![Crowe]

The power of community

Contents

Letter from the publishers

Thank you for attending the 10th annual Crowe Healthcare Summit, held Sept. 21-24, 2020, in, frankly, wherever *you* were. Your home, your office, or your home office.

This was our first all-virtual Summit as we pivoted from the scheduled in-person event in Nashville to an online-only format because of the COVID-19 pandemic.

The pandemic has changed all our lives, both personally and professionally. As the finance, net revenue, and reimbursement leaders for our nation's hospitals, health systems, and medical practices, you know firsthand how COVID-19 has affected your organization's clinical, financial, and operational performance.

Many of the keynote addresses, breakout sessions, and educational boot camps at this year's Healthcare Summit reflected that new reality as your organizations reopened, recovered, and found innovative ways to serve your patients and your communities moving forward.

We heard from the clinical leaders on the frontlines of the pandemic in hospital emergency departments. We heard from CFOs at some of the nation's most prominent health systems charged with steering their organizations through unprecedented and turbulent financial waters. But what we heard most was the power of community – the theme of this year's Healthcare Summit. Without the power of community, none of those clinical leaders or CFOs would have been able to so successfully serve their organizations.
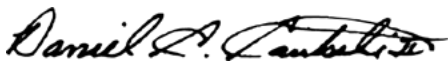
This e-book attempts not just to capture the best of Healthcare Summit but the spirit of Summit.

Each page is rich with content from 18 keynote and breakout sessions, with the e-book separated into the three parts of this year's all-virtual event: Journey to Summit, At the Summit, and Beyond the Summit. Each session page features a summary, insight, number to remember, a link to exclusive session content on the Crowe Hive, our online social and networking community, and links to other session materials. There's no shortage of takeaways on each page.

This year's Healthcare Summit also was the first open to like-minded companies as sponsors. We'd like to thank Snowflake, Symphony, and Hall Render for their generous support of this year's event.

We'd also like to thank the dedicated healthcare team at Crowe, who put in immeasurable time to assemble and coordinate hours of stellar online programming for our clients, friends, and peers in the industry.

Thanks again for attending. Stay safe, and we hope to see you in person at next year's Crowe Healthcare Summit scheduled for Sept. 20-23, 2021, in Denver.
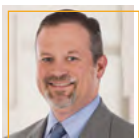
DANIEL GAUTSCHI
Healthcare Consulting Leader
Healthcare Services
+1 317 208 1953

BRIAN SANDERSON
National Healthcare Leader
+1 630 574 1607

Here are some other numbers to remember from this year's Healthcare Summit:

800+
attendees

144
organizations represented

75
presenters

45
states represented

Net revenue modeling through and beyond a crisis

Monday, Aug. 24, 1-2 p.m.

There are rainy days, and there are rainy days. The COVID-19 outbreak in the U.S. is a 100-year hurricane that's washed away billions of dollars in inpatient and outpatient revenue from hospitals, health systems, and medical practices. Few healthcare finance, net revenue, and reimbursement execs had an umbrella big enough to stay dry.

In this 60-minute Journey to Summit breakout session, two net revenue leaders from Crowe talked about lessons learned and how your provider organization can fine-tune its financial reserve modeling processes to be prepared for everything from expected minor changes to unexpected major changes in net revenue. They recommended that your organization closely and regularly monitor your reserve model to verify that it's aligned with your operations and with changes in your underlying business. Your model should cover all your service lines and reveal how changes in utilization of each of those services lines will affect your net revenue, and how much you need to maintain operations.

Presenters

RYAN HERR
Senior Manager
Crowe

BRYAN RECTOR
Partner
Crowe

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How will historic increases in unemployment affect accounts receivable and net revenue at your hospital, health system, or medical practice?

A number to remember

70%

The percentage drop in outpatient surgery volume experienced by Crowe hospital and health system clients in mid-April because of COVID-19, compared with budgeted baseline volume

Source: Crowe RCA data

" Insight

The closer that you can align your reserve model with your business today, the easier it will be for you to pivot down the road.

RYAN HERR
Senior Manager, Crowe

COVID-19 net revenue modeling and budgeting considerations

Wednesday, Aug. 26, 1-2 p.m.

Before you can reach the summit, you need to train. And you need to have the right equipment. It's no different for conquering COVID-19. Before your hospital, health system, or medical practice can reopen and recover from the dramatic drop in patient volume and the accompanying drop in net revenue, you need to train. And you need the right tools.

At this one-hour intensive Journey to Summit boot camp, two net revenue leaders from Crowe took attendees through the skill sets, competencies, and analytics reporting tools needed to defeat the coronavirus's effect on your operations and financial performance. At the top of their checklist is the creation of a flexible, scalable, and real-time reserve model to calculate your required financial reserves. Your model should easily adjust for unexpected changes in your service mix, the loss of employer-sponsored health insurance by many of your patients, how payers reimburse you for treating COVID-19 patients, and new care delivery models like telemedicine and remote care.

Presenters

RYAN HERR
Senior Manager
Crowe

BRYAN RECTOR
Partner
Crowe

H **Crowe Hive – explore the power of community**

How high of a priority was the accuracy of your reserve model at your hospital, health system, or medical practice during the early stages of the COVID-19 crisis?

A number to remember

30%

The percentage drop in inpatient volume experienced by Crowe hospital and health system clients in mid-April because of COVID-19, compared with budgeted baseline volume

Source: Crowe RCA data

" Insight

What we've seen with COVID-19 is that it's not just a payer mix change, it's a pretty significant service mix change.

BRYAN RECTOR
Partner, Crowe

After the crisis: A leader's guide to financial recovery

Tuesday, Sept. 22, 11 a.m.-12:30 p.m.

How do your COVID-19 experiences compare with those of three of the nation's top health systems? What can your hospital, health system, or medical practice learn from those three systems as you move from survival mode to recovery mode to thrive mode? The heart of the opening keynote session at this year's Healthcare Summit was a panel discussion with the CFOs from Ascension Health, Mayo Clinic, and NorthShore University HealthSystem.

During the discussion, led by a Crowe consulting leader, the CFOs shared lessons learned and the changes that they think will have a lasting financial impact on their organizations. Among those changes are the use of telemedicine and remote patient monitoring. Each organization has also adopted new technologies and metrics to track everything from staffing to days of PPE on hand. The session ended with a call to action by a Crowe national leader for finance, net revenue, and reimbursement – for leaders to start "thinking outside in" to quickly adapt to external forces that affect their organization's financial performance.

Presenters

RHONDA ANDERSON
Senior Vice President
Ascension Health

WARREN BECK
Senior Manager
Crowe

DENNIS DAHLEN
CFO
Mayo Clinic

DANIEL GAUTSCHI
Healthcare Consulting Leader
Crowe

DOUG WELDAY
CFO
NorthShore University HealthSystem

BRIAN SANDERSON
National Healthcare Leader
Crowe

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What is your hospital, health system, or medical practice doing to maintain or improve the performance of your finance department during and after the COVID-19 outbreak?

A number to remember

5K-6K

Current number of daily telemedicine visits to Ascension-affiliated physicians, down from a peak of 11,000 per day in April

Source: Ascension Health

"

Our competence has grown over the duration of this pandemic and we think we're battle-hardened. Unless there's a severe set of recurrences, we think we'll be able to sustain our operations going forward.

DENNIS DAHLEN
CFO, Mayo Clinic

Building and maintaining executive confidence in net revenue

Tuesday, Sept. 22, 12:45-1:45 p.m.

A great way to end your healthcare finance career prematurely is telling the C-suite executives at your hospital, health system, or medical practice that you have to restate earnings. But if you follow the tips in this 60-minute breakout session, it should never come to that, and you should enjoy a successful run in your chosen position.

Two Crowe finance leaders led this discussion on how your finance department can instill C-suite confidence in your numbers and avoid surprising them with bad news. Central to that effort is opening and explaining the net revenue "black box" to your operational leaders. Transparency builds trust, and trust builds confidence. It's also important to educate operational leaders on how their behaviors on things like patient scheduling, clinical documentation, and charge capture affect the results you're reporting to them. The presenters also shared examples and takeaways from the net revenue leaders at Banner Health and Children's Medical Center Dallas on how they loop execs in on what's happening in finance.

Presenters

WARREN BECK
Senior Manager
Crowe

OLIVIA YODER
Manager
Crowe

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Does your hospital, health system, or medical practice conduct regular and ongoing revenue cycle and net revenue education for your operational leaders?

A number to remember

$56.3M

Annualized drop in net patient service revenue this year at the average hospital – largely due to the COVID-19 outbreak and its impact on patient volume

Source: Crowe RCA data

Insight

As profitability declines, the subtle pressure increases on finance to be more aggressive with reporting revenue and decreasing reserves. I'm not suggesting that there's a conscious effort toward inaccurate accounting or reporting. But it is critical to keep reserve rates within an acceptable corridor.

WARREN BECK
Senior Manager, Crowe

Analyzing net revenue for physicians

Tuesday, Sept. 22, 12:45-1:45 p.m.

It's not the data but how you use it that makes all the difference. That's the key message from this 60-minute breakout session on how you can use analytics to improve the net revenue performance of your physician practices.

A Crowe reimbursement leader and a physician net revenue director at a national health system explained all the different variables like payer mix, contract rates, and quality of care that drive net revenue at physician practices. That means you have to collect, report, and be able to analyze data on those variables to get a true picture of what's happening at a specific practice and why. When you identify the why, then you can take the appropriate actions to mitigate any problems or elevate the practice's net revenue results. That includes the ability to use data to improve a practice's leverage with payers to negotiate higher reimbursement rates, and to participate in value-based care programs that reward a practice for providing superior care to patients.

Presenters

DAVID WOLFE
Director
Physician Net Revenue Management
Ascension Health

ERIC BUSCH
Senior Manager
Crowe

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What metrics do your hospital, health system, or medical practice use to benchmark physician performance? Collections? Net revenue? wRVUs? Others?

A number to remember

29.7%

Percentage of physician practice revenue in 2018 that came from alternative payment models

Source: American Medical Association

Insight

You definitely want to make sure that the leverage your practice has in the market is reflected in your compensation rates from your payers.

ERIC BUSCH
Senior Manager, Crowe

Navigating an S-10 audit? Prepare and effective plan to maximize uncompensated care cost and build a bullet-proof defense

Tuesday, Sept. 22, 12:45-1:45 p.m.

Line 20? Line 22? Line 26? If you think we're referring to the lines of scrimmage in football, you're in for a big surprise when a Medicare Administrative Contractor knocks on the door of your hospital or health system and wants to see your S-10 worksheets. The S-10 worksheet is part of the annual Medicare cost report you submit to CMS, and lines 20, 22, and 26 of that worksheet are where you report charity care, bad debt, and other unpaid medical costs, respectively.

This hour-long breakout session led by two Crowe healthcare accounting leaders explained the ins and outs of S-10 reporting and how your reporting skills can serve you well during an audit. That will become important as MACs start auditing all hospitals on an annual basis rather than on a random-sample basis. Critical to your defense during an S-10 audit is maintaining a financial assistance policy that reflects and explains everything you report on lines 20, 22, and 26.

Presenters

MATTHEW LAIRD
Healthcare Consultant
Crowe

NICK WEST
Manager
Crowe

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How much time does your finance team, including any IT resources, spend pulling data to complete an S-10 worksheet for each of your separately reporting facilities?

A number to remember

$0

The amount of unpaid physician or professional fees that a hospital or health system can report on its Medicare cost report S-10 worksheet submitted to CMS

Source: Crowe analysis

"

Everything hinges around your financial assistance policy, as it's ultimately the guide to being able to include or not include transactions for S-10 reporting.

NICK WEST
Manager, Crowe

Developing a strategic partnership between revenue cycle and finance

Tuesday, Sept. 22, 2-3 p.m.

Fish are friends, not food. That mantra of understanding from the movie "Finding Nemo" describes the type of conversion that needs to take place in the relationship between the finance and revenue cycle departments at your hospital, health system, or medical practice; although the roles of "predator" and "prey" can vary in each organization.

In this hour-long breakout session, a Crowe accounting leader walked attendees through reasons why the two departments need to be on the same team and the steps each department can take to get there. Those steps start with understanding the functions performed by each department and how the performance of those functions in one department can affect the performance of the functions in other department. For example, how well revenue cycle performs front-end tasks like patient registration, enrollment and eligibility, and prior authorizations can greatly impact how much finance should expect in net accounts receivable. Single source of truth dashboards and regular meetings also build trust and cooperation.

Presenter

RYAN HERR
Senior Manager
Crowe

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How would you describe the relationship between the revenue cycle and finance departments at your hospital, health system, or medical practice? Strong? Moderate? Weak? Nonexistent?

A number to remember

34%

Net accounts receivable as a percentage of gross accounts receivable for a typical hospital or health system using a balance sheet-based reserve model

Source: Crowe RCA data

Insight

The goals, objectives, functions, and expertise of the two departments (revenue cycle and finance) are very different and, therefore, there's some natural friction between the two. But there are ways to build a partnership, and that starts with understanding what each department does.

RYAN HERR
Senior Manager, Crowe

Hot topics in regulatory reimbursement

Tuesday, Sept. 22, 2-3 p.m.

Why will healthcare finance leaders who specialize in reimbursement and attorneys who specialize in healthcare payment regulations always have work? This breakout session answered that question. A reimbursement leader from Crowe and a payment regulation lawyer from Hall Render took attendees on a 60-minute tour of the changes in Medicare and Medicaid payment regulations that will affect net revenue at your hospital, health system, or medical practice as soon as next year.

Two of the hottest of the hot topics visited were the new rules on site-neutral payments and price transparency. Under the site-neutral rules, Medicare will pay the same rates to off-campus hospital-based outpatient clinics and physician offices for the same services. A hospital legal challenge to those rules is pending in a federal appeals court. The transparency rules require hospitals to provide five types of charge information on their Medicare cost reports. In a reprieve for hospitals, those rules initially will only apply to charges negotiated with Medicare Advantage plans, not all health plans.

Presenters

LIZ ELIAS
Attorney
Hall Render

DAVE ANDRZEJEWSKI
Senior Manager
Crowe

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Do you know when your hospital or health system will be required to include at least some price transparency data on your Medicare cost report?

A number to remember

$300

The daily penalty for noncompliance with CMS' hospital price transparency reporting requirements

Source: Hall Render

" **Insight**

For now the negotiated prices that hospitals have to report on their Medicare cost reports only apply to Medicare Advantage plans. But I fully expect that the cost reports will have to include negotiated prices from commercial health plans at some point in the future.

LIZ ELIAS
Attorney, Hall Render

Operating in the new normal of healthcare: Cash management and cost efficiency

Tuesday, Sept. 22, 2-3 p.m.

The need to control and reduce operating expenses at your hospital, health system, or medical practice is greater than ever. But, how do you do that and maintain the right balance between your margin and your mission of providing effective and accessible care? A powerful yet often overlooked tactic is asset optimization: maximizing the clinical and financial value of capital equipment such as MRI machines, CT scanners, and other big-ticket medical technologies.

In this breakout session, two Crowe consulting leaders explained how you can launch a data-driven asset management and optimization program to improve care, reduce costs, and drive revenue. The steps to build such a platform are: preparing a comprehensive asset inventory, developing a cost-structure profile for each asset, tracking asset usage, and creating a reporting tool that converts data into actionable business intelligence. The session came alive with real-life anecdotes of hospital executives who either chose poorly or chose wisely when urged by physicians to buy more equipment.

Presenters

FRED LEWIS
Manager
Crowe

NATALIE STORM
Senior Manager
Crowe

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To what extent are you using capital asset utilization data in capital planning at your hospital, health system, or medical practice?

A number you should know

??%

The average daily utilization rate of your fleet of CT scanners across the entire enterprise of your hospital, health system, or medical practice

Insight

Simply making people resource cuts won't work as a long-term strategy for balancing margin and quality of care.

NATALIE STORM
Senior Manager, Crowe

Journey to automation: How automation can improve your finance function performance

Tuesday, Sept. 22, 3:15-4:15 p.m.

They say a journey of a thousand miles beings with a single step. It's really no different when you want to automate the key functions within the finance department of your hospital, health system, or medical practice. You have to start somewhere, right? This hour-long breakout session, led by two Crowe finance automation leaders and two automation executives from Symphony Ventures, provided attendees with an easy-to-follow map to start that journey.

The presenters outlined the four types of automation that your finance department could use, ranging from the simple to the complex. They walked through how each type of automation, particularly robotic process automation, or RPA, can automate different tasks and functions in your finance department. And perhaps most importantly, they provided a matrix that ranks the tasks and functions in your finance department by degree of automation opportunity – low, medium, and high. This session also featured a robust Q&A segment that answered some of your most common questions about automating your finance department.

Presenters

CEDWYN BACHMAN
Client Director
Symphony Ventures

TRACEY COYNE
Partner
Crowe

DANE HARRIS
Vice President
Symphony Ventures

MEGAN KENDALL
Manager
Crowe

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What finance function within your hospital, health system, or medical practice has the most potential for automation?

A number to remember

8-10 weeks

The minimum amount of time it typically takes to implement an automation program in healthcare finance, depending on the complexity of the function you're trying to automate

Source: Symphony Ventures

Insight

When you overlay finance functions that are prime for automation with where you have the most inefficiencies, that's where you will find the greatest opportunities to get a large benefit from an automation program.

TRACEY COYNE
Partner, Crowe

The intelligent healthcare experience: A virtual tour

Wednesday, Sept. 23, 11 a.m.-12:30 p.m.

A Crowe healthcare technology leader opened this 90-minute keynote session with the question: "How do we ensure that our providers, our clinicians, our physicians, our folks that work in revenue cycle and finance have the tools that they need to do their jobs and do their jobs effectively?" Two healthcare technology leaders at Microsoft provided the answers. The first leader highlighted a catalog of Microsoft technologies that can enable providers to do everything from patient scheduling to patient discharge virtually.

The meat of this session, though, was the second leader's 50-minute virtual tour of the Microsoft Technology Center, which houses demonstrations of 70 different technologies that automate virtually every step in a patient's journey across the care continuum. For healthcare finance leaders, that could mean collecting data at each step to improve charge capture and deploying chatbots programmed with de-escalation language to defuse billing disputes with patients. The tour also showed how technology can predict net revenue by service line or medical specialty.

Presenters
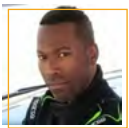
CHARLES DRAYTON
Chief Technical Architect,
Healthcare and
Life Sciences Lead
Microsoft

MELISSA DILL
Managing Director
Crowe

KATHLEEN MCGROW
Chief Nursing
Information Officer
Microsoft

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How has the COVID-19 outbreak affected technology adoption, improvement, automation, and innovation at your hospital, health system, or medical practice?

A number to remember

41%

Percentage of surveyed healthcare provider executives who say data and analytics challenges are preventing them from succeeding at value-based care models

Source: Microsoft, August 2020

> "
>
> *We must not compromise on excellence. Science, evidence, and pragmatism should be informing our decisions. We must remain flexible and innovative in the face of rapidly evolving circumstances. And we need to be inclusive and equitable on our solutions.*

KATHLEEN MCGROW
Chief Nursing Information Officer
Microsoft

Modeling and monitoring net revenue during patient accounting system conversions

Wednesday, Sept. 23, 12:45-1:45 p.m.

So you want to install a new patient accounting system (PAS) to improve the charge capture performance of your hospital, health system, or medical practice. Are you sure? Yes, it can be a real headache. But the tips, tricks, and real-life examples shared during this 60-minute breakout session hosted by two Crowe revenue cycle leaders and the chief nursing officer at a Virginia health system will make you confident you can go live on a new PAS and have fun along the way.

Comparing a successful conversation with a successful family vacation, each requires planning and a road map that leave nothing to chance. Your conversion makes four stops: identifying key players, mapping processes, educating staff, and analyzing data. You'll need to know how much and what kind of data to feed your reserve model to maintain its effectiveness during your conversion – no different from knowing how much and what kind of food to feed your family during your vacation to keep them happy until you're there.

Presenters

SADIE THURMAN
Chief Nursing Officer
Riverside Regional
Medical Center

BRETT BUTTS
Manager
Crowe

TIM FRAIN
Manager
Crowe

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What are some of the key steps to supporting a smooth patient accounting system conversion? What are some of the things you should avoid doing?

A number to remember

6-12 months

Minimum number of months of data needed from a patient accounting system to build an effective zero-balance account-based reserve model

Source: Crowe analysis

Insight

The executive team ultimately is responsible for the success of a patient accounting system conversion, and its key responsibilities are removing barriers along the way and holding vendors accountable for their commitments.

TIM FRAIN
Manager, Crowe

Creating a data analytics strategy using RCA

Wednesday, Sept. 23, 12:45-1:45 p.m.

The financial data at your hospital, health system, or medical practice is only as good as the actionable insights that you can take away from it. The secret to making your data actionable is knowing what data points you need and knowing how to display them in a meaningful way for users. Data, dashboards, and data visualization were the subjects of this 60-minute breakout session led by two Crowe analytics and data design leaders.

It starts with what a user like a CFO or director of revenue cycle wants to know and what data elements you need to answer their questions. Next is creating a customized dashboard that displays the information that the user wants. Finally, you need to present the data on the dashboard using creative data visualizations to help its insights jump off the screen. Even the best dashboards should have guardrails: Regularly reviewing the utility of your data points is critical – so is avoiding new data points that your users won't need for another quarter or more.

Presenters

ALEX GARRISON
Senior Manager
Crowe

THOR PETERSON
Manager
Crowe

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Where is your hospital, health system, or medical practice on its journey to optimizing data reporting and analytics?

A number to remember

3-4 months

Limit to how far ahead provider organizations should build their analytics dashboards to capture the data they need

Source: Crowe analysis

Insight

All existing data and visual assets or dashboards need to go under some form of periodic review to determine the continued efficacy of them.

ALEX GARRISON
Senior Manager, Crowe

RPA: Delivering speed to value in challenging times

Wednesday, Sept. 23, 12:45-1:45 p.m.

If your hospital, health system, or medical practice is scratching its collective head over how and where to start using technology to automate manual finance department functions, this sponsored breakout session is just for you. Three business automation leaders from Symphony walked attendees through the different types and levels of automation technology, the types of finance functions ripe for automation by one of those technologies, and five building blocks upon which to launch your finance automation initiatives.

Interestingly, those five building blocks have less to do with the various technologies themselves and more to do with how your organization should approach automation: involve a team of senior stakeholders, manage change effectively, deliver initial value rapidly, transform rather than transition, and treat your investment as a program. The trio also discussed the pros and cons of automating by yourself, automating via a partnership with a vendor, or outsourcing all automation to a vendor.

Presenters

CEDWYN BACHMAN
Client Director
Symphony Ventures

DANE HARRIS
Vice President
Symphony Ventures

A.J. HANNA
*Vice President,
Client Advocacy*
Sykes Enterprises

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What is the primary goal of automating the finance functions at your hospital, health system, or medical practice?

A number to remember

82%

Percentage reduction in targeted FTEs by a large, multistate health system that used technology to automate specific finance and revenue cycle functions, including retroactive payment adjustment and exception management processes

Source: Symphony Ventures, 2020

" Insight

It all starts with questioning the conventions of how you do the work that you do today. It's diagnosing the process and where the process isn't meeting the expectations of the organization, and then redesigning the solution. Don't disrupt it. Reinvent it.

A.J. HANNA
Vice President, Client Advocacy
Sykes Enterprises

Emerging trends in 2020 healthcare

Wednesday, Sept. 23, 2-3 p.m.

Come for the anecdotes, stay for the predictions. This 60-minute breakout session featured 10 speakers talking about everything from how the COVID-19 outbreak went down in their emergency departments (EDs) to how COVID-19-related cash flow problems will affect healthcare consolidation.

One lasting effect of the outbreak will be patients' expectations to see laboratory test results as soon as possible through portals rather than waiting for doctors to give them the news. That's a learned behavior from wanting COVID-19 results as soon as possible. Another lasting effect will be the use of telemedicine technology to triage patients remotely to determine whether they should head to the ED immediately. The climax of the session was five bold predictions from a Crowe revenue cycle leader on what you should look for in the year ahead. Among them: Watch for a bump in outsourcing as a way to control costs in the short term but expect a move back to insourcing as health systems get bigger and want more control.

Presenters

CEDWYN BACHMAN
Client Director
Symphony Ventures

DANE HARRIS
Vice President
Symphony Ventures

BRITTANY KOMANSKY
*Director of
Emergency Services*
WakeMed

JACQUELINE NEMER, M.D.
*Medical Director, Clinical
Documentation Integrity*
UCSF Health System

BARBARA PELLETREAU
*Senior Vice President,
Patient Safety*
CommonSpirit Health

TRACEY COYNE
Partner
Crowe

MELISSA DILL
Managing Director
Crowe

COLLEEN HALL
*Healthcare Revenue
Cycle Leader*
Crowe

ANDREW HOLLOWAY
Managing Director
Crowe

JAY SUTTON
Principal
Crowe

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What technology trends are having the biggest impact on the daily work life in the finance department of your hospital, health system, or medical practice?

A number to remember

42%

Percentage increase in the number of reported opioid overdoses in May compared with May of last year – a jump most experts attribute the repercussions of the COVID-19 outbreak

Source: Crowe analysis

Insight

We're seeing the list of potential buyers has shortened significantly because cash flow, as we know, has become a significant issue for a lot of organizations.

COLLEEN HALL
Healthcare Revenue Cycle Leader
Crowe

2020 area wage index update and strategies

Wednesday, Sept. 23, 2-3 p.m.

Never take little things for granted because they could come back to haunt you later. That adage applies to the Medicare annual wage index that CMS uses to adjust your hospital's payment rates up or down to account for local labor costs. CMS bases its annual wage index on the data that you and hospitals in your market submit to CMS on your Medicare cost reports. The more accurate your data, the more accurate your wage index, and the more fair your payment rates will be from Medicare.

That's the important message from this breakout session that featured two Crowe reimbursement leaders who described in detail how proficient your wage index data reporting needs to be. Illustrating their point, they noted, in Medicare's final inpatient payment regulations that came out on Sept. 2, that 10 hospitals will get lower payments in fiscal year 2021 because CMS reclassified them as rural rather than urban. Seventeen will get a bump in pay because CMS reclassified then as urban rather than rural.

Presenters

DAVID ANDRZEJEWSKI
Senior Manager
Crowe

SUZY MONTECALVO
Manager
Crowe

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So, you think you know how to report your wage index data for your hospital to Medicare? Really? How confident are you in your wage index reporting?

A number to remember

10

The number of hospitals reclassified by Medicare in fiscal year 2021 because Medicare changed their core-based statistical area, or CBSA, from urban to rural

Source: Crowe analysis

" Insight

The Medicare area wage index is something that never goes away. It just keeps rolling along. But you need to stay on top of it because there's always something new each year that you need to be aware of, because it can greatly affect your Medicare reimbursement rate.

DAVE ANDRZEJEWSKI
Senior Manager, Crowe

How Snowflake powers Crowe and your organization

Wednesday, Sept. 23, 2-3 p.m.

If your organization is like most hospitals, health systems, and medical practices, your finance department spends too much time managing your data and not enough time acting on your data to improve your performance. You can flip that ratio around by moving your data into the cloud – specifically a global cloud-based data platform created by Snowflake, the San Mateo, California-based data-warehousing company.

During this 60-minute sponsored breakout session, the company's healthcare and life sciences leader described how the Snowflake data cloud works, why it's different from other cloud-based platforms, and its potential applications in healthcare, an industry flooded with data but thirsty for actionable insights. In the healthcare finance space, for example, Snowflake can help providers identify and reduce fraud and waste by integrating and analyzing claims data and behavioral data. In fact, Crowe is one of Snowflake's clients. The session ended with an in-depth Q&A segment on topics including data security, executive buy-in, and measuring short- and long-term value.

Presenter

TODD CROSSLIN
Head of Healthcare and Life Sciences
Snowflake

Crowe Hive – explore the power of community

How "live" is the real-time data that the finance department at your hospital, health system, or medical practice is trying to work with?

A number to remember

9%

Percentage of executives who say they always trust that their data is accurate

Source: Snowflake

Insight

Data is the new oil. But the oil is not quite as valuable as it should be.

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The power of community

Wednesday, Sept. 23, 3:15-4:45 p.m.

This closing keynote session at the 2020 Crowe Healthcare Summit featured seven different presenters and speakers across five different segments over 90 minutes with one message: you can't do it alone. It doesn't matter what that "it" is, you need family, friends, colleagues, peers, and clients to achieve your goals. That goal can be building the "gold standard" set of financial performance metrics for hospitals, health systems, and medical practices. That goal can be recovering from a near-fatal burn accident as a child. That goal can be setting a vision for your finance department to see it through the recovery from the COVID-19 outbreak. That goal can be creating meaningful and useful metrics to measure revenue cycle performance. That goal can be advancing your healthcare finance career as the healthcare industry changes how it delivers care for patients and how patients and/or their health plans pay for that care. The fact that this year's all-virtual Healthcare Summit set a record for attendance attests to everyone's common need to collaborate and work together.

Presenters

JOHN O'LEARY
Author
"On Fire: The 7 Choices to Ignite a Radically Inspired Life"

BRAD TINNERMON
Vice President of Enterprise Revenue Cycle
Banner Health
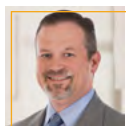
NOLA WYATT
Vice President of Revenue Cycle
Ascension Health

DEREK BANG
Chief Strategy and Innovation Officer
Crowe

ERIC BOGGS
Principal
Crowe

DANIEL GAUTSCHI
Healthcare Consulting Leader
Crowe

MATT SZAFLARSKI
Senior Manager
Crowe

H Crowe Hive – explore the power of community

How much time does the finance team at your hospital, health system, or medical practice spend finding problems compared the time your team spends solving problems?

A number to remember

10.06%

National average initial claim denial rate in 2020, a negligible improvement over 10.09% in 2018

Source: Crowe RCA data

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*All of our successful healthcare
solutions at Crowe have been
the result of collaboration with
our client community.*

DEREK BANG
Chief Strategy and Innovation Officer
Crowe

Boot camps and intensive training

Learning, bonding, sharing, and collaborating

Before and after the official 2020 Crowe Healthcare Summit, hundreds of fearless finance, net revenue, and reimbursement managers, leaders, and directors from all corners of healthcare came together and attended a series of virtual boot camps and intensive training sessions.

They sharpened their skills. They acquired new skills. But more importantly, they did it as a community dedicated to improving the clinical, operational, and financial performance of their institutions. Here's what they encountered to serve you, your organizations, and your patients better.

If you missed any or all of the 2020 Crowe Healthcare Summit boot camps, they are available on demand until Dec. 31, 2020.

Aug. 26	COVID-19 net revenue modeling and budgeting considerations
Sept. 14	Automated reconciliation for healthcare: Introduction
Sept. 15	Automated reconciliation for healthcare: Advanced
Sept. 15	Executing month-end close steps (Part 1)	Process and MRA settings steps
Sept. 15	Executing month-end close steps (Part 2)	Preclose finalization, recast, and close overview
Sept. 21	RCA ad hoc reporting module and Tableau: Intermediate
Sept. 21	RCA overview (Part 1)	Understanding key concepts – hindsight and ZBA
Sept. 21	RCA overview (Part 2)	Understanding key concepts – credits, recoveries, and variance analysis
Sept. 22	RCA: Understanding MRA results (Part 1)	Recast overview
Sept. 23	RCA: Understanding MRA results (Part 2)	Close overview
Sept. 24	RCA: Understanding VA results (Part 1)	Current period net revenue
Sept. 24	RCA: Understanding VA results (Part 2)	Change in prior
Sept. 24	RCA physicians	Overview of key elements unique to physicians
Sept. 24	RCA physicians	Close process: Process, reporting, review

Welcome
new CNRAs

In addition, 12 of your peers passed their certified net revenue analyst exam and are now official CNRAs. They join 82 of their fellow healthcare finance, net revenue, reimbursement, and revenue cycle peers who have earned their CNRA designation from Crowe.

Do you have what it takes to become a CNRA?

Congratulations

- Anna Severson
- Carmon Bass
- Mara Yancoskie
- Mendy-Sue Drew
- Patrick Barth
- Rick Hess
- Ariel Drillon
- Joanna Xu
- Brett Butts
- Abby Susko
- Rachel Pendley
- Clay Morrisson

Networking and community

The power of community was on full display at this year's Crowe Healthcare Summit.

This year's Crowe Healthcare Summit may have been all virtual. But that doesn't mean attendees couldn't get together to support each other and support a good cause.

Summit featured a number of networking and community events that brought to life the theme of this year's event: The power of community.

Sept. 22 | Mindfullness

Attendees practiced mindfulness during a 5-minute meditation break between breakout sessions one and two.

Sept. 22 | Virtual social hour

Attendees enjoyed a virtual social hour during which some lucky attendees won Yeti wine tumblers and Amazon e-gift cards.

Sept. 23 | Yoga

Attendees stretched and held during a 5-minute yoga break between breakout sessions four and five.

Giving

Attendees overwhelmingly voted to direct their Crowe COVID-19 Relief Fund contributions to the National Alliance for Mental Illness' (NAMI's) COVID-19 Mental Health Support Fund, which supports NAMI's COVID-19 mental health response efforts.

We thank everyone for their participation and their generosity.

Save
the dates

Next steps you can take

11th annual
Crowe Healthcare Summit

Sept. 20-23, 2021

Denver, CO | Grand Hyatt Denver

12th annual
Crowe Healthcare Summit

Sept. 19-22, 2022

Denver, CO | Grand Hyatt Denver

Learn more

DANIEL GAUTSCHI
Healthcare Consulting Leader
Healthcare Services
+1 317 208 1953

BRIAN SANDERSON
National Healthcare Leader
+1 630 574 1607