

KOHLER HEALTHCARE CONSULTING

PIECES FOR SUCCESS

January 2021 | Volume 114



Welcome to our 114th edition of Kohler HealthCare Consulting’s “Pieces for Success” newsletter. We hope that you find our monthly publication to be informative and of assistance to you. If you know others who may find this information useful, please feel free to share our newsletter with them. We look forward to you being a part of what makes us great (great people) while we strive to provide excellent and functional content.

IN THIS EDITION YOU WILL FIND THE FOLLOWING ARTICLES:

- [Non-Physician Provider \(NPP\) Claim Volume Continues to Increase – as Do Increases in Employment](#)
- [Make Sure Tricare Enrollees have DEERS up to DATE OR Your Claims May be Delayed](#)
- [New Video: Advanced Beneficiary Notice](#)
- [MD HFMA Corner](#)
- [2021 Medicare New Physician Fee Schedule Updated](#)
- [Impact of COVID on our Brains](#)
- [Last Minute Changes and Updates for 2021 for CMS FROM THE RULES COMMITTEE of the U.S. SENATE](#)
- [At Home COVID Clean-up?](#)
- [Medicare Deductible and Coinsurance for 2021](#)

QUICK BITS

MEDICARE FFS CLAIMS: 2% PAYMENT ADJUSTMENT (SEQUESTRATION) SUSPENDED THROUGH MARCH 31, 2021

“The Coronavirus Aid, Relief, and Economic Security (CARES) Act suspended the payment adjustment percentage of 2% (sequestration) applied to all Medicare Fee-For-Service (FFS) claims from May 1 through December 31. The Consolidated Appropriations Act 2021, signed into law on December 27, 2020 extends the suspension period to March 31, 2021.”

<https://www.cms.gov/outreach-and-education/outreach/ffsprovpartprogprovider-partnership-email-archive/2020-12-28-mlnc-se>.

NON-PHYSICIAN PROVIDER (NPP) CLAIM VOLUME CONTINUES TO INCREASE AS DO INCREASES IN EMPLOYMENT

From 2015 to 2019, CPT code 99214 Nurse Practitioner (NP) claims increased more than 100%, and for Physicians Assistant (PA) claims increased 83% according to the Part N News (January 4, 2021 issue). In the Fall of 2020, the U.S. Bureau of Labor Statistics indicated that Physicians claims were expected to increase by 4%, PA claims would increase by 31%, and NP claims would increase by 52%.

AT HOME COVID CLEAN-UP?

Many of us have been cleaning out bookcases, closets, and rooms during the COVID-19 pandemic period. One may ask: What to do with all of these items.? If you don't want to simply “trash it” and your relatives and children don't want any of these items, here are a few ideas as to how to disperse these items:

- [Freecycle.org](https://www.freecycle.org): Different “chapters” across the United States. Give away almost anything to this organization.
- [habitat.org/restores](https://www.habitat.org/restores): Accepts and will pick-up large appliances. Drop off furnishings and building supplies even if these items are used but operable (e.g., toilets).
- [Soles4Souls.org](https://www.soles4souls.org): Used footwear and an international organization.
- [Medicmobile.org](https://www.medicmobile.org) and [cellphonesforsoldiers.com](https://www.cellphonesforsoldiers.com): Recycles phones or tablets
- [booksforsoldiers.com](https://www.booksforsoldiers.com) and [operationpaperback.org](https://www.operationpaperback.org): Books sent to soldiers in the military.

Take a few steps to give to those who need and keep it out of the landfills.

MAKE SURE TRICARE ENROLLEES HAVE DEERS UP TO DATE OR YOUR CLAIMS MAY BE DELAYED

[The Defense Enrollment Eligibility Reporting System \(DEERS\)](#) is a database of active duty and retired service members as well as those family members and others who are eligible for TRICARE benefits. If the database is not up to date with all covered members events, it could delay access to health care; claims processing; and prescription delivery. This is especially true regarding a Qualifying Life Event (QLE), such as a change of address; reaching age 65; marriage or divorce; or the birth of a child. These life events mean TRICARE health plan options may change.

https://tricare.mil/CoveredServices/BenefitUpdates/Archives/01_11_2021_Keep_DEERS_Up_dated_New_Plan_Year_Begins.

MEDICARE DEDUCTIBLE AND COINSURANCE FOR 2021

[MLN Matters MM 12024](#) released for 2021 reported that the Medicare Part B coinsurance amount remains unchanged at 20% of allowable charges. The 2021 annual deductible is \$203.00 and the monthly standard premium is \$148.50.

The 2021 Medicare Part A annual deductible is \$1,484.00 with the following coinsurance rates:

- \$371.00 per day for days 61 through 90.
- \$742.00 per day for days 91 through 150 (lifetime reserve days).
- \$185.50 per day for days 21 through 100 (Skilled nursing facility coinsurance).

MEDICARE APPEALS RE-OPENING GATEWAY NOW HAS HISTORY CORRECTIONS AVAILABLE

CMS Reopening Gateway is a **free** web-based self-service tool that allows for automated submission of claim corrections, billed in error requests, and history corrections. The following claim corrections are permitted through the Reopening Gateway:

- Referring Provider National Provider Identifier.
- Referring Provider Name (first letter of their first name, first four letters of their last name).
- From and To Date of Service.
- Diagnosis Codes.
- Place of Service.
- Procedure Code.
- Quantity Billed (Units) **Note:** Listed under “NOS” under the MRA for Number of Services.
- Billed Amount.
- Modifiers can be added, changed or deleted.
- Report an entire claim or individual lines of a claim as billed in error.

The claim must be fully or partially paid and have no Medicare Secondary Payer information in order to use this feature.

NEW FEATURE: HISTORY CORRECTIONS

The new history correction feature allows the provider to reprocess claims that were previously denied based on the following factors:

- The beneficiary’s record has been corrected to indicate that Medicare is now primary for the Date(s) of Service of the denied claim.
- The beneficiary’s record has been corrected to indicate that the beneficiary is entitled to Medicare Part B for the Date(s) of Service of the denied claim.
- The beneficiary’s record has been corrected to indicate that the beneficiary’s Hospice election period no longer conflicts with the Date(s) of Service of the denied claim.
- The beneficiary’s record has been corrected to indicate that the beneficiary is no longer covered by a Medicare Advantage Plan for the Date(s) of Service on the denied claim.
- Medically Unlikely Edits (MUE) denials involving two claims that were submitted at the same time: resulting in a MUE denial along with a duplicate claim denial.

No enrollment is necessary for Re-opening gateway.

[Reopening Gateway - Access & References \(novitas-solutions.com\)](https://www.novitas-solutions.com).

FEATURED ARTICLES

MARYLAND HFMA AWARD

HONORING KHALIDA BURTON

President’s Message

To our valued Maryland HFMA Chapter members:

Despite all the challenges we face in 2020, I choose to take this time not to dwell on all the things I am missing but to appreciate all the things I have. One of them is the amazing volunteers within HFMA who continue to step up as we shifted from our traditional ways of delivering education and networking to our members to life in a virtual world.



At this time, I want to honor our Unsung Heroes for 2020 who go above and beyond the call of duty to support our chapter.



Khalida Burton who is so deserving of our Unsung Hero award. No matter the type of challenge thrown at her, Khalida always finds a way to step up and help. She has worked to improve upon the member experience at our events, including looking for ways to ensure our events are as welcoming as possible. When the pandemic hit and we needed to convert all events to a virtual format, Khalida immediately offered her Zoom expertise to the Maryland chapter because she had already been hosting Zoom events as a pastor and member of her sorority. You may not always see Khalida's face at our virtual events, however, you can rest assured that Khalida has hosted the event. She works hard behind the scenes to ensure our volunteers and presenters feel comfortable with the

technology to ensure that our members will have a positive experience.

It is my honor and pleasure to present Khalida Burton with the 2020 HFMA MD Chapter Unsung Hero Awards. In true Unsung Hero fashion when I called Khalida to inform her of the award she was surprised and humbled by the honor. On behalf of the Maryland HFMA Board, please accept our congratulations and appreciation of your contribution of time and effort to the Maryland Chapter of HFMA.

Jeanette Cross
President 2020/2021

LEARNING FROM FLU VACCINES TO PREPARE FOR COVID-19 VACCINE ROLL-OUT

BY: DARIA MALAN

The Institute for Safe Medication Practices (ISMP) sets the gold standard for medication safety and is the only nonprofit organization that is devoted entirely to preventing medication errors in all healthcare settings. For over 25 years and through multiple public initiatives, the ISMP has helped to make a difference in the lives of millions of patients and the healthcare professionals who care for them.

By November 2020, the influenza (flu) vaccines had been administered in record numbers. Along with the higher frequency of vaccine administration, the ISMP also saw a corresponding increase in the frequency of reported flu vaccine-related errors. The ISMP is committed to learning from these errors and implementing error-reduction strategies. Because the COVID-19 vaccine rollout will reach monumental proportions, learning from the flu vaccine error trends is vitally important to overall vaccine safety and its role in public health, promoting health, and wellness in communities.

The same underlying causes of flu vaccine-related errors can just as easily lead to errors associated with the COVID-19 vaccines and the hundreds of millions of doses expected to be administered throughout the United States. Healthcare providers must be able to anticipate and mitigate the risks in preparation for one of the largest vaccination efforts in U. S. History.

What have been the trends and causative factors of the flu vaccine-related errors?

- 1) Look-alike names, labels, packaging (includes packaging of pre-filled syringes).
Example: confusion involving FLUZONE QUADRIVALENT instead of the intended FLUZONE HIGH-DOSE QUADRIVALENT which is for patients over the age of 65.
- 2) The two-step follow-up vaccine non-compliance with the subsequent (2nd) dose in 21 or 28 days, as prescribed.
- 3) Storing vaccines with other unsegregated vaccines in a freezer which led to mix-ups.
- 4) Unique storage and temperature requirements not maintained or temperature excursions due to faulty thermostat controls thereby reducing vaccine potency.
- 5) Wrong mixing agent when reconstituting vials of vaccine.
- 6) Miscommunication of intended vaccine or instructions which is usually due to language barriers or speaking through masks.
- 7) Administering expired vaccines or using damaged vials of the vaccine.
- 8) Lack of the usual safety procedures or technologies during mass immunizations of outpatients.
- 9) Lack of accurate documentation of the vaccine administration in the electronic health records or immunization information systems.

The ISMP offers great information on all types of medication safety issues and most of the information is free! Visit their website at <https://www.ismp.org/>.

IMPACT OF COVID ON OUR BRAINS

BY: CHARLOTTE KOHLER

An article in the December 2020/January 2021 issue of AARP *The Magazine* by Sanjay Gupta discussed the lesser discussed impact of our brain function (cognitive) as a result of COVID-19. From my own clinical experience, I have often been surprised about how a brain injury impacts our bodily strength. Personally, my brother was in a bad automobile accident and suffered a brain injury. For years afterwards, this strong-looking and younger brother of mine, who had been in the construction trade, could not pick up a 25-pound bag of anything. Working with other Rehab patients, I noticed the same thing. So, I was not surprised when I read this article that discussed the impact of COVID-19 on the brain

and how the recovery from the virus has resulted in limitations of these patients with ongoing physical and mental functioning problems.

For 50% of the COVID-19 patients who experienced neurological problems which is estimated at 4 of 5 patients, these patients had ongoing neurological issues for a number of months. The article reports that a brain scan of the before and after COVID-19 indicates structural and functional changes to the brain. This type of finding was also made for other viruses such as the flu; RVS; Zika; SARS and MERS.

Symptoms identified previously such as headaches, dizziness, and muscle pains are now exacerbated in about 1/3 of the COVID-19 patients to include encephalopathy (altered brain function). The researchers were surprised to find that these symptoms occurred in younger populations. The virus is a “chameleon” and attaches itself so it can transport itself through the blood-brain barrier. Then the virus causes havoc. What other problems? Yes, there are a number of other problems that include: temporary brain dysfunction; headaches; brain inflammation; brain bleeds and clots; nerve damages; and left-threatening meningitis. Surprisingly, these medical problems occur in both the younger and the older populations.

So, yes, it may be in your head!

HSCRC: BLAZING MORE PATHS

BY: LAUREN SHEA

The Health Services Cost Review Commission (HSCRC) held their 580th public meeting on Wednesday, January 13th via webinar. This month’s meeting was shorter than most meetings and still included important topics for the State of Maryland.

If you are aware of Transcranial Magnetic Stimulation (TMS), you will be happy to learn that the Sheppard and Enoch Pratt Hospital (Sheppard Pratt) has a rate to utilize when providing this service. This is the first TMS rate provided in the State of Maryland. This type of non-invasive brain stimulation can help patients with depression when other forms of treatment have proven ineffective as a treatment modality. There appears to be other hospitals in the State providing this newer technology either within their hospital or in associated free-standing centers so there may be additional requests for this new rate. Although not discussed during the meeting, CPTs 90867-90869 currently exist for this service and TMS coverage will depend upon payer policies.

Two methodologies that were approved during the meeting included: The Readmission Reduction Incentive Program (RRIP) and Full Rate Review (FRR). Maintaining a low rate of readmissions, that is patients that are discharged from the hospital but readmitted to the same or a different hospital within 30 days, will always be the foundational component of this quality measure. There is much to learn and improve upon with

readmissions, including but not limited to, racial disparities within readmission rates. As the HSCRC digs deeper, there is always a concern if the underlying demographic data is accurate. In addition, during major events such as the pandemic, all underlying data can be significantly impacted as a result of this event.

The FRR methodology will provide an opportunity for hospitals to file for an increase in their rates for services and global budget if they believe they will meet the stringent requirements. Like the prior FRR methodology, a request will require that the HSCRC analyze, adjust, and compare the hospital's revenues to its peers to determine its relative efficiency.

For the final approved methodologies (including updates to the proposed methodologies) and to other HSCRC updates, please review the post-meeting materials once they are posted here: <https://hscrc.maryland.gov/Pages/commission-meetings.aspx>. The next meeting is February 10, 2021.

2021 MEDICARE NEW PHYSICIAN FEE SCHEDULE UPDATED

BY: SIMBO FAMURE

On December 27, 2020, CMS recalculated the Medicare Physician Fee Schedule payment rates for the Calendar Year (CY) 2021 under the Consolidated Appropriations Act. The 2021 Physician Fee Schedule Conversion Factor is \$34.8931 and was effective on January 1, 2021.

This amount is an increase from the previous Conversion Factor that was reported earlier in December of \$32.4985. In comparison to the CY 2020 Conversion Factor, it is still 3.3 percent less. In the current worsening COVID-19 pandemic, this will greatly impact the large number of Medicare patients seeking care across the inpatient, critical care, outpatient and nursing home visits spectrums.

On a positive note, the Medicare physician payment schedule adjustments are in line with the Current Procedural Terminology (CPT) changes which enables a more flexible process for the coding and documentation of Evaluation and Management (E/M) visit services.

<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2021-01-07-mlnc-se>.

A NEW YEAR, A NEW YOU!

BY: KHALIDA BURTON

The new year often brings about many individuals' desire to become a better; a New You! New year resolutions are often made to challenge oneself to lose weight; spend more time with family and friends; develop and maintain a good exercise plan; write a business plan; have fun; or to stop procrastinating. The new year is often entered into with confidence and drives one's ability to push until the resolutions are achieved. But as time progress, one may find that the drive to achieve the resolutions ceases to exist any longer. It was a great start, but the finish line is nowhere in sight.



I have learned many things about new year's resolutions.

1. I am not consistent enough to achieve what I have started out to achieve. The resolutions were written down; vision boards were developed, and yet there were no results. I have learned that to achieve the resolution; I need someone to keep me accountable. Over recent years, I have engaged a friend to serve as my accountability partner. But not just any friend; I selected a friend with the same goals so that she and I could keep each other accountable. As a result, I am now well on the way to achieving my goals.
2. I have also learned that new year resolutions must be manageable. I did not become who I am overnight; therefore, I cannot change who I am overnight.

A New Year, A New You is a mantra to help motivate you to become the person you want to be in life. To improve yourselves, you must first assess who you are, what you want in life, and how you will get there. In his book entitled "Leading Change", John Kotter wrote, "before people can become willing to change, they must be convinced of the need to change."

Although the book focuses on implementing change with an organization, Mr. Kotter's sentiments regarding change can be applied to personal change. Personal change will only come if there are a desire and urgency to support the change.

If A New Year, A New You is what you desire, make your resolutions manageable, maybe 2-3 goals, write out your plan for achieving the goals, and work with an accountability partner.

Happy and Healthy New Year!

Reference: Kotter, John. Leading Change (Page 9)

EDUCATION

LAST MINUTE CHANGES AND UPDATES FOR 2021 FOR CMS FROM THE RULES COMMITTEE OF THE U.S. SENATE

BY: JULIE LEONARD

Keeping up with all the changes from year-to-year is always challenging and the transition for 2020 to 2021 is no exception to the rule. Released on December 21, 2020 by The Rules Committee of the U.S. Senate was the Consolidated Appropriations Act 2021 which included language that will affect healthcare providers. KHC has provided some insight to the Act, however there are many items included in this 5,593-page document.

The Centers for Medicare and Medicaid (CMS) had some updates included in the [Consolidated Appropriation Act 2021](#). The sequestration payment reduction suspension has been extended from December 31, 2020 to March 31, 2021 (Section 101, PDF Page 1,927).

The Physician Fee Schedule received an increase of \$3 billion that equated to an overall increase of 3.75% (Section 102, PDF Pages 1,924-1,925).

Section 113 (PDF Page 4,620) of the Act issues a moratorium until January 1, 2024 on HCPCS code G2211-Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious condition or a complex condition. (add-on code, list separately in addition to office/outpatient evaluation and management visit, new or established).

“The Secretary of Health and Human Services may not, prior to January 1, 2024, make payment under the fee schedule under section 1848 of the Social Security Act (42 U.S.C. 1395w-4) for services described by Healthcare Common Procedure Coding System (HCPCS) code G2211 (or any successor or substantially similar code),” (Section 113 PDF Page 4,620).

Section 130 (PDF Page 4,692) of the Act provides table for raising the payment limits for Rural Health Clinics from \$100.00 on April 1, 2021 to \$190.00 in 2028 for capped services. More information has been provided by the National Association of Rural Health Clinics (NARHC) https://www.narhc.org/narhc/RHC_Modernization_Act_Advocacy.asp.

As always, things can change quickly in healthcare and it is best to stay updated and utilize the Resource(s) available to stay current.

COMPANY NEWS AND EVENTS

NEWS

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EVENTS

[HSCRC Workshop](#) is January 29th with another meeting to be scheduled for February.

MD HFMA CORNER

Registration is about to open for the largest educational event of the year for the Maryland Healthcare Financial Management Association (MD HFMA) the **Health Services Cost Review Commission (HSCRC) Annual Workshop**. This year's format will be HELD virtually on January 29th along with a Networking Event. A second date will be scheduled for some time in February. KHC is looking forward to this event and hopes to "see" all of you there as well.

This year's CFO Panel event scheduled for February 19th is about to be open for Registration. Do not let the name of the event confuse you. This event is not limited to CFO or hospital finance department attendees. The speakers are hospital or health system CFOs and all are welcome to join and learn. All virtual MD HFMA education events are currently free of charge and are being recorded and will be posted to the MD HFMA website. To register or for more information about MD HFMA events, be sure to visit: [Chapter Events — HFMA Maryland \(hfmamd.org\)](#).

EMPLOYEE SPOTLIGHT



Khalida S. Burton, MBA, CRCE-I has been with the Kohler HealthCare Team since September 2017.

Recently, we reached out to her and had her share some details about herself. Here is what we found out.

What made you choose the healthcare industry as the focus of your work?

I was an accounting major in college and knew I did not want to practice general accounting. I interviewed at many places and to my surprise one of the interviewers was a person that I knew and who graduated the year before. He sold me on the company and on the industry. So, I moved to Maryland.

Who inspires you?

My parents are my inspiration. Their life choices had serious repercussions on the family, however they survived and bounced back. Even in the midst of the storms, they instilled in me a strong work ethic, honesty, charity and enjoying life.

What motivates you?

My childhood had a series of ups and downs, however despite living an impoverished life, I was able to go to college, obtain my career job and live my best life. My past serves as motivation to continue to strive for success. My past serves as motivation to give back to community. If it were not for my past, I would not be who I am today.

What is your favorite thing about the town/state/area you live in?

I attended Virginia State University for undergraduate school and fell in love with the campus and atmosphere. Columbia reminds me of serene campus environment where you can have peace of mind and clarity of thought.

If you could visit anywhere in the world you've never been, where would you go?

Several years ago, I submitted my DNA to determine my origins. I would visit the places where my ethnicity can be traced which includes Nigeria, Cameroon, Mali, Ghana, England, Wales, Sweden, Ireland, Scotland, and Germany.

If you could swap places with anyone for 24 hours, who would it be?

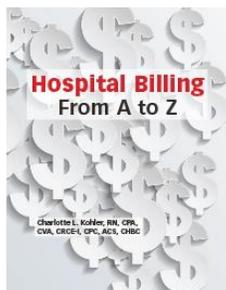
Maybe Beyonce and Oprah. I'd like to experience life (good or bad) through the eyes of the rich or famous. The grass is not always greener on the other side so the only way to understand a person or group of people is to walk a mile in their shoes.

What's your favorite movie or book?

My favorite book(s) and movie(s) are the Twilight series by Stephanie Meyers. I know what you're thinking. It's vampires and wolves. However, I see love, forbidden love, issues with self-esteem, family, acceptance of self.... There's more to the movie(s) and books (s) than meets the eye.

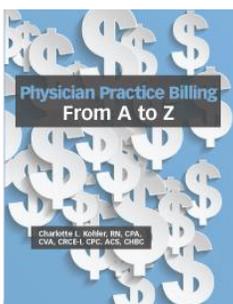
The Newsletter Team would like to thank Khalida for taking the time to answer our questions.

PUBLICATIONS



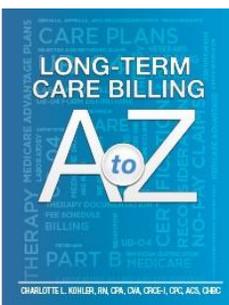
HC PRO: HOSPITAL BILLING FROM A TO Z AVAILABLE FROM HCPRO

Who should read this book? Finance Staff, Billers and Coders, HIM staff, Clinical department staff, Revenue Managers, Compliance Officers Healthcare attorneys, consultants, and CPAs



HC PRO: PHYSICIAN PRACTICE BILLING FROM A TO Z AVAILABLE FROM HCPRO

Who should read this book? Practice Manager, Office Manager, Practice Administrators, Physicians, Business Managers, Coding Supervisors, Billing Supervisors, Compliance Officer, Biller



HC PRO: LONG-TERM CARE BILLING FROM A TO Z AVAILABLE FROM HCPRO

Who should read this book? Understanding Medicare billing requirements, submit accurate bills to Medicare and Mitigate government audits and repayments.

SPONSORSHIPS

AAPC

American Academy of Professional Coders™ was founded in 1988 to provide education and professional certification to physician-based medical coders and to elevate the standards of [medical coding](#) by providing training, certification, networking, and job opportunities. Since then, AAPC has grown to over 190,000 members worldwide and offers 28 certifications encompassing the entire business side of healthcare, including professional service coding ([CPC®](#)), professional billing ([CPB™](#)), medical auditing ([CPMA™](#)), clinical documentation ([CDEO™](#)), medical compliance ([CPCO™](#)), and physician practice management ([CPPM™](#))



Certifications demonstrate a professional’s working knowledge to support cleaner claim submission, faster reimbursement, fewer denials, and better run practices and facilities. AAPC offers superior [training](#) for all stages of a healthcare career, whether it be those new to the business of healthcare or experienced medical professionals seeking to advance with the latest industry trends.

AAHAM

Becoming a member of AAHAM puts a world of revenue cycle experts and information at your fingertips. With a call to one of our chapters, AAHAM members can network with experienced revenue cycle professionals who have faced many of the same challenges they face every day. For a cost of less than a dollar a day, AAHAM membership is the best investment you can make in your career!



HFMA

The Healthcare Financial Management Association (HFMA) helps its members—both individuals and organizations—achieve optimal performance by providing the practical tools and solutions, education, industry analyses, and strategic guidance needed to address the many challenges that exist within the US healthcare system.

The diverse HFMA community has more than 56,000 members, including healthcare finance leaders and professionals from hospitals and health systems, provider organizations, physician practices, business partners and payer markets.

At the local, regional and national levels, HFMA advances the profession and industry by:



- Providing relevant education and professional development opportunities.
- Building and supporting coalitions with other healthcare associations to achieve consensus on solutions for the challenges facing the U.S. healthcare industry, as well as ensure accurate representation of the healthcare finance profession.
- Educating a broad spectrum of key industry decision makers on the intricacies and realities of maintaining fiscally healthy healthcare organizations.
- Working with a broad cross-section of stakeholders to improve the healthcare delivery system by identifying and bridging gaps in knowledge, best practices, and standards.

MHA

MHA serves Maryland’s hospitals and health systems through collective action to shape policies, practices, financing, and performance to advance health care and the health of all Marylanders.



MHA's membership is composed of community and teaching hospitals, health systems, specialty hospitals, veterans’ hospitals, and long-term care facilities. Allied with the American Hospital Association, MHA is an independent organization headquartered in Elkridge, Maryland.

EUCLID

Euclid Revenue Cycle Management offers world-class functionality, unparalleled user support, and operational analytics tools to help you to optimize your claims and billing processes.



Maximize your revenue while minimizing operational costs with Euclid RCM.

JAYNE KOSKINAS & TED GIOVANIS FOUNDATION

In health care, there is a void in the policy development process for an honest independent broker of ideas and methods to achieve the competing goals of cost reduction, expanding access, and improving quality. Most policy studies or evaluations have as their objective fulfilling the goal of those who funded the study. As such, honest appraisals are not present.

