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NEWSBRIEF JR.

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Eighth Annual Region 11 Symposium Sets New Attendance Records

The Eighth Annual HFMA Region 11 Symposium kicked off Sunday, January 29, 2006 at Caesars Palace in Las Vegas and quickly got rolling at the opening night mixer. Attendees were provided with drink tickets, and the resulting lines for the bars were excellent places to get acquainted with new friends.

The next morning the educational programs started, led off by Dr. Benjamin Carson, Chief of Pediatric Neurosurgery at Johns Hopkins University and self-confessed “dummy” at his grade school. His story of how he went from the back of the class to the head of the profession was an inspiration, as well as a compendium of life lessons learned along the way.

A panel discussion of State Hospital Association representatives followed Dr. Carson, highlighting the issues confronting each state organization, and the commonalities and differences among the groups.

After that discussion, the merits of various kinds of food became the hot topic, and the attendees moved to the Exhibit Hall to nosh, meet old friends, and cruise the exhibit booths.

Monday afternoon’s activities were focused on the breakout sessions, with topics ranging from HIPAA compliance to Healthcare EDI, and lasting until the evening reception back at the Exhibit Hall.

Tuesday began with more witty observations, this time provided by Mark Shields, who has been observing (and lampooning) the Washington, D.C. scene for many years, and whose insights mixed laughs with frightening truths about how the place works. He was followed by Amanda Gore, whose “Live Out Loud” presentation established new standards for audience

participation and involvement. By the end of her speech, the entire audience was standing, swaying arm in arm, singing Monty Python’s “Always Look on the Bright Side of Life”.

After Ms. Gore, the interactions at the final session in the Exhibit Hall were filled with “Ta-da’s” and “Zoots”, as the exhibitors got their last contacts in. The afternoon was dedicated to breakout sessions again, this time including topics such as Sarbanes-Oxley, Revenue Cycle Tools, and updates from Fiscal Intermediaries.

Wednesday morning started with a panel of Chief Financial Officers discussing what keeps them up at night and sharing insights into the workings of the CFO’s day.

The final presentation was made by Dave Barry, nationally syndicated columnist, who discussed the ways in which the world makes a humor column almost too easy. His riffs on disposing of dead whales and relationships between men and women had the audience in stitches and provided a light finish to the formal proceedings. Dave stayed around to do the drawings for gift baskets and the Hawaii trip grand prize, which was won this year by Wilfed Hee, Government Reimbursement Coordinator at Queen’s Medical Center in Honolulu, Hawaii.

Attendance at the event broke all records, with 545 paid registrants, and 929 total attendees, including exhibitors and guests.

Planning is underway for the 2007 Region 11 Symposium, which will be held January 28-31, 2007 at Caesars Palace. Mark your calendar now as this will be another Symposium that you won’t want to miss!

FROM THE PRESIDENT'S DESK

Wayne Knecht



Greetings from Las Vegas and the Regional 11 Eighth Annual Healthcare Symposium

Dear Members:

What an outstanding program and excellent opportunity for all attending to reconnect and have some fun as well. This years' program marked another milestone for the Symposium with a record attendance totaling 908 participants as well as exhibitors and guests. The popularity of this program continues to grow each year. If you were not able to attend this years program please mark you calendar for next years event to be held at Caesars' Palace January 28-31, 2007.

I would like to congratulate this years Region 11 Presidents Award winner Mr. George Colman. He has served on the Symposium Committee since its inception, holding various leadership roles and acting as legal counsel for the Symposium. I would also like to give special recognition to Lisa Wada, Symposium Committee Chairman for the last three years. Thank you for your tireless commitment and outstanding leadership. This was Lisa's last year as chairman. However, she will continue as a member of the committee. I am pleased to announce that Ira Alexander has accepted the position of incoming Symposium Committee Chairman.

Last, but certainly not least, I extend my sincere thanks and congratulation to all of the members that work so hard to make this program a success. The Southern California Committee Members are: Lisa Wada, Terrance Wong, James Stewart, Robert Oehlman, Susan Labow, Greg Labow, George Colman, Gordon Johnson, James Cummings, Ira Alexander and David Canfield, past HFMA National Chairma

My year as president is half over and so far it has been very busy with education sessions, active committee meetings, certification testing, an active Student Mentoring Program and welcoming new members. There is still more to come: March 16 all day Education program followed immediately by a social networking reception; April 24 joint program with HFMA San Diego and AAHAM (San Diego and Southern California) in Irvine, California; and a very special year end chapter celebration program in May (date, time and place TBA).

I very much appreciate the opportunity to serve you. Please do not hesitate to contact me or any of your chapter leadership with comments, suggestions, or requests.

Sincerely,



Wayne Knecht
President 2005-06

2005 | 2006

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UCI's Health Care Executive MBA Program

A MUST FOR THE HEALTH CARE FINANCE PROFESSIONAL

—Chelva Kumar, Ph.D., MBA—

In today's innovative market, it takes more than knowledge to get ahead. At The Paul Merage School of Business, professionals are trained to anticipate change, to capitalize on innovation, and to become leaders in their field. Of the four MBA programs offered at The Paul Merage School of Business, the Health Care Executive MBA (HCEMBA) program stands out as a pioneering program. Health care organizations are continually transitioning toward the corporate model. This requires the executives, managers, administrators, and practitioners to increasingly gain applicable and relevant management skills. UC Irvine was one the first to pioneer an MBA program specifically designed for health care professionals, and it is still only one of a handful of such programs across the country.

The author considered programs nationally and chose the HCEMBA program mainly because of the highly responsive administration team ably headed by Erik Charles, a rigorous and thorough curriculum and an eminent faculty. A responsive and efficient administrative team is an essential part of an executive MBA program. As busy executives, students do not have the time to jump administrative hoops. Erik and his team take care of most administrative issues including minor details such as parking permits and text books so that the student is able to focus on their course work. The HCEMBA course work begins with Statistics and Organizational

Behavior and proceeds through courses on Finance, Health Care Economics, Marketing, Management Science, IT, Strategy, Business Dynamics and Decision Analysis. Of particular value is the Negotiations course offered by one of the most dynamic faculty members.

The three residencies are very carefully designed to enhance the curriculum. The opening residency introduces the case study method in a very powerful and effective way. Uninitiated are usually intimidated by this residency but by the end of the week everyone becomes proficient in addressing a problem containing technical information they have never seen before, working with a group of exceptional professional and producing an in-depth and effective presentation the next morning. The Washington Residential occurs following the second year fall term and is the highlight of the entire program. It introduces the health care professionals to our government, health care policy and how it works. Speakers range from congressional staffers, media veterans, think tank experts and FBI investigators.

In addition to the curriculum, the student will benefit from the very location of the school, a region known for its focus on technology and innovation. The Merage School has developed deep, mutually-beneficial corporate relationships with industry leaders, which translates to powerful, profitable, professional networks for the students. As a member of the Merage family, these connections will benefit the student from the moment of they are admitted throughout the length and diversity of their career.

The UC Irvine Health Care MBA is a comprehensive academic program exclusively for motivated individuals in the health care industry. The student will benefit from a program catered to professionals in the medical, pharmaceutical, biotechnology, and medical device industries. To qualify for this program, the candidate should have significant years of relevant work experience, demonstrated leadership abilities and a proven track record of success. Classes are held once each month from Thursday night through Sunday morning, and students typically graduate in 24 months.

Finally, it is notable that the two senior hospital finance executives in the most recent graduating class have both secured hospital CFO positions within 6 months of graduation.

For information on the program contact Debbie Moysychyn, Associate Director, Health Care Executive MBA Program, UC Irvine, The Paul Merage School of Business, Suite 202, GSM Bldg., Irvine, CA 92697-3125; 949-824-1024; fax: 949-824-2944; Debbie.Moysychyn@merage.uci.edu; www.merage.uci.edu. The author may be reached at 714-213-1340 or chelva@aol.com.

HFMA SO. CALENDAR

2006 EVENTS

March 13-16

SPRING 2006 SEMINAR SERIES

Town & Country Resort and Convention Center
San Diego

March 16

CHAPTER EDUCATIONAL SEMINAR #3

Sheraton Universal Hotel
Los Angeles

June 18-22

ANI (Annual National Institute)

Gaylord Palms Resort & Convention Center
Orlando, Florida

September 25-27

ANNUAL CONFERENCE ON MANAGED CARE

Hyatt Regency, Union Square
San Francisco

California Hospital Joint Committee on Payer Relations

— Greg Labow, FHFMA —

CHA's Payer Relations Committee met on January 12th at Pomona Valley Hospital. This committee is comprised of providers, health plans, CMS intermediaries, DHS departments, CMS, OSHPD and CHA staff. We meet quarterly and if any members have issues that should be raised in this forum, please feel free to contact me to bring them forward.

The next meeting will be on April 13th in Sacramento. The following is a summary of the January meeting.

Mutual of Omaha (Medicare), Kelly Collins

The first national meeting of the PCOM Advisory Group will be held in Las Vegas on February 21st. There will be a free workshop held the following day. Other future workshops will now involve a nominal fee to cover the costs of holding the program. SNF workshops will be held in Modesto (3/21) and Buena Park (3/29). Medical Review teleconference calls regarding Inpatient Rehabilitation will be held 2/22 and 2/28. Please see the Mutual website for additional information.

The 11-digit provider numbers has been terminated. The effective date for this was with service date of 1/1/06.

A problem with processing hemophilia clotting factor charges continues, but there is a work-around. Submit the inpatient claim without the clotting factor so it can be processed and paid. Then submit an adjustment claim with the clotting factor.

United Government Services (Medicare), Juliette Chenian

UGS is changing their "Brown Bag" Sessions to focus on two reason codes in each session. Staff will go step-by-step through exactly how to submit corrections. These sessions are relatively short and hospitals are encouraged to have as many staff as possible attend because they will prove to be very valuable.

CMS has allotted additional dollars for computer-based training. be eight types added by the end of the year.

The OIG has identified two issues that they will be focusing on, which are glucose monitoring for SNF bills types 22X and Inpatient Rehabilitation. California is showing up as the number three and number one offender respectively on these issues. Providers need to anticipate a great deal of activity in this area.

MSP, Claudia DeCea

There is a new MSP questionnaire that is effective as of 1/21. Both on-line and hard copy questionnaires need to be updated to reflect these changes which now require more detail compared to the prior questionnaire. See Medlearn Matters Number MM4098 for specific information.

The good news is that whenever the Coordination of Benefits Contractor (COBC) deletes an invalid GHP record from CWF, and Medicare has denied a claim based on that MSP GHP record, an adjustment for payment will be initiated. There will be an automated process that will notify contractors to initiate these adjustments if the denials occurred within 365 days of the deletion of the invalid record.

On a less positive note, CMS has a 3 year demonstration project for GHP recoveries in California. Providers may be contacted by Diversified Collection Services to provide information. This is the Recovery Audit Contractor (RAC).

If an insurer paid a secondary payment to a provider, Medicare now requires the lesser of the Medicare or the insurer's allowable charge. This may cause insurers to go back and recover overpayment to providers.

EDI/HIPAA, Cathy Kiaha

UGS is in production using the 837 4010 A1 (outbound COB) with 6 COB Trading Partners and is testing with 7 others. They are testing the 276/277 (Claims Status Requests & Response) with a small group of providers and anticipate going into full production soon. Testing continues for the 270/271 transactions (Eligibility Inquiry & Response) with two selected National Clearinghouses (WebMD & HDX).

UGS is in the process of migrating all eligibility file-based crossover partners to the National COBC contractor. See the Medlearn Matters Number MM4231.

The UGS Help Desk phone number has changed to 414-226-5005. This should be used for FISS Logon ID issues, SmartTransfer connectivity and/or password issues. The UGS EDI Provider Support number for CA is 805-367-1170, Option 2.

National Heritage Insurance Company (Medicare Part B), Kathy Montoya

NHIC is up and running on the 276/277 transactions. The Part B deductible for 2006 has been raised to \$124.

The appeals process has changed. There is now a new form for the 1st level, Request for Review. The 2nd Level, now called Reconsideration will be handled by a qualified independent contractor (QIC). The 3rd level is with an administrative law judge.

Blue Cross, EDI, David Mosher

Blue Cross is implementing a new image repository viewer which will access all incoming claims for customer service representatives, claims processors and EDI staff. This represents a significant improvement and will be effective for claims 1/27 forward. EDI gateway rejections have been reduced over 30%. They are looking to reduce invalid member ID rejections by 25%. March 6th will be implementation of COBC.

Continued on page five

Joint Committee on Payer Relations *Continued from page four*

Network Services, Debbie LaMantain

A new seminar list has been posted to the Blue Cross website. There have been problems with the 800 telephone lines, resulting in long wait times. They are trying to address the issues but the solution will be a phased approach. Members of the committee reported access problems with the website. It was requested that examples be provided to Anne Pobanz.

Network Relations, Mark Alexander

Mark, a new member to the committee, described the establishment of a new unit to improve network relations. They are involving all levels from the CEO down to middle management levels to work through issues.

State-Sponsored Programs, Colleen Zickgraf

Blue Cross has taken over administering CMSP and they are not meeting their standards currently, due to taking more time to ensure payments are correct. The standard is 10 days and hospital is currently at 15 days and outpatient is at 20 days.

Their Utilization Management unit is looking to reduce the lack of information letters due to hospitals not calling back timely for extensions. She asked the committee if calls initiated by Blue Cross would help and the response was that it would.

Blue Shield, Cathy Blackstone and Yolanda Huston

Enhancements to the website have been made regarding authorizations. You can now enter the CPT code and determine if an authorization is required. You can also obtain medical authorizations on-line, which includes both initial authorizations as well as additional days. A box has been added for attachments that need to be faxed.

Blue Shield has received significant feedback regarding problems and there will be a number of changes implemented as a result. A new Medical Director is being brought in and once in place, a review of policies will be initiated to reduce the number of medical records requested. Fetal monitoring denials as IPA responsibility will be reviewed. The standards may be too stringent in terms of ties to diagnosis and procedure. A provider satisfaction survey will go out during the first quarter. Additional updates will follow.

TriWest, Gary McGrath

There has been a random system problem with facilities being paid at the professional rate, which they are looking into. Electronic claims submissions have been lower and providers are encouraged to review the payer id for electronic claims set in their system to ensure that it is set correctly. Some providers may not have updated when the responsibility for claims processing switched to TriWest.

Increases to the DRGs took effect in October. The fee schedule has not been updated, pending congressional action on the Medicare rates. The fee schedule will be updated after Congress acts. The update will be only on a going-forward basis.

EDS, Cynthia Garrett and Nona Carpenter

There is now a web-based tutorial on recipient eligibility available. Training sessions are scheduled in April for San Diego and in May for Ontario.

E-TAR is rolling out by service type. Inpatient rollout has been slowed down by the size of the attachments required for the continued stay (18-1).

Providers reported a significant slow down in the field offices and indicated that the call center has not provided timely responses. Nona Carpenter, Director of Provider Relations, asked for specific feedback on the issues.

Three vendors will be announced to handle attachments. Part B only claims are now automatically crossing over to Medi-Cal. Paper claims billing now utilize the same codes as Medicare and the January bulletin describes the new PC Print formats. This information is also on the website. There are new instructions for claims with more than 15 lines.

DHS, Judy Phelps

Mary Hughes has replaced Michael Linsky as Chief of Provider Relations. Michael retired recently after many years in this position. Mary can be reached at 916-464-1243 and her e-mail address is mhughes@dhs.ca.gov. They are still working on a problem with secondary TAR requirements. An issue paper has been developed on the problem and it is being reviewed. Providers should still continue to submit to cover timeliness. These TARs will be denied for now, but that is the only way to retain your rights when this is resolved.

CHA, Margot Holloway

Margot, who is the Vice President for Federal Regulatory Affairs in Washington, gave a number of updates. Regarding the Recovery Audit Contractor (RAC), she is asking for information from hospitals to track the requests that have been made (what DRG's, how many, etc). She reminded members that some of the requests are not correct. In order to ensure that there are not delays to requests that are made, hospitals can update "mail to" information at www.cms_recoveryauditdemo@cms.hhs.gov

The FAQ for Section 1011 submissions has been updated.

There is an open conference call every Tuesday on Part D to address questions at 800-619-2457. The code is "rbdml". The formulary can be downloaded at www.epocrates.com. A great tool for everyone is at www.carxe.com.

Again, the next Payer Relations meeting will be on April 13th.

MEDICARE INTERMEDIARY TRAINING**United Government Services**

The types of training that UGS will put on this year:

1. Face-to-Face – Scheduled by provider type and last four hours and will begin at 8:30 AM with registration at 8 AM

2. Via Telephone or Teleconference – These will last three to four hours

3. Special Subject Teleconference – These will last three to four hours and will include FISS/DDE training for billers, Consolidated Billing and MSP.

4. Brown Bag sessions – Two errors will be discussed during each session which will last 30 to 45 minutes.

MARCH 15: TELECONFERENCE

Skilled Nursing Facility/Hospital Consolidated Billing

JUNE 7: TELECONFERENCE

Skilled Nursing Facility/Hospital Consolidated Billing

JULY 13: TELECONFERENCE Hospital Billing

SEPTEMBER 6: TELECONFERENCE

Skilled Nursing Facility/Hospital Consolidated Billing

DDE TELECONFERENCES: April 18, July 18

FISS/DDE TELECONFERENCES: April 19, July 19

MSP TELECONFERENCES: March 8, June 8, September 7

Return to Provider/Rejects Brown Bag

TELECONFERENCES: April 20, July 25

New Provider Training (Medicare 101 & FISS/DDE)

March 8, March 22, April 5, April 19, May 3, May 17, May 31, June 14, June 28, July 12, July 26, August 9, August 23, September 6, September 20

For additional information see www.ugsmedicare.com

Mutual of Omaha

Hospital Billing and Compliance

February 22 / 9-12:30 / Las Vegas, NV

Billing and Business Issues

March 21 / 9-12:30 / Modesto

Skilled Nursing Facility Billing and Compliance

March 29 / 9:30-1:30 / Buena Park

For additional information see www.mutualmedicare.com

National Heritage Insurance Company

General Workshops – 8:30am -1:00pm

March 2 / San Diego, March 3 / San Diego, March 8 / Buena Park, March 9 / Torrance, March 10 / Burbank, March 13 / Apple Valley, March 22 / Palm Springs, March 23 / Brawley, March 28 / Los Angeles, April 5 / Bakersfield, April 11 / Long Beach, April 12 / Van Nuys, May 24 / Los Angeles

New Biller Workshop - 1:30-4:30pm

March 29 / Covina, April 5 / Bakersfield

For further information see www.medicarenhic.com

Education, Free Lunch and Some Jazz for Dessert

James Cummings, Program Planning Chair

On March 16, 2006, at the Universal Sheraton Hotel from 8:00am to 6:30pm, the Southern California chapter of HFMA is bringing back a full day education session. The Government Programs committee, the Payer Relations/Compliance committee, the Managed Care committee, and the Long Term Care committee will each be sponsoring outstanding educational tracks. In addition to the great educational tracks put on by the committees, there will be two superb general session speakers.

The first general session speaker will be Mr. David Sayen, the Associate Regional Administrator for Medicare Health Plans at the San Francisco Regional Office of the Centers for Medicare and Medicaid Services (CMS). Mr. Sayen will give some insight into the recently implemented Medicare Part D program. He will also touch upon other current issues at CMS.

The second general session speaker will be Ms. Sheretta Lane, Vice President Reimbursement and Economic Analysis for the California Hospital Association. Ms. Lane will present an insightful perspective on numerous issues that threaten the profitability and viability of California hospitals.

Lunch will be included at no extra cost. **Yes, this is not a misprint, FREE LUNCH!** During lunch, renown motivational speaker, Ms. Kay Koford, will deliver a presentation that will inspire and motivate.

And finally at the end of the day there will be an opportunity for everyone to relax and listen to a live jazz band. There will be hors d'oeuvres and a no-host bar. The networking session is open to all HFMA members, even those who were unable to attend the education sessions.

Going from the typical half-day session to a full day format that includes lunch, networking and jazz is a big change. To make it easier to adjust to this change, the chapter will not change the price of the half-day session. **Yes, we are offering the full day session at the standard half-day rate.** Look for your announcement with all the details in the mail.

CERTIFICATION NEWS

For Certification questions contact:

Victoria Morgan, Chapter Certification Chair at hltconsult@aol.com or 818 364-6601

EMPLOYMENT OPPORTUNITIES**107 BED GENERAL ACUTE CARE HOSPITAL CONTROLLER POSITION**

Pioneers Memorial Healthcare District operates a modernized 107 bed hospital, including very active birthing, surgery, emergency, and offsite clinics programs.

The Controller position reports to the Associate Administrator for Finance & CFO, and is directly responsible for general accounting, accounts payable, and payroll staff and activities. Additional responsibilities include financial oversight for offsite clinics, grants programs, budgeting, physician recruitment package accounting, occupational medicine, and information systems financial program maintenance.

The candidate selected will be the individual who possesses the best combination of experience, education, problem solving skills, communication skills, and management philosophy needed by the organization. The candidate must be available to work during the normal business week, and also must be able to periodically "flex up" additional work hours to meet the needs of the Hospital.

Skills and qualifications include a bachelor's degree in accounting or equivalent business administration degree from an accredited university. A minimum of 3 – 5 years of senior level accounting in the acute care hospital setting, along with appropriate management experience is necessary. Expertise in developing spreadsheets, word processing, and upgrading financial applications of the hospital's basic "legacy" computer system is essential. A strong working-knowledge of third-party Medicare, Medi-Cal (Medi-Caid) cost reporting, reimbursement accounting, and third-party audits is required. Knowledge of hospital liability, property, workers comp, and other insurance coverages is necessary.

Pioneers offers a regionally competitive salary and benefits program. The compensation package will be established commensurate with the selected candidate's qualifications and experience.

Send Resume in confidence to:

Daniel R. Heckathorne
Associate Administrator for Finance & CFO
Pioneers Memorial Healthcare District
207 West Legion Road
Brawley, CA 92227

Fax: 760-351-3312

Email: Dheckathorne@pmhd.org
