

Chapter Chatter

THE EVERGREEN CONNECTION

A Joint Publication of the Inland Empire and Evergreen Chapters of AAHAM

Volume 18, Number 4

Fall 2004

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Largest Rural Nonprofit Hospital Settles With Uninsured Patients Over Collection Practices

From an article written by Adam L. Plotkin, HON, L.L.C.

The North Mississippi Medical System ("NMHS"), the largest rural hospital system in the United States, has agreed to provide unparalleled benefits to the uninsured in a class action settlement announced August 6th. The settlement, the first of its kind against nonprofit hospitals for skirting their obligation to provide charity care, will provide free care, discounted care and repayment of charges paid in the past three years by the uninsured. The settlement may become a model for nonprofit hospital systems to fulfill their mission to provide charitable healthcare to uninsured patients.

In the settlement, NMHS and its nine provider affiliates have agreed to implement a new policy for providing discounted or free care to uninsured patients, which will commence on October 1, 2004.

- ◆ The hospitals will not attempt to collect more than 10% of an individual patient's annual income in a given year.
- ◆ The hospitals will provide free

medical care to uninsured patients with household income at or below 200% of the federal poverty level.

- ◆ The hospitals will base the financial liability of uninsured patients with household income below 400% FPL by discounting the uninsured patient's inpatient services to no more than the Medicare rate and discounting all other procedures to 51% of billed charges where there is no Medicare rate.
- ◆ Patients who have received medical treatment from the hospitals in the past three years will be entitled to have their hospital bills recalculated in accordance with the above formula and will be refunded all or a portion of the amount paid and/or a reduction of their outstanding bill as if this discount policy had been in effect when they received treatment. ☼



Welcome to

by

Michelle R. Juette,

CPC, RCC, Yakima Valley Radiology

“The Corner Office”

A HAM is not only made up of hospital-based individuals, but physician offices that can benefit greatly from the knowledge, information, and wisdom that we all have to offer and share.

Additionally, we are seeing more hospitals acquiring physician practices — and hope to share more of our “office” based information and questions through this column. As an introduction, I’ve been in health care for over 28 years, with a background as a Certified Surgical Technician, as well as being a Certified Procedural

Coder and a Radiology Certified Coder. I started in the hospital WAAAAYYYY back when, doing billing, coding, and abstracting (by hand... see how long I’ve been around!), and then moved into outpatient physicians billing for multiple specialties (Internal Medicine including outpatient chemo, ENT, Plastic, Thoracic/Cardiovascular, G/P & F/P...) and have spent the last 13+ in radiology. If I don’t have the answer to a specific specialty question, I have lots of friends & contacts in the industry to call on! Feel free to send questions about anything related to the physician billing office, and we’ll try to get you an answer... both directly, as well as through this column to share with others.

For our first topic: Recent Changes in

Carriers and ANSI Billing Requirements

- I think most of the state is aware that Premera Blue Cross is handing over the Part A (Hospital) Medicare processing to Noridian, and that the change is well under way.

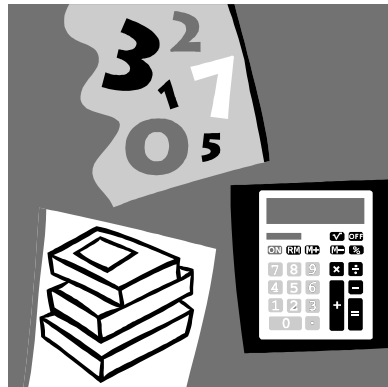
Having dealt with Noridian on an outpatient basis for a number of years, and also being in this business long enough to have experienced other carriers, I have to reassure you that they have been by far the easiest, most consistent (if there is such a beast in the Medicare world!), and most willing to work with of them all!!

- Regarding ANSI billings for Medicare — Be sure to check your reports daily, and to notify the proper individual(s) if anything is missing or not quite right. Who you contact will depend on whether you use a clearinghouse and their bulletin board for reports, or direct to Medicare themselves. A good idea is to subscribe to the HIPAA/EDI Submitter List Serv — Medicare sends out e-mails letting you

know if they’re having problems with their EDI (Electronic Data Interchange — fancy words for the electronic claims processing), with their reports, etc.. The web site address is <http://mail.noridian.com/wws/subrequest/hipaasubmitter/> — simply type in your e-mail address where it asks and go from there!

- Washington State DSHS (Welfare) in the past couple of months has progressed to ANSI status as well, surprising everybody by requiring the referring physician DSHS provider number — for us, that meant over 1700 physicians we needed to look up & key in! Seems that this has always been a “requirement”, it was just never enforced on paper claims or previous NSF-type electronic formats. The standardization that HIPAA has brought about means I expect we’ll see more items like this. If you need to look up a welfare provider number for a referring physician, the web address is <http://fortress.wa.gov/dshs/maa/PNR/Login.aspx?ReturnUrl=%2fPNR%2fDefault.aspx> and you’ll need to enter your own office/physician provider ID to access this.

If you have questions or suggestions for topics, don’t hesitate to send them on!! In the meantime.... here’s hoping you don’t have any 784.0’s, and that all your 835’s & 997’s have no errors! Michelle R. Juette, CPC, RCC (509) 895-0402 michellej@yakrad.com



CMS Plans to Give \$3 Million to Washington for Emergency Room Costs

From Claudia Sanders, WSHA Fiscal Watch

On August 2, the Centers for Medicare & Medicaid Services held an open door forum to receive comments on their proposed new program to provide \$1 billion over four years to help hospitals and other providers recoup the cost of providing needed medical care to uninsured patients. The funding is intended to provide relief for hospitals providing uncompensated care for undocumented immigrants. Washington State would receive \$3.2 million per year under this proposal.



According to CMS, payment will be sent out to hospitals, physicians, and ambulances that care for undocumented aliens. For hospital services, CMS proposes that payment would be made for covered services, which would begin with a medical emergency (under EMTALA) and would continue until the patient is discharged. **One of the most controversial parts of the proposal is that hospitals would have to ask the patient a series of questions to determine their citizenship information.** Hospitals would bill a Medicare contractor an electronic claim for the services provided and would receive a portion of Medicare's payment rates (either DRG or

APC) depending upon the volume of other claims filed in the same state. CMS also is proposing that providers seek payment from all available funding sources prior to requesting payment under this program.

Questions About The Questions

From David Cartier, Pacific Medicaid Services, Inc.

- Will information about illegal aliens end up in the hands of the INS or Department of Homeland Security? There are provisions in the US Patriot Act that allow Homeland Security officials to access patient files without the patient's knowledge or consent.
- Will these questions deter many immigrants from seeking care, even for serious or contagious diseases? "Requiring hospitals to specifically request immigration status from immigrant families will undoubtedly result in their reluctance to seek needed emergency care for their families." (Turnbull, Seattle Times, August 20, 2004)
- Should hospitals be a safe haven for patients, or become an unwilling arm of Homeland Security?



Payor Updates

From G. Smith

- ◆ **Tricare-** The initial HIPAA compliant 837 dataset claims transmissions going through NDC were not received by TriWest. NDC, WPS and TriWest resolved the problems and resent the claims. TriWest is now receiving the claims, but may have backlogs in claims processing. It will be important to verify that claims are being received by the payor shortly after they are transmitted.
- ◆ **WebMD-** is scheduled to start submitting claims in an 837 format by mid August.
- ◆ There are concerns that facilities may not have their Noridian DDE connectivity by 10/01/04. WSHA has reported it will likely take 8 – 10 weeks to establish access, once it has been requested by the facilities.
- ◆ **Medicaid-** MAA to turn on OPPTS reimbursement on 11/01/04. Facilities could face significantly lower OP reimbursements. IPPS update to version 21, scheduled for November. The next HFPS TAG meeting is scheduled for 8/10 at WSHA. 837 claims transmissions started through NDC on 7/12/04,





MAA Discusses Future Medically Indigent Grants

From WSHA, Fiscal Watch

On August 4, Medical Assistance Administration (MAA) staff met with a group of hospitals to discuss how medically indigent (MI) grant funds should be allocated in future years. During the 2003-2005 biennium, the legislature provided \$68 million in grant funds to replace the medically indigent program, which ended on July 1, 2003. In 2004, hospitals received \$29 million in funds. With an additional \$10 million appropriation WSHA secured for the second year of the biennium, \$36 million has been allocated for urban hospitals for state fiscal year 2005 and \$3 million for rural hospitals.

At the meeting, MAA staff explained they plan to use the same method to distribute the funds for state fiscal year 2005 as they used in state fiscal year 2004. MAA will allocate grant funds to hospitals based on their historic costs under the medically indigent program and the hospital's profitability. To determine the historic costs under the program, MAA will use each hospital's charges for MI patients during state fiscal year 2003. Charges will be reduced to costs by using each hospital's ratio of costs to charges. MAA will measure profitability as they did this past year — by comparing a hospital's margin to the average margin. The less profitable hospitals will have their allocations increased slightly. MAA plans to provide the grant funds in four quarterly payments, with the first payment in October.

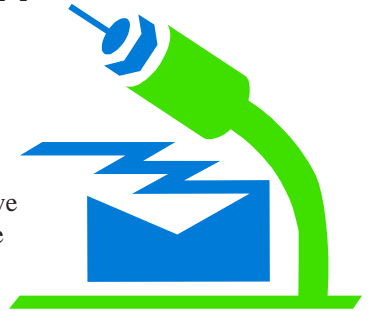
For more information about this subject please go to www.wsha.org.



Important Information for Providers Enrolled in Electronic Funds Transfer From Medicare Part A

From Meri x76778

Effective October 1, the Centers for Medicare & Medicaid Services (CMS) has selected Noridian Administrative Services, LLC to administer the Medicare Part A intermediary functions for the states of Washington and Alaska.



As a part of the transition of work from Premera, CMS has instructed Noridian that unless Noridian receives a completed CMS 588 Authorization Agreement for Electronic Funds Transfer (EFT) **by September 1, 2004**, your participation in the Electronic Funds Transfer program will end. Your institution will receive paper checks until a completed EFT form is received.

Information needed:

1. Please complete CMS 588 located on the web at <http://www.noridianmedicare.com/provider/enrollment/>.
2. Please include a copy of a voided check/deposit slip or a letter of verification from your financial institution.
3. Please ensure that your organization's Authorized or Delegated Official, currently on file, signs form CMS 588.

If the EFT information will remain the same, submit the above documentation to the address listed below.

If the EFT information will change (i.e.- account number) and a CMS 855 application is not on file with Premera, submit a completed CMS 855A with a copy of IRS documentation (i.e.- a CP575). The CMS 855A Application can be found on the website listed above. The Authorized Official must sign section 15 of the CMS 855A. Then, complete section 16 to identify up to 3 Delegated Officials. Mail the completed information to:

Medicare Part A
Attn: Provider Enrollment
PO Box 6720
Fargo, ND 58108-6720

Applies to the states of: AK & WA,
Effective Date: Prior to 9/1/04





American Association of Healthcare
Administrative Management
formerly American Guild of Patient Account Management

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Chapter Chatter

The Newsletter of the AAHAM Inland Empire Chapter

Volume 18, Number 4

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Message from the President

*by Janice Parman,
Inland Empire President*

What an exciting start to my term as Inland Empire Chapter President! Our quarterly workshop in Lewiston was a great success. Meeting coordinator Cindy Neiman did an excellent job to ensure that all of our needs were met for the meeting location, as well as organized a fun jet boat tour and dinner. Campbell's Resort on Lake Chelan was the location for our premier educational session in June. Day Egusquiza, Jim Whicker-EDI Liaison to National AAHAM and HIPAA guru to the nation, and Karen Mosolek provided the chapter with valuable information, and refreshing new ideas. The annual bottle auction allowed Jim Whicker to train as an auctioneer; however, at this time Jim has no plans to change careers! August found the Inland Empire Chapter at the Coeur d'Alene Casino in Worley, Idaho. Greg West did an awesome job coordinating the meeting location, meals and golf tournament and BBQ. Vice President Jodi Siemieniczuk has coordinated top notch educational sessions for all of our meetings and welcomes your speaker suggestions.

Watch for information about our Spokane meeting coming up in November. Contact meeting coordinator Ali Mostek if you have any questions.

I would like to personally welcome new Inland Empire Chapter members: Jere Burch, Kimberly P. Flanigan, Carolyn Guthrie and Deborah Knight.

The National "Member Get A Member" campaign is underway. The campaign is simple, during the three month period (April 1, 2004 through June 30,

2004), the more national member recruits, the more chances you will have to win the grand prize of \$1,000.00. The National office will track all new members and their sponsors. Once a new member application is received, the sponsor will automatically be entered to win the grand prize of \$1000.00 CASH donated by NHI Billing Services. The more times a current national member is listed as a sponsor on a new member application the more chances they have to win the grand prize. Don't miss the opportunity to promote the growth of our chapter and get a chance to win \$1,000.00! Each of you has an Application for National Membership in your AAHAM Journal.

Congratulations to new CPAT's Julia Bland, Kristina Hopson, Gail Redmond, Teresa Hanson, Suzanne Oberg and Idalia Gutierrez. The Inland Empire Chapter is proud to have 9 CPAM & CCAM certifications and 40 CCAT/CPAT

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- Become a Committee Member



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certifications in our membership.

I hope that many of you will be able to attend the 36th ANI in St Louis, Missouri, October 13-15, 2004. The theme this year is "Journey through the Gateway to Excellence" and will be held at the Hyatt Regency Union Station. This years meeting includes the following tracks: Physicians, Access, Management, Compliance, and Technology. The speakers will present on topics that are affecting the healthcare industry today. If you are interested in a scholarship or applying for the free registration provided by National AAHAM please contact Berneice Thornton.

Thank you so much to each of you who have chosen to get involved in our chapter, whether attending meetings, networking, attracting new members, or volunteering on a committee. The chapter needs you and your involvement to be a success!

See you in Spokane!



INLAND EMPIRE CHAPTER SCORES 100%



by Janice Parman

The National Chapter Development committee has completed its review and recap summary of the Chapter Operations Reports. The Committee awarded points according to the chapter's activities and operations. Each chapter is assigned to a category based on its total points. Scoring 80-100 points indicates a stable chapter and no immediate action is required by the National Committee. The Inland Empire Chapter has received 100 points. Sue Shive, CCAM, Chapter Development Chair wrote: "The Chapter Development Committee would like to commend you and your Executive Board and Committees for promoting and supporting AAHAM."

Thank you to each of my Executive Board, even if your term was short, you are appreciated.

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Become a Committee Member

We encourage your involvement in the Inland Empire Chapter. Contact any of these committee members to express your interest. By contributing your expertise you will ensure the success of the Inland Empire Chapter!

Nominating Committee	Janice Parman
Education Committee	Jodi Siemienczuk
Certification Committee	Berniece Thornton
Membership Committee	Berneice Thornton Dan Jess
Sponsorship Committee	Greg West David Cartier
Ways & Means	Ali Mostek Jess Martin
Finance	Deb Brunner
Government	Judy Warnick
Constitution & Bylaws	
Vendor Information Committee	Janice Parman All Vendor Members
Publications	Corey Shank



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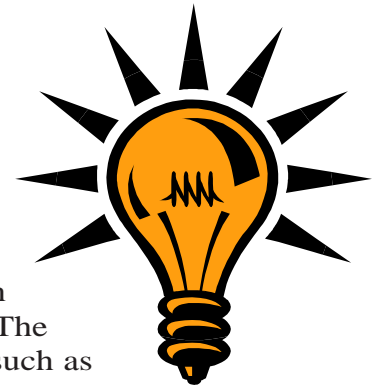
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VENDOR INFORMATION GROUP REPORT



The VENDOR INFORMATION GROUP is a newly formed committee that ALL vendors are invited to participate in. We meet on Wednesday evenings at 6:00, just prior to the board meeting. Your involvement in this committee will provide you an opportunity to share ideas on promoting AAHAM membership. The committee is currently working on issues to present to the board such as identifying new members, vendor tables, sharing knowledge by a sponsor, recognizing corporate sponsors and recognizing member vendors. Please join us and share your valuable knowledge and ideas.

Ali Mostek and Greg West are currently organizing a vendor fair for our November meeting. Please contact either of these board members to express your interest.

Janice Parman
Committee Chair





American Association of Healthcare
Administrative Management
formerly American Guild of Patient Account Management

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President's Message

*I am so thrilled about
this special edition of the
newsletter because it is
the FIRST ever JOINT
newsletter for both
AAHAM Chapters in
Washington State!*

Joining forces with our sister chapter to produce this newsletter has been a personal goal for a long time. Both of our Chapters share many things besides geographically, we share many of the same payor and fiscal intermediary issues and social and economic issues related to our State. We all face busier calendars and fewer available volunteers and hours to support the essential functions of running a Chapter. By combining newsletters and sharing information, posting meeting information and dates we can begin to use each other for ideas and resources. I've made a point to receive and read the Inland Empire Chapter Chatter regularly and have found it to be very informative and I've even copied some of their creative meeting ideas and speakers for the Evergreen Chapter meetings (though we don't have a bottle auction quite yet). Some of our



Lee Johnson
President, Evergreen Chapter

Evergreen members may want to travel to Leavenworth or other places to an Inland Empire meeting for an agenda item that meets their needs. So this is part of my personal goal, to collaborate and share resources whenever possible for the benefit of all our AAHAM Chapter

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Interview with Jennifer Nies

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members!

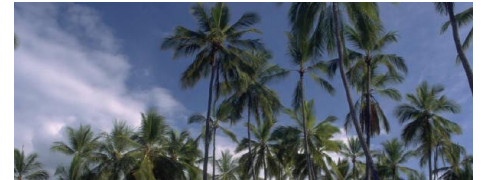
I was reflecting upon my last year (9 months actually) as Evergreen Chapter President and cannot believe the time that has passed. There's just so much left for me to do before my term is over in December a year from now! This happens as each Fall Season arrives, I find myself in a reflective and contemplative state. Or sometimes I feel it's a state of panic, oh my goodness the year is almost up and there's so much to be done! Summer no matter how wonderful it was this year just cannot last forever (not here in the NW). Fall is that gentle

reminder of that and that we need to prepare for winter and then a whole new year. Did I get that waterproofing of my deck completed? My gutters cleaned? Moss repellent on the roof? On a parallel level Fall reminds me of life and that another year is coming to a close. Did I finish that key project this year? What about those goals I listed on my evaluation, any of them complete and do I have time to knock anymore off?

This Fall is certainly living up to it's reputation of the season of change. We bid Premera Medicare farewell, and welcome our new FI Noridian. Medicaid

is changing to OPPS (ie: APC) payments, Tricare is now Triwest. I've also heard of many people changing locations and employers, constant change in our healthcare world!

This Fall take some time to reflect, and to enjoy the uniqueness of the season of change.



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MEET YOUR BOARD MEMBERS

In the Hawaiian language “ohana” means FAMILY. The Hawaiian concept of the word family is so much bigger than the English word. “Ohana” is a wonderfully extended family, where relationships and roles interweave through the community like roots of the banyan tree. In Hawaii “Ohana” is also used to describe a group or organization. Welcome to the Evergreen Ohana in 2004.

by Darlene Wood, CPAM

Interview with Jennifer Nies, Jennifer is the Certification Director for 2004-2005

*Following is my interview with Jennifer Nies,
CPAM*

Darlene: *What was your first job in healthcare?*

Jennifer: At age 15 I worked weekends and summer in the laundry and housekeeping the community hospital in Bonners Ferry.

Darlene: *What healthcare jobs did you hold after that and up until your current position?*

Jennifer: In June of 1973 I was an Admitting Representative in the Emergency Department at Kootenai Memorial Hospital in Coeur d’ Alene, Idaho. After two

weeks I transferred to Data Processing where I was a computer operator for three years. I then worked in the Business Office as a Business Office Coordinator (Medicare Logs, refunds, fill-in everywhere). I then was the Business Office Supervisor. I was at Kootenai Memorial for 13 years. I then moved to Moses Lake, Washington and worked at Samaritan Hospital as the Director of the Business Services for five years. I then accepted a position with Peace Health and was Director of Business Services at Snoqualmie Valley Hospital for one year before they closed. I was Assistant Patient Account Manager in charge of Admitting, Registration, Telecom and the ED Clerical staff at Northwest Hospital in Seattle for five years.

I have been at Children’s Hospital and Regional Medical Center for eight years as the Admitting Manager in charge of Clinic Registration, Admitting and the ED clerical staff. I report to the Director of Encounters, Karen Kropp.

Darlene: *When did you first join AAHAM? Are you certified?*

Jennifer: I joined AAHAM while in Coeur d’ Alene,

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around 1983. I am a Certified Patient Account Manager and have held many positions on the Inland Empire Chapter and Evergreen Chapter boards.

Darlene: *What is your biggest challenge in your current position?*

Jennifer: My biggest challenge is being over three distinct units with separate responsibilities, having 40 direct reports and no supervisor. Also, it's a challenge keeping the staff up to date with accurate insurance coding in order to limit rework on the back end processes.

Darlene: *What are your hobbies outside of work?*

Jennifer: Crafts of all kinds, decorating my home, traveling with my husband, Glenn and our friends. I have five adult children and eight grandchildren.



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UPCOMING

Meetings & Events

October 13th-15thAAHAM Annual National Institute in St. Louis

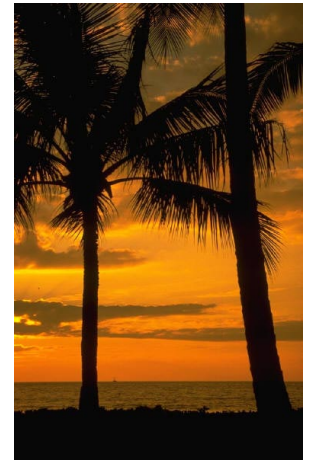
October 18th-22ndNational Patient Account Management Week

October 29thTarget Workshop “Annual Payor Panel” at
Valley Medical Center

November 12thMailing of the Fourth Quarter Newsletter

December 1stBoard Meeting at 6:00 pm

December 2ndJoint AAHAM & HFMA Winter Meeting



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