



Work Study Meeting – Agenda
Public Hospital District No. 4, King County
Snoqualmie Valley Hospital
Thursday, February 24, 2022 – 4:30pm
Zoom Link by request
Call In Phone Number: 253-215-8782
Meeting ID: 937 8380 5782 / Passcode: 559969

1. 4:30pm – CALL TO ORDER/ROLL CALL
 2. 4:32pm – DEI TRAINING SESSION REVIEW (*Discussion*)
 3. 5:00pm – COMPLIANCE UPDATE/NO SURPRISES ACT – CFO Ritter (*Review/Discussion*)
 4. 5:30pm – ADJOURNMENT
-

Additional Board Education Opportunities – (Contact **Jamie** for registration information)

- **Virtual DEI Workshops** – all workshops from 12:00-1:00pm [Click here for more details](#)
 - ✓ February 10: A new Referee for Diversity, Equity and Inclusion Implementation
 - **Recording: [WSHA DEI Workshop Session One 2.10.22](#)**
 - February 24: Equitable Conversations
 - March 10: Equitable Messaging
 - March 24: Equitable Partnership Building
 - April 7: Diversity Pipeline Development
- **WSHA Leadership Summit** (Boards & CEOs) [Click here for more details](#)
 - May 15-17, Walla Walla WA

WINNING#***RACE***

EQUITY COACHING CLINIC

**A NEW REFEREE FOR
DIVERSITY, EQUITY, AND
INCLUSION
IMPLEMENTATION**

Kevin Ahmaad Jenkins, PhD

Chief Executive Officer
Konquered Healthcare Solutions, LLC

Lecturer & Visiting Scholar
University of Pennsylvania



Austin American-Statesman

Back from the brink, a rural Texas hospital shines

September 2016

‘Anything that doesn’t add value to the customer, to the process, is considered waste.’

**STRUCTURAL DISCRIMINATION
IMPOSES UNEQUAL CHANCES OF
THE SAME OUTCOMES.**



WHAT IS

Equity?

EQUALITY



EQUITY



*JUSTICE



WHAT IS EQUITY?

/ˈEKWəDĒ/

EQUITY REFLECTS AN ITERATIVE PROCESS OF THAT:

1. SURVEILS DISPARATE OUTCOMES
2. UNDERSTANDS THE SOCIAL BARRIERS THAT IMPACT THE MOST INDIVIDUALS OR GROUPS BY THESE OUTCOMES,
3. IMPLEMENTS MITIGATION STRATEGIES THAT EXPAND ACCESS TO RESOURCES FOR COMMUNITIES WITH THE HIGHEST RISK, AND
4. APPRAISES AND MODIFIES APPROACHES BASED ON EFFECTIVENESS

WHAT IS DIVERSITY & INCLUSION?

DIVERSITY REFLECTS VISIBILITY

Even with good intentions, we hire people with little intention of “seeing” them.

INCLUSION REPRESENTS VOICE

Underrepresented minority employees have never been comfortable to tell the truth

WHAT WE NEED REMEMBER?

INCLUSION

- Focuses directly on organizational culture
- Must have an iterative strategy to authentically engage teams and punctually address issues internally

EQUITY

- Do equity by counteracting the symbols of inequity using access framework
- This is NOT punitive

PARTNERSHIPS

- Most Cost-Effective path to Equity
- Higher Reward with Micro-Evaluation
- Especially in low-resourced organizations



EXPANDING EQUITY THROUGH ACCESS

THIS IS NOT A BINARY CONCEPT.
ACCESS TO ANYTHING IS A
CONTINUUM.



THE MULTIPLICATIVE EXPOSURE TO INEQUITY

MILITARY

Roughly 82% of Black Veterans experienced racism while serving

WORK

61% of minorities experienced or witnessed racism at work

HOME

Nearly 80% of Black Americans experienced racism as an adult

HOSPITAL

1 in 4 minorities experience racism while seeking medical care

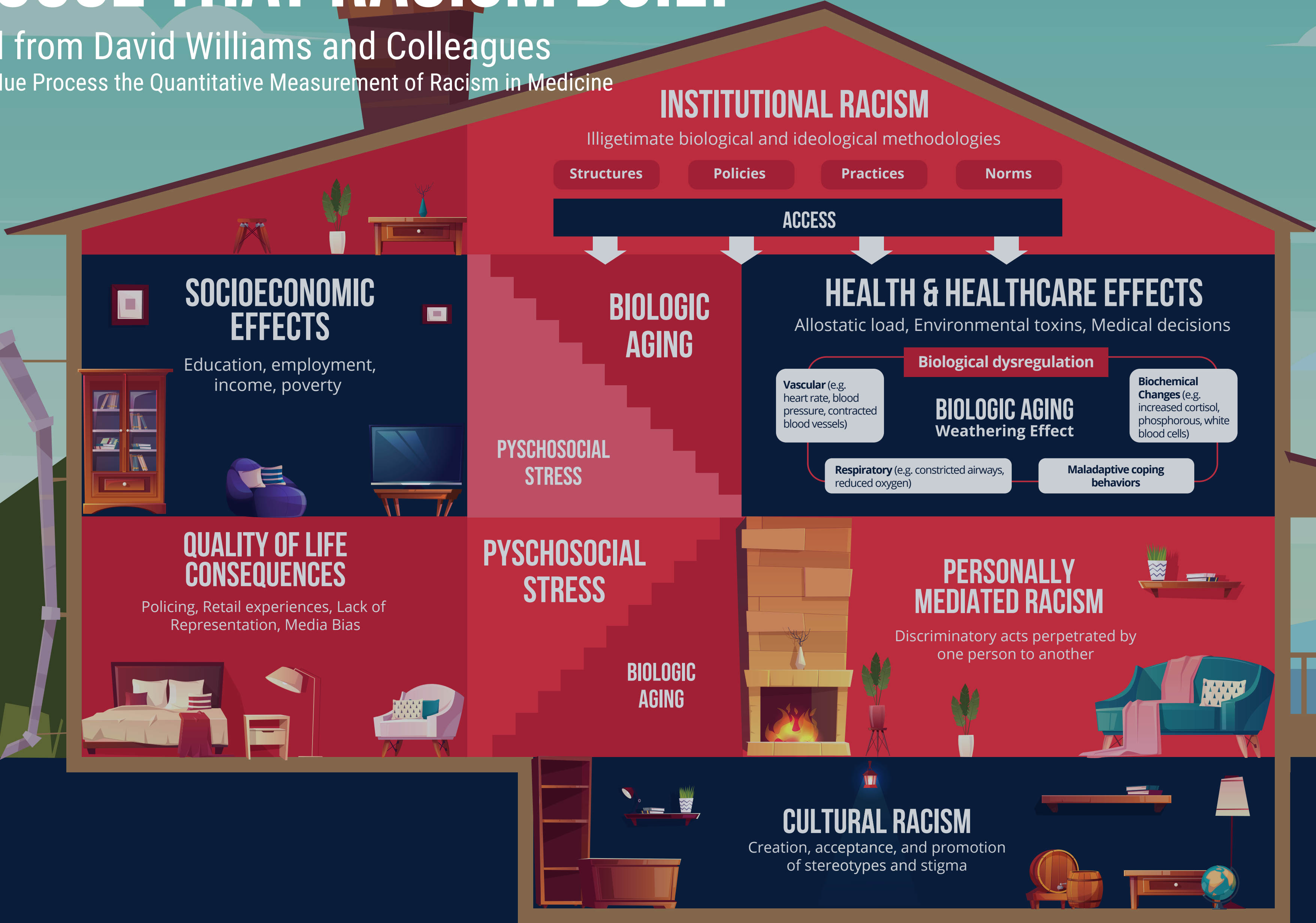
WINNING+RACE
EQUITY COACHING CLINIC



THE HOUSE THAT RACISM BUILT

Reimagined from David Williams and Colleagues

Source: Jenkins, Hue Process the Quantitative Measurement of Racism in Medicine (forthcoming)



APPLYING EQUITY TO THE SYMBOLS

ZOOM INTO THE OPPORTUNITY

	DESCRIPTION	KEY METRICS	COST	SCALE	ACCESS	TEAM	PRIORITY
POLICY			<ul style="list-style-type: none">• Low• Medium• High	<ul style="list-style-type: none">• Internal• Business to Business• Business to Consumer• Business to Community	<ul style="list-style-type: none">• Affordability• Accessibility• Availability• Accommodation• Acceptability• Awareness• Accountability		<ul style="list-style-type: none">• Low• Medium• High

**“FAILURE POINTS
YOU IN THE
DIRECTION OF
SUCCESS
-OPRAH WINFREY**

INCLUDE



EXCLUDE





Culturally competent
team building



Become a free
community voice



Create Minority-
Focused Pipelines



Reimagine your
internal review
process



Listening tours and
make results
available



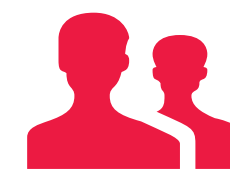
Non-Traditional
Collaborator Networks



Support your CDO
with a team &
resources



Use the 5As of
Access to Expand
Equity



Invest in patient
navigators—in
partnership with local
universities.



See narrative & the
numbers with data
analytics

ANTICIPATED THEMES

ADVANCING EQUITY+

Many ask us, “What should I do to advance health equity?”

First, listen!

Second, de-center your beliefs because at the end of the day, you’re still in charge and no-one can take that from you!

Third, don’t waste your voiceless employees’ time with **ambiguity**. Make sure you’re to create a vision that lasts for at least 3 years.

REQUIRES US TO STOP WATERING THE FLOWER AND WATER THE ROOT



A

Invest in Patience

The marathon of fairness begins with you, depends on how you pass the torch, and continues with sustainable innovations



B

Engage Before You Define

Talk to the perceived stakeholders before you define your expectation and prior to implementing your plan



C

Crisis Shapes Innovation

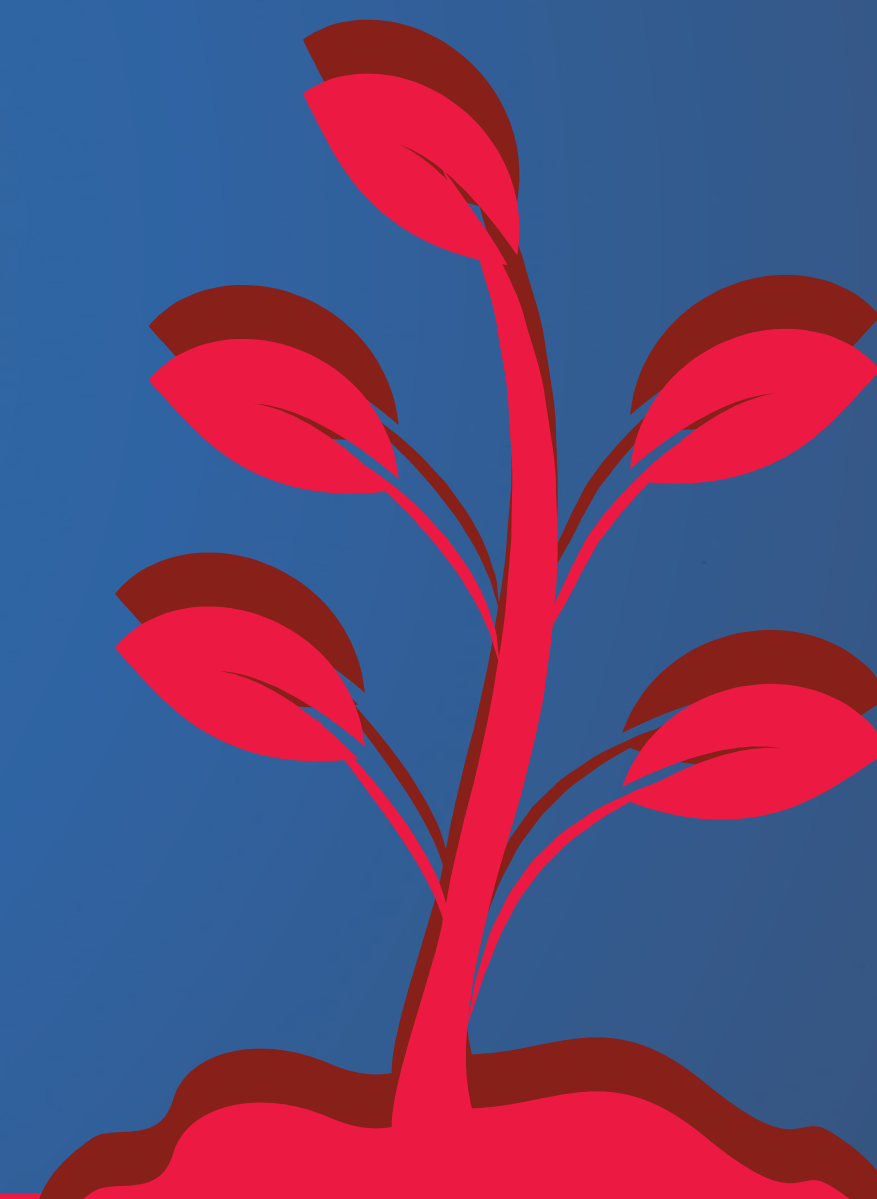
If your team is not ready a crisis of inequity, you need a new team. You cannot spend your way out of crisis



D

The Small Stuff Matter

Deal with microaggressions and slowed execution swiftly because the invisible are watching.



E

Be Gracious

We won't always get it right, but never accept the perception of doing it wrong.

THE SCRIPT

IMPLEMENTING YOUR STRATEGY

DESCRIBE YOUR DEI ANGST

Some of the struggles

1. “What” to do next?
2. Getting the right metrics
3. Punitive Enforcement
4. Positive Enforcement (Authentic)
5. Should rollout be bold or quiet?
6. Picking the right team
7. What if I messed up and don’t know how to address my organization?

USE THE CHAT TO ENGAGE



Flinch | Jump

TOUGHNESS



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www.konqueredhealth.com

www.kjanswers.com



**1st Quarter
2022 Compliance Dashboard**

2021	Reported Incidents/ Date of Audit	Findings	Disclosures Required
Cybersecurity	0		
Hipaa	3/15/2021	Limited PHI was released by Trubridge to another Trubridge Client. Both entities are covered entities therefore not a reportable disclosure	0
	7/2/2021	Patient name in subject line of Email to SVH employees. Covered Entity within scope of duties no disclosure required	0
	8/19/2021	PHI of wrong patient sent to outside provider. Both entities are covered entities therefore not a reportable disclosure	0
	9/23/2021	PHI sent to wrong employee name in Email to SVH employees. Covered Entity within scope of duties no disclosure required	0
	11/20/2021	Patient name in seen on Rehab Schedule on TV. Staff troubleshooting TV accidentally reset to factory settings which showed scheduled.	0
	12/1/2021	Patient Statement sent to wrong address, Patient was notified via letter. Disclosure report was sent to DHHS	1
	12/29/2021	Shared laptop and credentials with another employee. Covered entity within scope of duties no disclosure required.	0
340b	12/1/2021	Audit revealed some initial samples of visits did not have supporting documentation of RX review. Other supporting episodes were found upon a deeper inspection that fell within regulatory guidance.	0
Stark	0	0	0
Emtala	0	0	0
Antikickback	0	0	0
OCR	0		0
Financial Audit	11/22/2021	State Auditor Confirmed 2020 Financials	
	11/15/2022	Pre work for 2021 Moss Adams Audit	

**1st Quarter
2022 Compliance Dashboard**

2021	Reported Incidents/ Date of Audit	Findings	Disclosures Required
	3/1/2022	Work for 2021 Cost Report Filing	
	May-22	2021 Financial Audit	
PRF Funds	9/29/2021	Phase 1 PRF reported to HHS. No PRF funds due back to HHS	
	2/28/2022	Moss Adams to Start Test of PRF funds for Single Audit	
Med Staff	0	0	0
RHC Survey	10/1/2021	Proof of Correction for RHC Survey Accepted	
DOH Survey	6/1/2021	Plan of Correction for deficiencies was accepted on 7/12/2021.	
Malpractice Ins Claims	0	0	0
Public Records Requests	3	All requests were responded to and information was delivered within the 14 business day regulatory time period	4
Litigation	0		0
Liability Insurance Claims	1.00	Patient Fall outside ED in March 2021, Liability Insurance handling claim	0
Property Insurance Claims	6-Feb	Trailer Theft, Recovered 02/07/2022	0
Employment Claims	0		0
Compliance Training	10/31/2021	Annual Compliance Training completed 10/31/2021	
COVID Vaccine Compliance	1/14/2022	All employees have vaccine or approved medical/religious exemption. 95% of employees vaccinated. Employees Boosted per mandatory requirement of 1/14/2022	

**1st Quarter
2022 Compliance Dashboard**

2021	Reported Incidents/ Date of Audit	Findings	Disclosures Required
Flu Vaccine Compliance	10/31/2021	Flu vaccine mandatory by 10.31.2021 to be fit for duty.	



Fact sheet

No Surprises: Understand your rights against surprise medical bills

Jan 03, 2022 Billing & payments, Coverage

The No Surprises Act protects people covered under group and individual health plans from receiving surprise medical bills when they receive most emergency services, non-emergency services from out-of-network providers at in-network facilities, and services from out-of-network air ambulance service providers. It also establishes an independent dispute resolution process for payment disputes between plans and providers, and provides new dispute resolution opportunities for uninsured and self-pay individuals when they receive a medical bill that is substantially greater than the good faith estimate they get from the provider.

Starting in 2022, there are new protections that prevent surprise medical bills. If you have private health insurance, these new protections ban the most common types of surprise bills. If you're uninsured or you decide not to use your health insurance for a service, under these protections, you can often get a good faith estimate of the cost of your care up front, before your visit. If you disagree with your bill, you may be able to dispute the charges. Here's what you need to know about your new rights.

What are surprise medical bills?

Before the No Surprises Act, if you had health insurance and received care from an out-of-network provider or an out-of-network facility, even unknowingly, your health plan may not have covered the entire out-of-network cost. This could have left you with higher costs than if you got care from an in-network provider or facility. In addition to any out-of-network cost sharing you might have owed, the out-of-network provider or facility could bill you for the difference between the billed charge and the amount your health plan paid, unless banned by state law. This is called "balance billing." An unexpected balance bill from an out-of-network provider is also called a surprise medical bill.

People with Medicare and Medicaid already enjoy these protections and are not at risk for surprise billing.

What are the new protections if I have health insurance?

If you get health coverage through your employer, a Health Insurance Marketplace®,^[1] or an individual health insurance plan you purchase directly from an insurance company, these new rules will:

- Ban surprise bills for most emergency services, even if you get them out-of-network and without approval beforehand (prior authorization).
- Ban out-of-network cost-sharing (like out-of-network coinsurance or copayments) for most emergency and some non-emergency services. You can't be charged more than in-network cost-sharing for these services.
- Ban out-of-network charges and balance bills for certain additional services (like anesthesiology or radiology) furnished by out-of-network providers as part of a patient's visit to an in-network facility.
- Require that health care providers and facilities give you an easy-to-understand notice explaining the applicable billing protections, who to contact if you have concerns that a provider or facility has violated the protections, and that patient consent is required to waive billing protections (i.e., you must receive notice of and consent to being balance billed by an out-of-network provider).

What if I don't have health insurance or choose to pay for care on my own without using my health insurance (also known as "self-paying")?

If you don't have insurance or you self-pay for care, in most cases, these new rules make sure you can get a good faith estimate of how much your care will cost before you receive it.

What if I'm charged more than my good faith estimate?

For services provided in 2022, you can dispute a medical bill if your final charges are at least \$400 higher than your good faith estimate and you file your dispute claim within 120 days of the date on your bill.

What if I do not have insurance from an employer, a Marketplace, or an individual plan? Do these new protections apply to me?

Some health insurance coverage programs already have protections against surprise medical bills. If you have coverage through Medicare, Medicaid, or TRICARE, or receive care through the Indian Health Services or Veterans Health Administration, you don't need to worry because you're already protected against surprise medical bills from providers and facilities that participate in these programs.

What if my state has a surprise billing law?

The No Surprises Act supplements state surprise billing laws; it does not supplant them. The No Surprises Act instead creates a “floor” for consumer protections against surprise bills from out-of-network providers and related higher cost-sharing responsibility for patients. So as a general matter, as long as a state’s surprise billing law provides at least the same level of consumer protections against surprise bills and higher cost-sharing as does the No Surprises Act and its implementing regulations, the state law generally will apply. For example, if your state operates its own patient-provider dispute resolution process that determines appropriate payment rates for self-pay consumers and Health and Human Services (HHS) has determined that the state’s process meets or exceeds the minimum requirements under the federal patient-provider dispute resolution process, then HHS will defer to the state process and would not accept such disputes into the federal process.

As another example, if your state has an All-payer Model Agreement or another state law that determines payment amounts to out-of-network providers and facilities for a service, the All-payer Model Agreement or other state law will generally determine your cost-sharing amount and the out-of-network payment rate.

Where can I learn more?

Still have questions? Visit [CMS.gov/nosurprises](https://www.cms.gov/nosurprises), or call the Help Desk at 1-800-985-3059 for more information. TTY users can call 1-800-985-3059.

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[1] Health Insurance Marketplace® is a registered service mark of the U.S. Department of Health & Human Services.

A federal government website managed and paid for by the U.S. Centers for Medicare & Medicaid Services.

7500 Security Boulevard, Baltimore, MD 21244