

Pop Up Preview

A taste of what we are preparing to serve up
next month!



Webinar date: February 21, 2022



Pop Up Meeting date: March 12, 2022



Before we dive in. . .

- We are currently in Period 2 of the HRSA Provider Relief Fund Reporting process.
- Those who received more than \$10K between July 1st and December 31st 2020, must report.
- Reporting period one ended in November 2021 (originally the deadline was September 30 and then a 60-day grace period was provided)
 - Period one reporting was for practices that received more than \$10K between April 10–June 30 2020.
 - PPA practices who needed to report in period one were able to do so with the assistance of my August 25, 2021 step by step webinar (this is still available in the PEP library)

Period of Availability			
Reporting Period	Payment Received Period (Payments Exceeding \$10,000 in Aggregate Received)	Period of Availability	Reporting Time Period
Period 1	April 10, 2020 to June 30, 2020	January 1, 2020 to June 30, 2021	July 1, 2021 to September 30, 2021
Period 2	July 1, 2020 to December 31, 2020	January 1, 2020 to December 31, 2021	January 1, 2022 to March 31, 2022
Period 3	January 1, 2021 to June 30, 2021	January 1, 2020 to June 30, 2022	July 1, 2022 to September 30, 2022
Period 4	July 1, 2021 to December 31, 2021	January 1, 2020 to December 31, 2022	January 1, 2023 to March 31, 2023



For the past few weeks, I have ben receiving
panicked calls and emails



- “I didn’t know anything about this reporting business. I thought that was free money. Who did they send the email to?”

Unfortunately, these emails could have gone to a biller who ignored it, to a manager who no longer works in the practice or ended up in spam.

- As soon as I hear about anything like this, I do my research and get out as much information as quickly as possible to the masses.
 - If you receive an email from me, chances are, it’s important!
 - If I host multiple webinars about the same topic, it ‘s IMPERATIVE!

<https://www.hrsa.gov/sites/default/files/hrsa/provider-relief/returning-funds-fact-sheet.pdf>

November 2021



Provider Relief Fund Reporting Non-Compliance Fact Sheet

Reporting Non-Compliance

Providers who attested¹ to Provider Relief Fund (PRF) payment(s) agreed to the [Terms and Conditions](#) of the payment(s), including a requirement to report on the use of the funds. Per the [Post-Payment Notice of Reporting Requirements](#), providers who received one or more payments exceeding, in the aggregate, \$10,000 during a Payment Received Period are required to report on the use of funds. Providers who do not submit a completed report on the use of funds by the applicable reporting deadline are considered non-compliant with the [Terms and Conditions](#). **HRSA will officially notify** all non-compliant providers alerting them of their non-compliant status with instructions on how to remediate their status (if applicable).

Repercussions for Non-Compliance

EXCLUSION FROM FUTURE PAYMENT(S)

As described in the Terms and Conditions, HHS reserves the right to administer penalties for non-compliance. Providers subject to enforcement actions whose organizations do not come into compliance by returning funds will be excluded from receiving and/or retaining future PRF payments – including any applicable Phase 4 payments.

REPAYMENT AND DEBT COLLECTION

- All non-compliant providers subject to enforcement actions will receive an official notice indicating that HRSA is seeking repayment of all PRF payments for the applicable Reporting Period.
- Providers will have **30 business days** after receiving their Final Notice of Reporting Non-Compliance to return the payment(s).
- HRSA will initiate repayment on all funds not reported on during the specific Payment Reporting Period.
 - **Example:** A provider receives over \$10k in PRF payments in Payment Received Periods 1 and 2. Reporting period 1 has concluded and the provider did not report by the deadline. The provider will be considered non-compliant and will need to repay all funds received in Period 1. When Reporting Period 2 opens, the provider will be able to retain and will be required to report on the use of funds received in Period 2.

Returning Funds

Details and instructions on how to return funds can be found on the [Returning Funds Fact Sheet](#), [PRF Reporting Portal](#), and [PRF Webpage](#)

Relevant Terms and Conditions

Non-compliance with any Term or Condition is grounds for the Secretary to **seek repayment** of some or all of the payments made.

The Recipient acknowledges that any deliberate **omission**, misrepresentation, or falsification of any information **contained in this Payment application or future reports may be punishable by criminal, civil, or administrative penalties [...]**.

November 2021



Provider Relief Fund Returning Funds Fact Sheet

Recipients of Provider Relief Fund (PRF) payments, under several circumstances, are required to return funds to the U.S. Department of Health and Human Services (HHS)/Health Resources and Services Administration (HRSA).

Who Must Return Funds

1. Providers who **rejected a payment** in the [PRF Application and Attestation Portal](#).
2. Providers with **remaining unused funds** that cannot be expended on allowable expenses or lost revenues attributable to coronavirus by the applicable deadline to use funds for each reporting period.

Timeframe to Return

Funds must be returned within:

1. **15 calendar days** of rejecting a PRF payment in the [Application and Attestation Portal](#); or
2. **30 calendar days** after the end of the applicable **Reporting Time Period**, as explained in the [Notice of Reporting Requirements](#), or [applicable grace period](#).

Failure to Return Funds

HRSA will pursue enforcement actions – including **repayment and/or debt collection** – for any unreturned Provider Relief Fund payments.

ACH Returns

Returning partial or total PRF payments is a two-part process:

1. Complete an **online form** via the [Return Unused PRF Funds Portal](#).
2. **Transfer the funds** via Pay.gov or via check. Refer to the [instructions for returning unused funds](#).

Returning Interest Earned

If Provider Relief Fund payments were held in an interest-bearing account, the provider must return the accrued interest associated with the amount being returned to HHS. Steps for returning accrued interest can be found in the [Frequently Asked Questions](#).

Check Returns

Refund checks for the full amount should be made payable to HRSA and mailed via United States Postal Service (USPS) to:

*United Health Group
Attn: Provider Relief Fund
PO Box 31376
Salt Lake City, UT 84131-0376*

All checks and correspondence relating to the return of PRF funds must include:

- *Provider's Name;*
- *Tax Identification Number (TIN); and*
- *CMS Certification Number (CCN).*

TIN's should be clearly written on the check or included within a corresponding letter. Information on returning partial payments by check can be found in the [Unused Funds FAQs](#)

**FedEx and UPS cannot be used with this PO-Box.*

More Information

Provider Support Line: (866) 569-3522, for TTY dial 711. Hours of operation are 8 a.m. to 10 p.m. CT, Monday thru Friday.

PRF Webpage: www.hrsa.gov/provider-relief

Again, it is almost certainly too late for period one reporting

- But you can always try and plead your case. . .
- As far as I am aware no funds have been recouped yet for providers who did not report but we can assume they will be.

More Information

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Again, I send important emails, but in case you missed the first or second invite, here are the details:

When: Saturday, March 12th

Where: ABC Podiatry (5969 E Broad Street, #407, Columbus, OH)

Who is invited: Active PPA practices and PEP Subscribers

How much is it to attend: FREE (just get yourself to Columbus)

Space is filling up fast so RSVP ASAP!



"Pop Up" meeting!

When: **Saturday, March 12th, 2022**

Invitees: Active Pinnacle Practices and PEP Subscribers

Location: **5969 E Broad Street #407, Columbus, Ohio 43213**

Graciously hosted by **ABC Podiatry!**

Time: **8:30 a.m. – 4:30 p.m.**

Cost: **FREE!**

This one-day meeting will consist of interactive presentations and open discussions covering the topics most relevant in today's world of podiatric practice. In an intimate, informal setting, attendees ranging from new practitioners to seasoned veterans will have the opportunity to share and learn together.

Cindy has selected preferred vendors to participate in presentations and open discussions that relate to their areas of expertise (education without the infomercials) who will kindly sponsor the event, allowing PPA practices to attend for **FREE**.

Topics to be covered include but are not limited to:

- Determining your optimal clinic day: New patient goals, totals and schedule modifications you may not have considered (but should)
 - Pre-visit preparation for positive patient flow
- Wound Grafts: ethical utilization, compliance, documentation, billing, reimbursement and controversy
- Getting your nights and weekends back: Options for improving charting efficiency
- Focus on What you Can Control: Incorporating and Providing your Patients with the Best Ancillary Products and Services
- Marketing in the Digital Age (Reaching the right patients, Building your brand and the importance of Reputation Management)
- Metric Analysis (identifying and responding to the weaknesses you may not be aware of)
 - Definitive Diagnosis (what you are missing by not finding out)
- Improving Practice Culture through Appreciation, Goal Setting and Core Values
- How are you, really? Meaningful Check-ins that Impact every aspect of Practice

RSVP to admin@pinnaclepa.com right away as space is limited!

Notes: This is an informal event, so plan to arrive in your favorite jeans and T-shirt or "Sweat Pant Casual" attire and get ready for an unforgettable day!

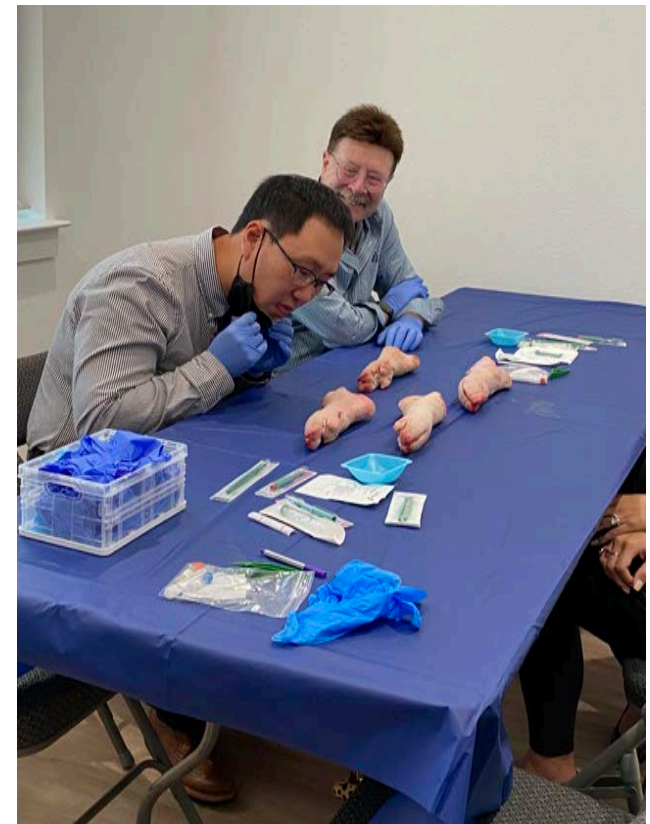
No CEUs will be provided (allowing free attendance and to speak openly without conforming to the "rules").

Those who came out to Dallas last fall for our first Pop Up were sure glad they did!



We learned and shared together in a relaxed atmosphere and will do so again!

In addition to presentations and "round table" discussions, the most valuable aspect of this event will be (as it was last time) the new friendships and bonds that were created.



How will the day be structured?

Even for this relaxed type of event, I like to stick to a schedule!



- Plan on arriving at about 8:00 a.m. in your favorite t-shirt and jeans or “sweat pant casual” attire
 - No need to eat before you arrive. I will be feeding you all day and it will be a lot yummier than hotel conference food 😊
- Grab your breakfast and coffee, mingle a bit and choose a seat.
- Opening remarks and the first topic of discussion will commence at 8:30 a.m.
- Most of the day will be interactive while consisting of power points, informal vendor presentations (not infomercials), and sharing/breakout sessions
- The day will conclude at approximately 4:30 although most attendees will want to continue conversations later (dinner anyone??)

First up on our list: Determining your optimal clinic day

- How the changing healthcare climate has forced new approaches to maximizing the day
 - Metrics involved in determining your “magic number” and uncovering the sad truths about overpacked schedules, overworked doctors and staff and shrinking revenues.
 - What is your PVV? How does this compare if you have multiple doctors in your group?
 - Does your schedule make sense? Is there enough room for new patients?
 - Is one doctor in your group seeing more new patients than the others? Why?
 - PRNing problems
 - Funneling your schedule (whys and hows)
 - Cancellation and no-show rates (WNLs or out of control? Are there commonalities?)
 - Should you consider dropping certain payers?
 - Would you be better off working less clinic “shifts” per week in order to increase productivity?
Is the 3 ½ day model comparable to the 4-hour work week?



Speaking of New Patients

- We will hear from podiatry specific marketing experts who understand the importance of new patient “business”
- Strategies based on attracting the types of patients you want to treat (does your website paint an accurate picture of your practice, the services provided and is it ADA compliant??!)
 - Do you offer ancillary/cash treatments or services that aren't mentioned or are difficult to find?
- Investing wisely in marketing efforts to optimize ROI
- How Google ads work and determining a realistic monthly spend
- Practice Reputation Management
 - More is better
 - 5 stars may not seem real
 - How to get your patients to leave reviews and comments
 - What to do WHEN you get a negative review



We will also discuss patient encounters from prep - "paper" (charting)

- The essential information to gather prior to the patient entering the treatment room
 - Eligibility and benefit checks and beyond
 - The new patient coordinator and other pre visit strategies to move new patients through the office as efficiently as established
 - Virtual assistants. . . The wave of the future; what could a VA do to improve every aspect of your practice?
 - Educating patients about their benefits (training staff members to be empathetic bulldogs at the front desk)
 - Establishing transparent financial policies and sticking to them
 - Collecting up front and properly noting/recording ("unapplied patient payments")
 - How does patient coverage affect your treatment plans?
 - Should you incorporate new or alternative ancillary options (cash and billable) within your structured treatment protocols?
 - How do you determine which would be best for your practice?
 - How can you get your partner(s) on the same page?
 - Has charting become even more of a nightmare?
 - Are you constantly behind and not sure if you are compliant?
 - Available options to help you become and stay compliant and get your nights and weekends back.

Hot and controversial topics

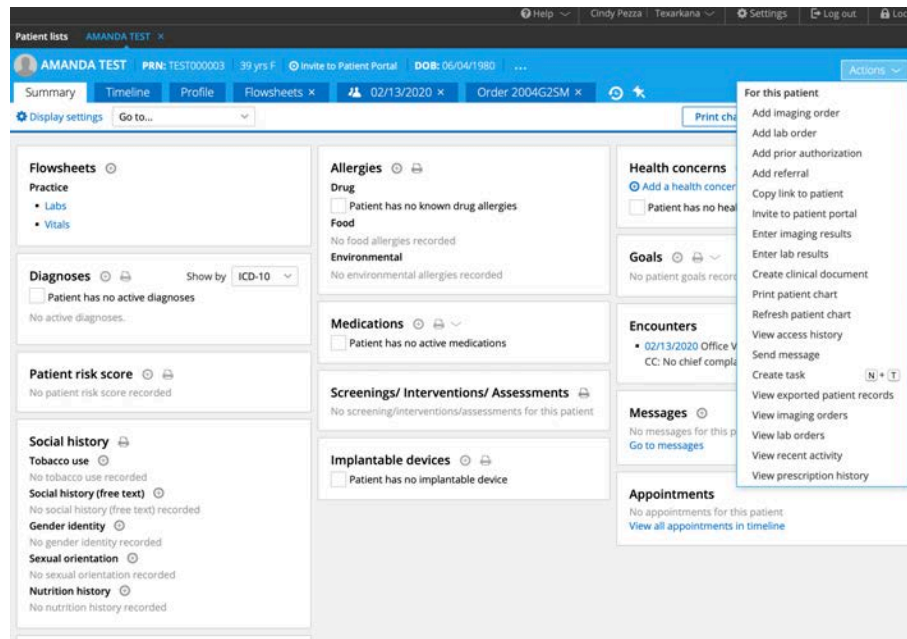


- Wound grafts

- A well versed DPM and her biller will discuss their experiences with utilizing these products
- The controversy and confusion behind “amnio” products
- Appropriate utilization, documentation, coding/billing practices and collection rates
- Opinions about “rebates” associated with these products
- Proof is in the pudding
 - If patients are healing, why shouldn't you use the products?
- Higher level E/MS and what you may be overthinking and under documenting
- You can get pulled over for going too slow and you will!

Biopsy and Technology (underutilized in the podiatric practice)

- Why aren't DPMs doing more biopsies?
- If you don't know what it is definitively, how can you effectively treat it?
- How can you simplify these processes in your practice?
 - Every E H R has a bidirectional interface with BakoDx
 - Is yours turned on? Were you ever trained to use it or told about it?



And because a Pop-Up meeting wouldn't be the same without her, Pinnacle's Professional Development Expert, Dr. Paula Rivadeneira will be there too!



Pop Up Sneak Peak:

Retaining Staff and Improving Performance Through Appreciation, Ditching Annual Reviews, and Simply Checking In




Feb 21, 2022

Paula Rivadeneira, PhD
Professional Development Manager and Staff Mediation Specialist

Hard truths about working in medical care ...

- It can be physically and emotionally challenging
- People we deal with can be difficult
- We see, hear, and smell things that can never be forgotten
- We feel a sense of obligation to our team and to our patients to come to work even if we are tired, sick, or emotionally drained

A close-up photograph of a white dog, possibly a French Bulldog, with its mouth wide open and its pink tongue hanging out. The dog has large, upright ears and is looking directly at the camera with a happy expression. The background is a soft, out-of-focus green field.

79% of employees who
leave their jobs voluntarily
do so because
**they do not feel
appreciated.**

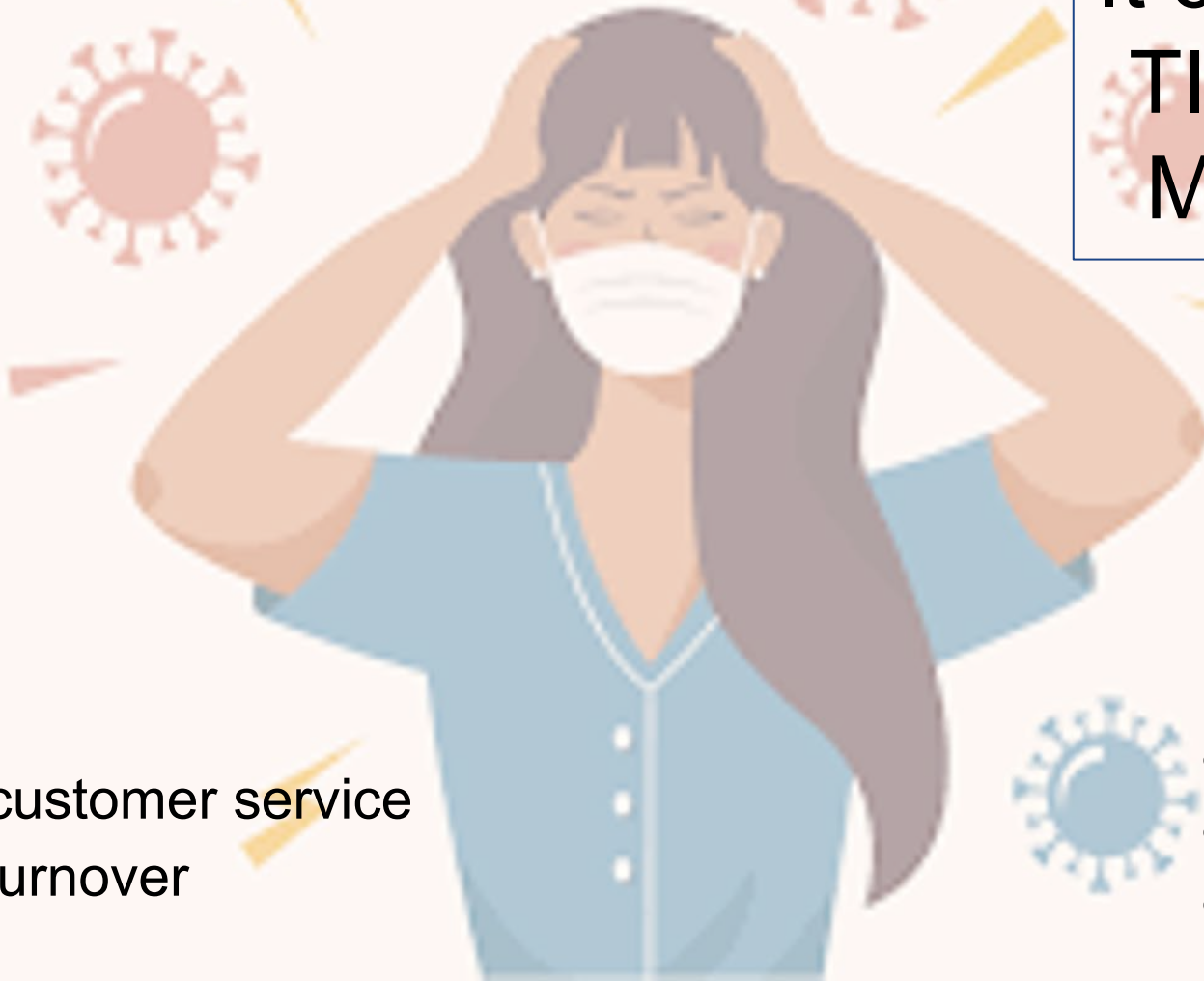
So if you want to keep your staff, you need to make sure that they are enjoying their work, feeling appreciated, and getting the feedback they need to be

When staff don't feel respected, appreciated, and valued

It costs you
TIME and
MONEY!

- Poor customer service
- Staff turnover

- Negativity
- Tardiness
- Call outs





NO.

“I say
thank
you all
the time.
Isn't that
enough?”

5 LANGUAGES OF APPRECIATION



Words of
Affirmation



Quality
Time



Acts of
Service



Tangible
Gifts



Physical
Touch

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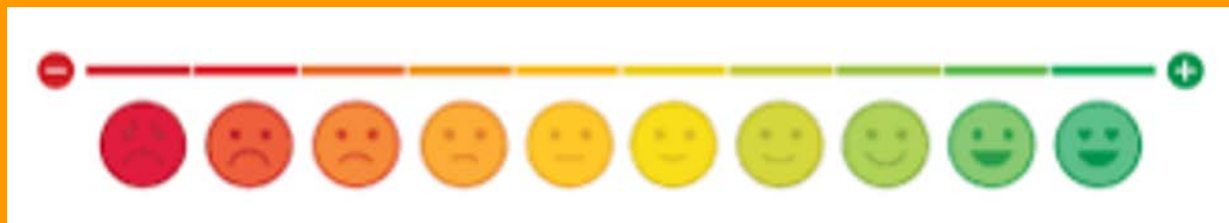
Physical
Touch

Performance Reviews





- How are you? 1-10



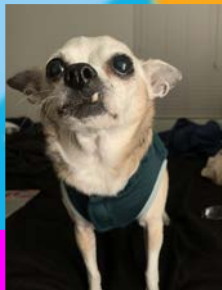


- How are you? 1-10
- Feedback on the Fly
- 360 Feedback



March Pop Up Meeting

X
Old Souls Animal Rescue and
Retirement Home





Thank you for joining us this evening!

We look forward to seeing you in Columbus!

