

## PATIENT FINANCIAL SERVICES: ENSURING ACCESS TO & PAYMENT FOR CARE

OCTOBER 11 & 13, 2022

Across the Nation, Patient Financial Services executives are creating a culture centered around patient care, with quality financial experiences at every step; from intake to final bill, delivering a human experience balancing quality outcomes with financial performance. End-to-end process improvement, with a focus on efficiency and innovation, alongside the development and monitoring of key performance metrics and benchmarks ensures teams are meeting targets and improving overall revenue cycle performance.

In a condensed and inclusive format, the healthXchange Patient Financial Services digital program dissects current trends, explores future challenges on the horizon, and sets up executives for success in a dynamic environment through industry collaboration and benchmarking.

**MODULE 1**  
**FRONT-END PATIENT FINANCIAL SERVICES**  
**TUESDAY, OCTOBER 11, 2022**

**MODULE 2**  
**BACK-END PATIENT FINANCIAL SERVICES**  
**THURSDAY, OCTOBER 13, 2022**

### THOUGHT LEADER PANELISTS & MODERATORS INCLUDE:

Rose Chaperon  
*Assoc. Chief Revenue Cycle Officer*  
MEDICAL UNIVERSITY OF SOUTH  
CAROLINA

Celeste Daye  
*VP Revenue Management*  
CONCERTO CARE

Alexander Forbis, MBA, MSN, RN  
*Associate Director, Centralized Denials  
Management*  
BANNER HEALTH

Dedra Bouchard  
*Patient Estimates Manager*  
UC DAVIS HEALTH

Joseph Johnson  
*Director of Patient Access*  
TIFT REGIONAL MEDICAL CENTER

Steven Schapp  
*Sr. Manager, Patient Financial Services  
& Central Authorization*  
MASSACHUSETTS GENERAL HOSPITAL

Christopher Ritscher  
*Manager, Patient Access Financial  
Clearance Center Procedures /  
Admissions*  
OSF HEALTHCARE

Ryan Bell  
*Former Director, Patient Financial  
Services*  
RIVERSIDE HEALTHCARE  
*Director of Client Success*  
KOHA HEALTH

Guzel Wardell, RN, BSN, MBA, CCDS,  
CCS, LSSYB  
*Clinical Documentation Improvement  
Director*  
METHODIST HEALTH SYSTEM

Jennifer Dyrseth  
*Manager, Patient Financial Services*  
OLYMPIC MEDICAL CENTER

Trish Starkes  
*Director of Patient Access & Financial  
Eligibility*  
UF HEALTH JACKSONVILLE

Alexander Safavi  
*Manager, Patient Financial Services -  
Home Care*  
CHILDREN'S HOSPITAL OF  
PHILADELPHIA

Blake Evans  
*Associate VP Patient Access*  
RUSH UNIVERSITY MEDICAL CENTER

Heidi Peris  
*Director of Patient Access*  
AKRON CHILDREN'S HOSPITAL

Sergio Quiej  
*Independent Consultant,  
Revenue Cycle Manager*  
ADVENT HEALTH

Deborah Jones, MSN, RN  
*Director of Clinical Documentation  
Integrity - Department of Quality and  
Safety*  
BRIGHAM AND WOMEN'S HOSPITAL

Ryann Bradley  
*Director of Reimbursement*  
HERITAGE VALLEY HEALTH SYSTEM

Makeyta Love  
*Enterprise Manager, Prior  
Authorization - Patient Access*  
MAYO CLINIC

# PATIENT FINANCIAL SERVICES: ENSURING ACCESS TO & PAYMENT FOR CARE

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MODULE 1 | TUESDAY, OCTOBER 11

*\*All times noted in Central Standard*

9:45 Digital Event Platform Log-in & Networking Opportunity

10:00 Leadership Panel: Executing an Interdisciplinary Approach to Pre-Service Patient Finance

As healthcare providers face increasing competitive pressure, the need to deliver a seamless financial experience for patients and caregivers has never been more important, or complex. Balancing the need for accuracy and speed in the execution of eligibility verification, prior authorization, and patient estimates alongside collection of co-pays and provision of financing opportunities requires the participation of a variety of interrelated teams. This panel discussion will highlight approaches to pre-service patient finance that are delivering the best results in today's evolving environment.

Rose Chaperon, Associate Chief Revenue Cycle Officer | MEDICAL UNIVERSITY OF SOUTH CAROLINA

Blake Evans, Associate Vice President, Patient Access | RUSH UNIVERSITY MEDICAL CENTER

10:45 Securing Prior-Authorization for Care

- Stronger front-end documentation to reduce denials
- Partnering with coding & clinical staff on documentation
- Prior authorization with unlisted codes being utilized
- Securing authorization for new therapies and procedures

Makeyta Love, Enterprise Manager, Prior Authorization – Patient Access | MAYO CLINIC

Steven Schapp, Sr. Manager, Patient Financial Services & Central Authorization | MASSACHUSETTS GENERAL HOSPITAL

11:30 Networking & Coffee Break

11:45 Comprehensive Pre-Registration and Eligibility Verification

- Increasing accuracy of patient data at registration
- Best practices in verifying coverage & eligibility
- Communicating patient's financial responsibilities
- Training & onboarding new staff & team members

Joseph Johnson, Director, Patient Access | TIFT REGIONAL MEDICAL CENTER

Trish Starkes, Director of Patient Access & Financial Eligibility | UF HEALTH JACKSONVILLE

12:30 Networking & Coffee Break

12:45 Delivery of Timely & Accurate Patient Estimates

- Ensuring estimates are accurate & provided quickly
- Tracking & benchmarking accuracy of estimates
- Effective methods of conveying estimates to patients
- Interpretation & implementation of No Surprises Act

Dedra Bouchard, Patient Estimates Manager | UC DAVIS HEALTH

Heidi Peris, Director of Patient Access | AKRON CHILDREN'S HOSPITAL

1:30 Networking & Coffee Break

1:45 Opportunities in Financial Education & Counseling

- Scope of financial education & counseling being provided
- Successful education & community outreach initiatives
- Translating medical bills & counseling patients on bills
- Building the team: Characteristics, qualities & training

Jennifer Dyrseth, Manager, Patient Financial Services | OLYMPIC MEDICAL CENTER

Christopher Ritscher, Manager, Patient Access, Financial Clearance Center, Procedures / Admissions | OSF HEALTHCARE

2:30 Day 1 Program Conclusion

# PATIENT FINANCIAL SERVICES: ENSURING ACCESS TO & PAYMENT FOR CARE

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MODULE 2 | THURSDAY, OCTOBER 13

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10:00 Digital Event Platform Log-In & Networking Opportunity

10:15 Monitoring Reimbursement & Contract Performance

- Escalating patient responsibilities (deductibles, co-pays)
- Administrative burden to successfully collect claims
- Changing payer requirements, policies & procedures
- Chronic payer issues (late payments, under payments)

Ryann Bradley, Director of Reimbursement | HERITAGE VALLEY HEALTH SYSTEM

Alexander Safavi, Manager, Patient Financial Services | CHILDREN'S HOSPITAL OF PHILADELPHIA

11:00 Networking & Coffee Break

11:15 Accurate & Timely Preparation & Submission of Claims

- Building workflows to support accurate claim creation
- Leveraging claim scrubbers: Teams or technology
- Where to deploy resources for rejected claims
- Training staff on unique language & skills required

Ryan Bell, Director of Client Success | KOHA HEALTH

Celeste Daye, VP Revenue Management | CONCERTO CARE

12:00 Networking & Coffee Break

12:15 Reducing Denials & Improving A/R Performance

- Identifying root causes of common denials:
  - o DRG Downgrades
  - o Eligibility
  - o Lack of peer-to-peer
- Bringing teams together & partnering with clinicians
- Denial prevention & appeals: Technical and clinical

Sergio Quiej, Revenue Cycle Strategist, Consultant & RCM Manager | ADVENTHEALTH

Alexander Forbis, MBA, MSN, RN, CPHQ, Associate Director of Centralized Denials Management | BANNER HEALTH

1:00 Networking & Coffee Break

1:15 Coding & Clinical Documentation Integrity Success

- Quality scores, risk adjustments & value-based care
- Impact of CDI on reducing rates of denials
- Training & education: Internal teams & providers
- Use of third-party CDI vendors for pre-bill review

Deborah Jones, MSN, RN, Director, of Clinical Documentation Integrity, Department of Quality & Safety

BRIGHAM & WOMEN'S HOSPITAL

Guzel Wardell, RN, BSN, MBA, CCDS, CCS, LSSYB, Clinical Documentation Improvement Director

METHODIST HEALTH SYSTEM

2:00 Program Conclusion