelter. We’re also on the lookout for your passion project. Send us yours!

I can always remember my grandparents’ home in Brooklyn filled with stray dogs that my grandmother would take in off the streets. At any given time, they would have in excess of eight dogs in their home and I couldn’t wait to visit! They didn’t live on a farm but I even remember them taking in other animals such as a horse and a baby duck. Times were different back then; more stray animals were running in the streets as there was not as much animal control. I guess that “animal loving gene” gets passed along in the family. My parents too are animal lovers. Growing up, we never lived a day without some type of pet in our home. My siblings and I always had at least a dog and cat, but throughout the years we also had hamsters, fish, frogs, lizards, birds and even a pony. None of us made a career out of our love for animals but still today, none of us lives without a pet (or two, or three). About seven years ago, I was fortunate to be a part of an amazing group of friends, who all have the same passion for animals. We decided that we can do something to help the homeless animals in New Jersey. It is like the saying goes, “Saving one dog will not change the world, but surely for that one dog the world will change forever.”

I have always felt a strong connection with animals and would do anything to help them but I cannot take the sole credit for the inception of Sammy’s Hope. It all started when a woman with an enormous heart, named Elda Hubbard, a J.P. Stevens High School teacher in Edison, started a program called JPaws to give high school students an opportunity to volunteer at a local municipal shelter. One difficulty with the program was that the students were unable to handle the large breed dogs. In 2010, to remedy the problem, Elda asked a few adult friends to come assist with walking, handling and socializing the larger breed dogs. And just like the old shampoo commercial that goes, “and then they told two friends, and then they told two friends, and so on,” the number of volunteers grew. I was lucky enough to be one of those friends. Little did I know then that what started out as part-time volunteering was going to become one the most rewarding, all-consuming ventures of my life.

I can attest to the theory that animal people attract other animal people because our group didn’t take too long to grow. However, with a group that has such a compassion for these innocent creatures, it also didn’t take long for us to notice the injustice that was thrust upon any dog labeled as a “pit bull.” It was disturbing that many of the pit bulls and pit-mixes that found their way to the shelter were deemed “unadoptable” purely because of their gene pool. They were not made available for
Jolene

adoption to the public. If they weren't reclaimed by their owners, euthanasia was inevitable. It was at this point that we knew we had to do something else to help. I wasn't coming back week after week to socialize these dogs for them to be euthanized and no longer there. Even in their short time with us, the kind-loving nature of these "unadoptables" dogs was so apparent that this problem became beyond unacceptable to many of us. Throughout 2010, a tighter group of adult volunteers began to form from those who felt passionately that we needed to do whatever possible to give these dogs a chance. We realized that in order for this to happen we would need to become an independent organization, a non-profit registered 501(c)(3) corporation.

Now the real work was about to begin. In September 2010, Sammy's Hope was officially formed and approved by the IRS as a non-profit 501(c)(3) organization. We developed a governing board and by-laws. We took our name from Sampson ("Sammy" for short), who was a large brindle pit bull/boxer mix whose sweet demeanor and winning personality had stolen all of our hearts. We felt that Sammy exemplified all of the wonderful qualities of these misunderstood dogs. The idea behind Sammy's Hope is that we would work our hardest to bring some hope to the future of Sammy and all of the animals like him that were unfortunate enough to find themselves homeless.

Our next major step was to develop a fostering program in order to move many of the "unadoptables" out of the shelter and into homes. Within a week of becoming a formal organization, Sammy, himself, was fostered and officially adopted a few months later. In its first six months, Sammy's Hope was able to move approximately 30 additional "bully breed" dogs out of the shelter. This exceeded our expectations but also encouraged us to keep striving for more.

We developed volunteer protocols to follow and offered dog handling training to our volunteers. Sammy's Hope volunteers became a permanent fixture at this municipal shelter, where in addition to walking dogs, we worked hard to provide animal enrichment such as training and socialization. We held various fundraisers to help provide enrichment such as toys, bones, and modest comforts such as Kuranda beds so the dogs would no longer have to sleep on cold concrete flooring. Many times our fundraising efforts also helped to provide extraordinary medical procedures that the shelter couldn't provide. We worked closely with a local Eagle Scout program to assist with installing two outdoors runs for the dogs to get exercise and fresh air.

Spending so much time in a municipal animal shelter, you can't help but notice another set of residents, who tend to cry out to you from their cages. You just can't deny their need for love and attention as well... the cats! Our efforts in the cat room began slowly, with just a few volunteers who wanted to spend their time socializing cats. Soon, it was realized that the cats and kittens required more interaction and stimulation than could be provided during just a few volunteer hours. In addition to recruiting more volunteer hands in the cat rooms for play sessions, we also set about preparing all of the kennels with enrichment items such as soft bedding and various toys so when the cats were alone, they were not simply in their kennels with nothing to do. More hands and eyes in the cat rooms helped to ensure that any changes in behavior or health were noticed so that they received timely medical attention, preventing small problems from becoming larger ones. Our efforts also procured a grant to build an outdoor cattery, where the cats and kittens could run, climb, play, and enjoy the fresh air in a protected environment. In just a short time, Sammy's Hope was coordinating all dog and cat adoptions for the municipal shelter. We helped to promote the available animals on our website, all social media platforms, at local events, as well as local print media.

By mid-2014, we began assisting other New Jersey municipal shelters in getting similar volunteer programs up-and-running. We began to realize that our next natural step would be to open our own facility. In the fall of the same year, Sammy's Hope Board learned of an opportunity to lease an existing but unused shelter facility in Sayreville, adjacent to the Sayrebrook Veterinary Hospital. The Board voted unanimously to fund and move ahead with the project.

... And we thought we had worked hard before to start our organization! Over the next few months, hundreds of volunteer hours were spent preparing the facility to operate as an independent shelter that would care for both cats and dogs 24 hours a day, 7 days a week. The space we acquired had not been used for a few years and really needed a good cleaning and refurbishing. We spent several months cleaning, painting, renovating and transforming some of the existing dog kennels to cat kennels. Along with a thorough makeover, a business plan and annual budget was

Jolene recovering from her surgery
continued on page 36
developed. We established and defined committee structures to keep focused on specific areas such as animal welfare, finance, events, and fundraising. On January 12, 2015, Sammy’s Hope Animal Welfare & Adoption Center had our official grand opening.

Sammy’s Hope pulls our adoptable animals specifically from overcrowded New Jersey municipal shelters, as there is an overwhelming need to help alleviate the pressure on these facilities. The shelters are open admission shelters and are often full to capacity, which unfortunately results in euthanasia decisions when faced with more animals than they can hold. We focus specifically on animals that have been in the shelters for long periods of time and those that may have been overlooked for adoption for any number of reasons. All animals in our care receive necessary medical care, including, but not limited to, vaccinations, testing and spay/neutering. We focus on socialization, health and behavior training as needed to prepare our animals for adoption. Our careful adoption process requires a completed Adoption Questionnaire to help us get an understanding of the potential adopters’ lifestyle and includes personal and veterinary references. Conversations with the potential adopter and visual observations of the interaction with the family and the animals are used to make the best pet/family match possible.

We currently have over 125 active volunteers who are committed to our shelter operations. Our volunteers come to us from many different backgrounds. Some are lifetime animal lovers who are new to volunteering or have been volunteering at other animal welfare organizations; retirees with some time to spare; and those that are in some type of training or schooling for an animal-related career. In 2016, our volunteers logged over 18,300 volunteer hours. Having so many committed volunteers enables us to provide the animals in our care with plenty of daily, hands-on socialization, whether walking, petting, training, or just sitting in a quiet room with them. I think I can speak for almost everyone involved when I say that the animals give us so much more than we give them. But make no mistake, the work is rewarding, it is continuous and we are very committed. Fundraising is a never-ending struggle and it takes time and commitment to plan, organize and run successful events. We currently have an annual operating budget of approximately $125,000 to maintain the standards of care that we have today. Approximately 40% of our budget goes toward medical/veterinary expenses to ensure the well-being of the animals we take in. The remaining budget goes towards other operational expenses. Sammy’s Hope operates solely on donations; we do not receive state or federal funding. We hold three main fundraising events on an annual basis: A charity golf outing in May, a tricky tray in October and our year-end giving program that includes a donor match incentive. In the end, it’s all worth it to know that the effort you are expending is truly saving lives.

One heartwarming example is the story of Jolene. Jolene was a seven-month-old puppy abandoned in a park with a deformed front leg and unable to walk. She was picked up by local animal control and brought to a state municipal shelter. They could not handle her condition and reached out to Sammy’s Hope for assistance. We took Jolene in our care and raised funds for her much-needed corrective orthopedic surgery. The generosity from strangers was overwhelming. Jolene had successful surgery, went into a Sammy’s Hope volunteer’s home while she recovered and is now a happy one-and-a-half-year-old dog who has found her forever home.

At Sammy’s Hope Animal Welfare & Adoption Center, I often hear the volunteers singing to their four-legged strolling companions, sometimes to break the silence or maybe just to bring comfort to these confused little souls who find their way into our facility. The other day I heard a voice of one of our helpers singing the wise refrain from a song by New Jersey’s own Bruce Springsteen. “From small things mama, big things one day come…” could be heard coming through the path in the woods. Those words made me stop and smile to myself as I thought, “Hey, that is exactly what has happened right here.” It started me thinking about our humble beginnings and how
our once little dog walking venture grew into the life-saving operation that it is today.

So, is Sammy’s Hope really a “big thing?” Does the sentiment from The Boss’ song really apply in our situation? Maybe by some standards it doesn’t because the number of animals euthanized in shelters every year is still in the millions. However, due to efforts from smaller rescue facilities such as ours, the number of animals euthanized in New Jersey animal shelters alone has almost been cut in half since 2011. To me, that’s a “big thing.” But most importantly though, it is a “big thing” to the 261 animals that we’ve placed in homes in our first two years of operation, to the 61 we’ve already placed this year, to the hundreds we saved before and to the ones we will help rescue in the future. Yeah, to them, it is a big thing; it’s a very big thing. I encourage all of you to read more about Sammy’s Hope on our website at www.sammyshope.org, and follow us on our social media platforms such as Facebook, Instagram, Twitter and LinkedIn.

It is my goal for tomorrow to be an even bigger thing with a larger space, more volunteers, and additional funding to help save even more animals in New Jersey!

About the author
Cara Ianiello is Board President and Director of Fundraising & Development for Sammy’s Hope. She is also Senior Vice President, Network Operations for CHN PPO/Consolidated Services Group. Cara can be reached at Cara.Ianniello@chn.com.

NJ HFMA and NJ MGMA

For the second year in a row, NJ HFMA was thrilled to be a sponsor for NJ MGMA’s 2017 Practice Management Conference. The event was held in Atlantic City at the Tropicana Hotel from June 14th through June 16th. The Chapter sponsored the Welcome Reception, which was held on Wednesday night. NJ MGMA has also been a sponsor at the Annual Institute both last year and again for this year.
**Wednesday October 4th, 2017**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session Title</th>
<th>Presenter</th>
<th>Co-Presenter(s)</th>
<th>Company</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:00 - 10:50 AM</td>
<td>Breakout Session</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Studio 1</td>
<td>Two-Midnight Rule Update: Why Your Organization Is Still at Risk</td>
<td>Joseph Zebrowitz</td>
<td></td>
<td>Versalus Health</td>
</tr>
<tr>
<td>Studio 2</td>
<td>Three Critical Technologies Your Accounts Receivable Team May Be Missing</td>
<td>John Fundingsland Ken Poray</td>
<td></td>
<td>Hexaware Healthcare Technologies</td>
</tr>
<tr>
<td>Studio 3</td>
<td>Driving Change Through Measured Performance in the Physician Enterprise</td>
<td>John Budd Andrew Davis</td>
<td></td>
<td>ECG Management Consultants</td>
</tr>
<tr>
<td>Studio 4</td>
<td>Outcomes/Lessons Learned from the CMS Joint Replacement Bundled Payment Initiative</td>
<td>Donna Cameron Navigant Consulting, Inc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boardroom</td>
<td>Clinical Validation What Does It Mean?</td>
<td>Laura Legg</td>
<td></td>
<td>Healthcare Resource Group</td>
</tr>
<tr>
<td>10:50 AM - 11:00 AM</td>
<td>Transition Break</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Studio 1</td>
<td>Understanding Physician Contracting to Reduce the Risk of Fraud and Abuse</td>
<td>Jennifer Shimek Matthew Colford</td>
<td></td>
<td>KPMG</td>
</tr>
<tr>
<td>Studio 2</td>
<td>MACRA: Threats and Opportunities - An Introduction to MIPS and APMs</td>
<td>Idette Elizondo John Harris</td>
<td></td>
<td>Veralon</td>
</tr>
<tr>
<td>Studio 3</td>
<td>Accounting &amp; Auditing Update</td>
<td>Lou Feuerstein Crispin Hildebrand</td>
<td></td>
<td>Grant Thornton LLP</td>
</tr>
<tr>
<td>Studio 4</td>
<td>Outsourcing Healthcare Services and the Integrity of Data</td>
<td>Karen Henderson Anupam Goradia</td>
<td></td>
<td>WithumSmith+Brown</td>
</tr>
<tr>
<td>Boardroom</td>
<td>Compensation Valuation: The Importance of Fair Market Value Assessments in Healthcare Arrangements</td>
<td>Monica Kaden</td>
<td></td>
<td>Marks Paneth LLP</td>
</tr>
<tr>
<td>11:00 AM - 11:50 AM</td>
<td>Breakout Session</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Studio 1</td>
<td>Effective Written Business Communication</td>
<td>Jim Grigsby</td>
<td>Jim Grigsby Consulting</td>
<td></td>
</tr>
<tr>
<td>Studio 2</td>
<td>The Alliance Effect</td>
<td>Cortney Baker</td>
<td></td>
<td>Baker Management Group</td>
</tr>
<tr>
<td>studio 3</td>
<td>Accounting &amp; Auditing Update</td>
<td>Lou Feuerstein Crispin Hildebrand</td>
<td></td>
<td>Grant Thornton LLP</td>
</tr>
<tr>
<td>Studio 4</td>
<td>Outsourcing Healthcare Services and the Integrity of Data</td>
<td>Karen Henderson Anupam Goradia</td>
<td></td>
<td>WithumSmith+Brown</td>
</tr>
<tr>
<td>Boardroom</td>
<td>Compensation Valuation: The Importance of Fair Market Value Assessments in Healthcare Arrangements</td>
<td>Monica Kaden</td>
<td></td>
<td>Marks Paneth LLP</td>
</tr>
<tr>
<td>11:50 AM - 12:00 PM</td>
<td>Lunch - Borgata Buffet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:00 PM - 12:50 PM</td>
<td>Lunch and Learns</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Studio 1</td>
<td>Effective Written Business Communication</td>
<td>Jim Grigsby</td>
<td>Jim Grigsby Consulting</td>
<td></td>
</tr>
<tr>
<td>Studio 2</td>
<td>The Alliance Effect</td>
<td>Cortney Baker</td>
<td></td>
<td>Baker Management Group</td>
</tr>
<tr>
<td>Studio 3</td>
<td>Accounting &amp; Auditing Update</td>
<td>Lou Feuerstein Crispin Hildebrand</td>
<td></td>
<td>Grant Thornton LLP</td>
</tr>
<tr>
<td>Studio 4</td>
<td>Outsourcing Healthcare Services and the Integrity of Data</td>
<td>Karen Henderson Anupam Goradia</td>
<td></td>
<td>WithumSmith+Brown</td>
</tr>
<tr>
<td>Boardroom</td>
<td>Compensation Valuation: The Importance of Fair Market Value Assessments in Healthcare Arrangements</td>
<td>Monica Kaden</td>
<td></td>
<td>Marks Paneth LLP</td>
</tr>
<tr>
<td>12:30 PM - 1:00 PM</td>
<td>Vendor Demos</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boardroom 1</td>
<td>Vendor Demo 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boardroom 2</td>
<td>Vendor Demo 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:05 PM - 1:15 PM</td>
<td>Welcome Address</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ballroom</td>
<td>Welcome and Intros with Scott &amp; Mike</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:15 PM - 2:30 PM</td>
<td>Keynote</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ballroom</td>
<td>Charity Event Speaker Keynote</td>
<td>Ilise Zimmerman</td>
<td></td>
<td>Partnership for Maternal and Child Health of Northern NJ</td>
</tr>
<tr>
<td>2:30 PM - 3:00 PM</td>
<td>Break with Vendors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3:00 PM - 3:50 PM</td>
<td>Breakout Session</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Studio 1</td>
<td>Hot Topics In Compliance</td>
<td>Robert Bacon</td>
<td></td>
<td>University of Pennsylvania Health System</td>
</tr>
<tr>
<td>Studio 2</td>
<td>Medicare Regulations that Revenue Cycle Needs to Know</td>
<td>Ronald Hirsch</td>
<td></td>
<td>RT Physician Advisory Services</td>
</tr>
<tr>
<td>Studio 3</td>
<td>Healthcare Industry Tax Update &amp; President Trump’s 2017 Tax Reform</td>
<td>Hayley Shulman Linda Gnesin</td>
<td></td>
<td>WithumSmith+Brown PC</td>
</tr>
<tr>
<td>Studio 4</td>
<td>Data Isn’t Boring, We Swear?</td>
<td>Tracy Davison-DiCanto Travis Hunt</td>
<td></td>
<td>Princeton HealthCare System</td>
</tr>
<tr>
<td>Boardroom</td>
<td>Wage Index: New and Improved?</td>
<td>Scott Besler</td>
<td></td>
<td>Besler Consulting</td>
</tr>
<tr>
<td>3:50 PM - 4:00 PM</td>
<td>Transition Break</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4:00 PM - 4:50 PM</td>
<td>Breakout Session</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Studio 2</td>
<td>Charity Care and Community Benefit Reporting on Schedule H</td>
<td>Nicole Sokolowski Justin Lowe</td>
<td></td>
<td>EY</td>
</tr>
<tr>
<td>Studio 3</td>
<td>Making Care Affordable Without Sacrificing Financial Performance</td>
<td>April York</td>
<td></td>
<td>Novant Health</td>
</tr>
<tr>
<td>Studio 4</td>
<td>The Journey Toward Risk - What’s Required and What Could Go Wrong?</td>
<td>Michael Ruiz de Somocurcio</td>
<td></td>
<td>Regional Cancer Care Associates</td>
</tr>
<tr>
<td>Boardroom</td>
<td>Using Data to Define Your Post-Acute Strategy</td>
<td>Marc Zimmet Vincent Fedele</td>
<td></td>
<td>Zimmet Healthcare Services Group, LLC</td>
</tr>
<tr>
<td>5:30 PM - 8:00 PM</td>
<td>Charity Event (Vendor Hall)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Charity Event Benefiting Partnership for Maternal and Child Health</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Thursday October 5th, 2017

9:00 AM - 9:50 AM: General Session 1
Ballroom 2017 Healthcare Regulatory Update Michael McLafferty EisnerAmper LLP

9:50 AM - 11:05 AM: Keynote Address
Ballroom Keynote Speaker: Captain Al Fuentes, FDNY - 9/11 First Responder Al Fuentes

11:05 AM - 11:30 AM: Break with Vendors

11:30 AM - 12:20 PM: General Session 2
Ballroom Healthcare Reform: Where Do We Go From Here? John Dalton

12:20 PM - 1:40 PM: Lunch in Vendor Hall

12:20 PM - 12:50 PM: Vendor Demos
Boardroom 1 Vendor Demo 1
Boardroom 2 Vendor Demo 2

12:30 PM - 1:20 PM: Lunch and Learns
Studio 1 Keeping Up with Social Media Trends & Practical Applications for Career Development Matt Basilo Rhonda Maraziti WithumSmith+Brown, PC
Studio 2 Creating a New Mindset: Fully Embracing a Revenue Integrity Culture Kristi Morris Besler Consulting

1:00 PM - 1:30 PM: Vendor Demos
Boardroom 1 Vendor Demo 3
Boardroom 2 Vendor Demo 4

1:40 PM - 2:30 PM: Breakout Session
Studio 1 Mission Critical: Managing and Protecting Digital Patient Identities Ken Halaby Experian Health
Studio 2 How Penn Medicine’s Finance and Revenue Cycle Teams Joined Forces with Their Banking Partner to Streamline Monthly Reconciliation Eileen Murray Frederick Bloesch, Erika Treacy, Margaret Dowling Penn Medicine
Studio 3 Measuring Improved Efficiency Due to Hospital Mergers Sam Donio CBIZ KA Consulting
Studio 4 Alternative Payment Model: Medicare BPCI Bundle Payment and its Financial and Clinical Impact Kate Gillespie Christine Gordon Virtua
Boardroom The key to patient satisfaction and financial improvement Maria Facciponti, FHFMA nThrive

2:30 PM - 3:00 PM: Break with Vendors

3:00 PM - 3:50 PM: Breakout Session
Studio 1 Evaluating Your Compliance Program for Best Practice Bret Bissey MediTract
Studio 2 Strategies to Help Patients Deal with Financial Toxicity BreAnn Meadows PATHS, LLC
Studio 3 Bridging the Gap: Understanding the Role of Enterprise Risk Management During Healthcare Change Danette Slevinski Tim Fournier University Hospital
Studio 4 Accountable Care Organizations: Performance and Progress David Gregory Tim Fournier Baker Tilly
Boardroom Innovations in Primary Care Delivery: Beyond the Patient Centered Medical Home Robert Hill Veralon

6:00 PM - 8:00 PM: President’s Reception Location TBD

10:00 PM - ???: Late Night Event Location TBD

Friday October 6th, 2017

9:00 AM - 10:15 AM: Keynote Address
Ballroom Mastering Your Memory Tyler Enslin Direct Development Training

10:15 AM - 10:25 AM: Transition Break

10:25 AM - 11:40 AM: Panel Discussion
Ballroom C-Suite Panel Discussion

11:40 AM - 12:30 PM: General Session 3
Ballroom The Power of Analytics: Ideas to Improve Performance Asha Saxena FTI
## New Members

<table>
<thead>
<tr>
<th>Kristina Padlo</th>
<th>Deborah Brown</th>
<th>Madhu Gopal, CHFP</th>
<th>Stephanie Butler</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:kpadlo@aergo.com">kpadlo@aergo.com</a></td>
<td>Dental Director</td>
<td>Senior Director</td>
<td>Financial Analyst</td>
</tr>
<tr>
<td></td>
<td>WellCare Health Plans</td>
<td>UnitedHealth Group</td>
<td>AtlantiCare</td>
</tr>
<tr>
<td></td>
<td>(973) 848-3063</td>
<td><a href="mailto:madhugv@yahoo.com">madhugv@yahoo.com</a></td>
<td>(609) 677-7163</td>
</tr>
<tr>
<td>Dustin Seippel</td>
<td>Raena Nalducci</td>
<td>Tricia Ott</td>
<td><a href="mailto:stephanie.butler@atlanticare.org">stephanie.butler@atlanticare.org</a></td>
</tr>
<tr>
<td>Supervisor, Denials Management</td>
<td>Account Executive</td>
<td>Senior Financial Analyst,</td>
<td></td>
</tr>
<tr>
<td>Med-Metrix</td>
<td>Universal Hospital Services</td>
<td>RWJBH-Corporate Reimbursement</td>
<td></td>
</tr>
<tr>
<td><a href="mailto:dseippel@med-metrix.com">dseippel@med-metrix.com</a></td>
<td>Medix</td>
<td>RWJ-Barnabas Health</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:tricia.olt@rwjbh.org">tricia.olt@rwjbh.org</a></td>
<td></td>
</tr>
<tr>
<td>Michael Santos</td>
<td>Saini Sudnagunta, CRGR</td>
<td>Adrienne Dale</td>
<td></td>
</tr>
<tr>
<td>Account Executive</td>
<td>Director-Revenue Cycle</td>
<td>Financial Applications Director</td>
<td></td>
</tr>
<tr>
<td>Revenue Cycle Management</td>
<td>(561) 862-1640</td>
<td>Alscripts</td>
<td></td>
</tr>
<tr>
<td>Medix</td>
<td></td>
<td><a href="mailto:steve.miller.819@gmail.com">steve.miller.819@gmail.com</a></td>
<td></td>
</tr>
<tr>
<td>(201) 682-9684</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="mailto:msantos@medixteam.com">msantos@medixteam.com</a></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Andreea Milosovici</td>
<td>Robert Louis</td>
<td>Steve Miller</td>
<td></td>
</tr>
<tr>
<td>Sr Internal Auditor</td>
<td>Healthcare Administrator</td>
<td>JFK Medical Center</td>
<td></td>
</tr>
<tr>
<td>RWJ Barnabas Health</td>
<td>James Fowler PT</td>
<td>Corporate Director of Contracting and Payer Initiatives</td>
<td></td>
</tr>
<tr>
<td>(732) 923-8931</td>
<td>robertlouis94@ gmail.com</td>
<td><a href="mailto:steve.miller.819@gmail.com">steve.miller.819@gmail.com</a></td>
<td></td>
</tr>
<tr>
<td><a href="mailto:andreea.milosovici@rwjbh.org">andreea.milosovici@rwjbh.org</a></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avani Patel</td>
<td>Chris Czornyek</td>
<td>Lindsey Ravior</td>
<td></td>
</tr>
<tr>
<td>Senior Consultant</td>
<td>Vice President, Finance &amp; Strategy</td>
<td>AtlantiCare Regional Medical Center</td>
<td></td>
</tr>
<tr>
<td>FTI Consulting</td>
<td>Hospital Alliance of New Jersey</td>
<td><a href="mailto:lindsey.ravior@atlanticare.org">lindsey.ravior@atlanticare.org</a></td>
<td></td>
</tr>
<tr>
<td><a href="mailto:avani.patel123@gmail.com">avani.patel123@gmail.com</a></td>
<td><a href="mailto:chris@hospitalalliance.org">chris@hospitalalliance.org</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stephanie Cohen</td>
<td>Andre Vantepool</td>
<td>Spiro Leunes</td>
<td></td>
</tr>
<tr>
<td>Sales Director Analytics</td>
<td>Director of Sales and Marketing</td>
<td>Partner</td>
<td></td>
</tr>
<tr>
<td>McKesson Health IT</td>
<td>Lindenwood Rx Center</td>
<td>WithumSmith + Brown, PC</td>
<td></td>
</tr>
<tr>
<td><a href="mailto:steph.cohen@mckesson.com">steph.cohen@mckesson.com</a></td>
<td><a href="mailto:andre@lindenwoodltc.com">andre@lindenwoodltc.com</a></td>
<td><a href="mailto:sleunes@withum.com">sleunes@withum.com</a></td>
<td></td>
</tr>
<tr>
<td>Deborah Murray</td>
<td>Chris Tarabocchia</td>
<td>Regina Houpt</td>
<td></td>
</tr>
<tr>
<td>Senior Manager</td>
<td>Sales Executive</td>
<td>Director of Program Management</td>
<td></td>
</tr>
<tr>
<td>CohnReznick</td>
<td>Ingenious Med</td>
<td>Besler Consulting</td>
<td></td>
</tr>
<tr>
<td><a href="mailto:deborah.murray@cohnreznick.com">deborah.murray@cohnreznick.com</a></td>
<td><a href="mailto:chris.tarabocchia@ingeniousmed.com">chris.tarabocchia@ingeniousmed.com</a></td>
<td><a href="mailto:rhoup@besler.com">rhoup@besler.com</a></td>
<td></td>
</tr>
<tr>
<td>Jonathan Moore</td>
<td>Vincent Donatucci</td>
<td>Nathan Marquiss</td>
<td></td>
</tr>
<tr>
<td><a href="mailto:jonmoore35@gmail.com">jonmoore35@gmail.com</a></td>
<td>Revenue Integrity Specialist</td>
<td>Director of Sales</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rober Wood Johnson BH</td>
<td>Alacriti</td>
<td></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:vincent.donatucci@rwjbh.org">vincent.donatucci@rwjbh.org</a></td>
<td><a href="mailto:nathan.marquiss@alacriti.com">nathan.marquiss@alacriti.com</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Barb Mann</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Cheryl Lambert</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2017 NJ HFMA Golf Outing
Fiddlers Elbow Country Club
May 9, 2017
NJ HFMA Leadership 2017-2018

Officers

Scott Mariani
NJ HFMA Chapter President
smariani@withum.com
WithumSmith+Brown, PC

Erica Waller
NJ HFMA Chapter President-Elect
EWaller@princetonhcs.org
Princeton Healthcare System

Michael McKeever
NJ HFMA Treasurer
m.mckeever2@verizon.net
St. Peter’s University Hospital

Stacey Medeiros
NJ HFMA Secretary
SMedeiros@njha.com
New Jersey Hospital Association

Advisory Council

Dan Willis
Dkwillis6@gmail.com
Aetna

Heather Weber
heather.weber@bakertilly.com
Baker Tilly

Tracy Davison-DiCanto
tdavison-dicanto@princetonhcs.org
Princeton Healthcare System

Dave Wiessel
david.wiessel@ey.com
Ernst & Young

Board of Directors

Scott Besler
SBesler@besler.com
BESLER Consulting

Robert Booth
Rrbooth@shm.net
Summit Medical Group

Megan Byrne
Megan.Byrne@ey.com
Ernst & Young

Deb Carlino
carlindl@uec.rutgers.edu
Rutgers, The State University of New Jersey
Board of Directors (Cont’d)

Mike Costa
costam@aetna.com
Aetna

Peter Demos
peter.demos@hackensack
meridian.org
Hackensack Meridian Health

Brian Herdman
BHerdman@cbiz.com
CBIZ KA Consulting
Services, LLC

Tony Panico
apanico@withum.com
WithumSmith+Brown, PC

Brittany Pickell
pickellb@gmail.com

Jill Squires
jill.squiers@amerihealth.com
AmeriHealth

Associate Board Directors

Hayley Shulman
HShulman@Withum.com
WithumSmith+Brown, PC

Christin Fenton
Christin.Fenton@atlanticare.org
AtlantiCare Health System

Heather Stancisi
hstanisci@arcadiarecovery.com
Arcadia Recovery Bureau
Ex-Officio

Roger Sarao
RSarao@NJHA.com
New Jersey Hospital Association

Linda Gnesin
Assistant Treasurer

Melanie Sponholz
Chair, Compliance, Audit, Risk & Ethics (CARE) Committee
Msponholz@waudcapital.com
Waud Capital Partners

Rob Senska, Co-Chair, Compliance, Audit, Risk & Ethics (CARE) Committee
Rsenska@lw-consult.com
LW Consulting

Adam Abramowitz
Chair, Communications Committee
AAbramowitz@CBIZ.com
CBIZ KA Consulting Services, LLC

David Mills
Co-Chair, Communications Committee
davidamills333@gmail.com

Sandra Gubbine
Chair, Education Committee
Sandra.Gubbine@atlanticare.org
Atlanticare

Mary Cronin
Co-Chair, Education Committee
mmcronin@aol.com

Jane Kaye
Co-Chair, Education Committee
jane@hcfadvisors.com
Jane Kaye Healthcare Consulting LLC

Amina Razanica
Chair, Certification Committee
arazanica@njha.com
New Jersey Hospital Association

Dave Murray, Chair, Finance, Accounting, Capital & Tax (FACT) Committee
murrayd@ihn.org
Inspira Health Network

John Smith
Co-Chair, Finance, Accounting, Capital & Tax (FACT) Committee
jsmith@withum.com
WithumSmith+Brown, PC

Committees

Focus 2017
Committees (Cont’d)

A. Christine Putterman, CHFP, COC, CPC
Chair, Revenue Integrity Committee
christine.putterman@tuhs.temple.edu
Temple University Health System

Nora A. Burdi
Co-Chair, Revenue Integrity Committee
nburdi@valleyhealth.com
Valley Health System

J. Betsy Weiss
Co-Chair, Revenue Integrity Committee
BWeiss@stfrancismedical.org
St. Francis Medical Center

Rob Booth
Co-Chair, Physician’s Practice Issues Forum
Rrbooth@shm.net
Summit Medical Group

Joan Hendler
Co-Chair, Physician’s Practice Issues Forum
joanh@remexinc.com
Remex, Inc.

Lew Bivona
Chair, CPE Designation
ldbcpa@verizon.net

2017-2018 NJ HFMA Board was inducted on June 3, 2017 at the Revenue Integrity Meeting at The Pines Manor.
“Everything is theoretically impossible, until it is done.” - Robert A. Heinlein

Fox Rothschild’s health law attorneys help clients meet the challenges of a continually transforming health care system.

Known for our client responsiveness and agility in problem solving, we offer practical, cost-effective solutions to regulatory and business risks.
Three facts about the New Jersey HFMA Chapter you might not know:

1) Despite consolidation and growth of vendors participating in HFMA, healthcare providers are still half of chapter membership.

The pie chart to the right shows percent of total New Jersey Chapter members organized by type or organization.

2) Members work in a wide range of job functions across the healthcare industry.

3) Things can change a lot in five years! We looked into 2012 and 2017 Chapter rosters and looked for members who did not appear in the 2012 roster. A third of our membership has joined the HFMA in the past five years. Be sure to introduce yourself to new faces at Chapter events.

<table>
<thead>
<tr>
<th>Category</th>
<th>Member Count</th>
<th>Percent of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJ Chapter member since (at least) 2012</td>
<td>588</td>
<td>55%</td>
</tr>
<tr>
<td>New to NJ Chapter, but HFMA member before 2012</td>
<td>125</td>
<td>12%</td>
</tr>
<tr>
<td>New to HFMA, joined since 2012</td>
<td>353</td>
<td>33%</td>
</tr>
<tr>
<td>Total</td>
<td>1,066</td>
<td>100%</td>
</tr>
</tbody>
</table>
Whether you are a CJR participant or planning for it, understanding your exposure and strategic position is key to success in this new era of mandatory bundled payment models.

**BESLER’s CJR Analysis & Risk Assessment** service examines the drivers that impact bundled payment success for you and identifies key performance indicators and risk factors including:

- Target price analysis, discharge trends, provider utilization and readmissions
- Analysis of quality measures including HCAHPS and complication rates
- Post-acute care summary and identification of potential collaborators
- Quarterly data analysis and year-end reconciliation

Visit [besler.com/CJR](http://besler.com/CJR) to download a Special Report that explains how CJR works and what your responsibilities are in this new environment.