

Bama Chatter

HFMA ALABAMA CHAPTER

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Alabama Chapter Recognizes Founders Award Winners

One of the highlights of the Fall Institute is the presentation of the Founders Merit Awards.

This year was no exception as Annette Baker recognized 12 members for their outstanding service to our chapter. The Founders Merit Award series recognizes and rewards individual HFMA members for their contributions of time and effort.

Each of the first three awards is part of a merit rating plan in which specific chapter activities are assigned a range of points. The Follmer Bronze award is presented when a member earns 100 points. When a second 100 points is earned, the Reeves Silver Award is presented. Members who earn a third 100 points are presented with the Muncie Gold Award.

The Fourth award, the Founders Medal of Honor, is not based on the point system, but is awarded by nomination of the chapter Board of Directors. To be eligible, a member must have a minimum of three years of service since earning the Muncie Gold Award, have provided significant service at the Chapter and /or National Level in at least two of those years, and currently be a member in good standing. The officers and Board of Directors were proud to award the Founders Medal of Honor in appreciation for the tireless effort and time dedicated to the success of the Alabama Chapter.

Congratulations to this year's winners.



*Founders Medal of Honor Winners (l to r):
Gary Goff, Pam Townsend and Phil Cusa*

- continued on page 6 -



2000 - 2001

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Winter Institute

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Member Recruitment	Pollyanna Brannan	(800) 264-2700 ext. 213
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PFS Forum	JoAnn Hudspeth	(256) 571-8039
Compliance Forum	Yolanda D. Rich	(205) 923-1467
Rural Meeting	Wes Sigler	(205) 226-7337
Tax Meeting	John Thrasher, CPA	(205) 254-1602

Advertising Information

Quarter page: \$100 per issue—Half page: \$175 per issue—Full page: \$300 per issue
Special discounts for long-term arrangements. Contact the editor for details.

Please send your ad and graphics on plain white paper or slicks. Deadline for publication is the 20th of the month preceding the month of publication. *Bama Chatter* is published bimonthly and is circulated to approximately 700 recipients.

Publication Schedule

ISSUE	DEADLINE	ISSUE	DEADLINE
September/October . . .	August 20th	March/April	February 20th
November/December. .	October 20th	May/June	April 20th
January/February	December 20th	July/August	June 20th

The statements and opinions appearing in articles are those of the authors and are not necessarily those of HFMA, the Alabama Chapter, or the editor. The editor strongly encourages submission of material for publication. Articles should be typewritten and double spaced, and submitted to the editor or the awards council chairperson by the 20th of the month preceding the month of publication. The editor reserves the right to edit materials and accept or reject contributions whether solicited or not. Readers are invited to comment on any of the published material. Letters to the editor must be signed and are subject to condensation and editing. All rights reserved.

No Recount Needed Here Alabama Chapter Is A Clear Winner

I hope your new year is off to a great start! In light of all that has happened in the political arena, I decided that we should count (and recount) all the accomplishments of our Chapter over the past few months (there is a huge difference though - our Chapter is a clear winner-uncontested!!!). At the risk of sounding like a broken record, our Chapter volunteers have AGAIN gone the extra mile to ensure that our Chapter is among the strongest in the nation. Here's the recount of those volunteers who have sacrificed personal and professional time for the benefit of the Chapter:

• **José-Antonio Valencia** Thanks for an awesome web site! If you have not checked it out, go to **www.alhfma.org** and see for yourself what a great web site our Chapter has - it's an invaluable resource

for our Members.

• **Jon Kimsey** Congratulations on a very successful Fall Institute at the Wynfrey. The sessions were very informative and The Comedy Club was FUN! It was a great opportunity to network and relax for the evening.

• **JoAnn Hudspeth** Thank you and the PFS Forum committee members for all your hard work on the CPAR study sessions, exam and the CPAR banquet. Congratulations to the 78 people who successfully passed the exam- what a huge accomplishment!

• **Yolanda Rich** Thank you for putting together a successful Compliance Seminar on December 1, 2000 in Birmingham!

• **Kevin Sheppard** and **James Ribe** A big thank you to Kevin Sheppard for serving as proctor for the CHFP exam and to James Ribe for handling all computer- HFMA National

connection issues at the test site for the exam. We had 5 Members sit for the exam on December 1, 2000. Way to go!!!

• **Tracy Berke** The 2000-2001 Membership Directory looks great - congratulations on a job well done! Thank you for the hours of hard work involved in publishing the directory.

• **Sydney Rountree** Thank you for your involvement as Pro-Action! Council chairman for working with AlaHA on the CHIP Outreach Task Force. This task force was charged with developing a hospital plan for ongoing enrollment in Children's Health Insurance Program.

At the Fall President's meeting in August, one of the topics discussed was streamlining the administrative work required by Chapters to make the most efficient use of volunteers'



Annette N. Baker, FHFMA
President, Alabama Chapter HFMA

time. National is very interested in feedback regarding how to make volunteer jobs with HFMA easier. Because of time constraints, some Chapters across the country are having a declining base of members who are willing to volunteer. We are very blessed in the Alabama Chapter to have members who are willing to serve our Chapter (as evidenced by the above recount). I encourage you to stay involved.

I look forward to seeing you at the upcoming HFMA meetings!

Annette



EAMC Receives Top Honors

Congratulations to East Alabama Medical Center in Opelika, AL. Officials there learned recently that EAMC was ranked #36 in *Fortune* magazine's annual list of the "100 Best Companies to Work For." Making the honor even sweeter is the fact that EAMC is the first public-sector agency ever to make the prestigious list. EAMC is one of just two hospitals on the list and is one of just two Alabama companies on the list. EAMC is among a very impressive and well known list of businesses and ranked ahead of some prior chart-toppers such as Microsoft.

In addition to making the list, EAMC was highlighted as one of the eight cover stories on the *Fortune* web site (www.fortune.com). The feature was also printed in the magazine that hit newsstands world-wide December 19, 2000.

Congratulations to Sam Price, CFO and Richard Byerly, Controller, and all of our other HFMA members and friends at East Alabama Medical Center for a job well done and an honor well deserved.

You Only Thought You Were a Tiger!!

by Dawn Walton

By this time of year, most resolutions made on December 31 have been subtly forgotten and placed in the stack titled "maybe next year." However, hope is not lost, as there's a second chance to start anew with the celebration of the Chinese New Year!! January 24, 2001 marks the first day in the Year of the Snake.

The Chinese Calendar

The Chinese calendar harmonizes both the lunar cycle and the solar year by incorporating astronomical observations of the phases of the moon and the apparent path of the sun. The Chinese New Year is celebrated on the second new moon (lunar) after the Winter Solstice (solar). The Chinese lunar New Year is the longest chronological record in history, dating back to 2637 BC, when the Emperor Huang Ti introduced the first cycle of the zodiac. The Chinese lunar calendar is a yearly one, based on



the cycles of the moon. Because of this cyclical dating, the beginning of the new year can fall anywhere between late January and the middle of February. A complete cycle takes 60 years and is made up of five cycles of 12 years each.

The Chinese Lunar calendar



Rat	1936	1948	1960	1972	1984	1996
Ox	1937	1949	1961	1973	1985	1997
Tiger	1938	1950	1962	1974	1986	1998
Rabbit	1939	1951	1963	1975	1987	1999
Dragon	1940	1952	1964	1976	1988	2000
Snake	1941	1953	1965	1977	1989	2001
Horse	1942	1954	1966	1978	1990	2002
Sheep	1943	1955	1967	1979	1991	2003
Monkey	1944	1956	1968	1980	1992	2004
Rooster	1945	1957	1969	1981	1993	2005
Dog	1946	1958	1970	1982	1994	2006
Boar	1947	1959	1971	1983	1995	2007

names each of the twelve years after an animal. Legend has it that Buddha summoned all the animals to come to him before he departed from earth. Only twelve came to bid him farewell and as a reward he named a year after each one in the order they arrived. The Chinese believe the animal ruling the year in which a person is born has a profound influence on your personality,

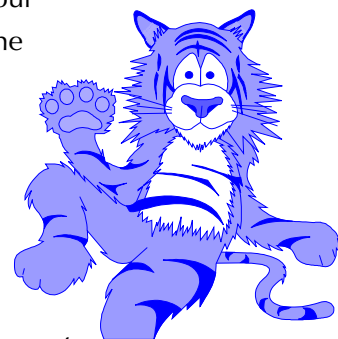
saying: "This is the animal that hides in your heart."

What Kind of Animal are You?

Western and Eastern astrologies both have twelve signs, but the Chinese signs do not mirror those of the Western zodiac. The Chinese signs change yearly, each with its own definitive characteristics and traits.

Because the New Year starts on a different date each year, if you are born between mid-January and mid-February, your sign may be different than you think. Log on to www.hkta.org/horoscopes/index.html and enter your birthdate. This site can tell you more about your animal

magnetism - your personality, love, elements, color, partner, career and your forecast for the future. Although I do not believe in any of this, it is fun, except I found out I'm not a fox after all, just a dog!




Certification Update: Study Materials Deadline Extended

To allow members who purchased the 1999-2000 self-study courses for HFMA certification every opportunity to test using these materials, testing on the 1999-2000 materials is being extended through March 31, 2001. The additional time is intended to allow people who did not realize the testing procedure has changed to make use of their study materials before they become obsolete. Testing is now done through the HFMA chapter. Anyone who wants to be examined using the 1999-2000 tests should inform HFMA's career development staff upon registration so that the correct test will be available when the candidate and proctor sign in.

The new 2001-02 exams will be available on January 1, 2001. The self-study courses for these exams were released in June 2000. HFMA members who want to take the new exam should begin preparing now if they have not yet started.

For more information about HFMA's certification program, contact your Kathy Pitts (205) 2541608 or HFMA's director of career development, Pepper Zenger, at (800) 252-HFMA (4362), ext. 308, or pzenger@hfma.org <<mailto:pzenger@hfma.org>> .

Attention Members:

March 9, 2001 will be the last test date of this HFMA Year. 

HFMA Certification Exam

TEST DATE:

March 9, 2001

TEST LOCATION:

**Blue Cross Blue Shield
Training Center
Galleria Towers**

(adjacent to Riverchase Galleria)

Birmingham, Alabama

PROCTOR:

Bryan Karson (205) 838-3267

**You must register no later than 2
weeks before the exam. Please
notify Bryan once you are regis-
tered with National.**



- Wayne Brannan***
Infirmary Health System
- Joe Denton***
Brookwood Medical Center
- Loukman B. Fulami***
University of Alabama At Birmingham
- R. Marcus Giuhan**
Johnston Barton Proctor & Powell LLP
Sponsored by Yolanda D. Rich
- James F. Henry**
Johnston Barton Proctor & Powell LLP
Sponsored by Yolanda D. Rich
- Torey K. Herring***
Healthcare Compensation Solutions
- Lila K. Scott**
Marshall Medical Center South
Sponsored by Catherine G. Norwood

* Please call us with your sponsor's name.

Member-Get-A-Member Sponsor Standing

SPONSOR	TOTAL RECRUITED
TOTAL WITH NO SPONSOR LISTED	16
Joel T. Barnett, CPA	1
Robert P. Levesque, FHFMA	1
Kathy B. Nelson, Marshall Medical Center South	1
Catherine G. Norwood, Marshall Medical Center So.	2
Yolanda D. Rich, Baptist Health System	2
Vicki L. Winters	1
TOTAL RECRUITED FOR 2000/2001	24

Member-Get-A-Member Contest

**In our latest count, we have Catherine Norwood of
Marshall Medical Center South running neck-in-neck
with Yolanda Rich at Baptist Health System.
Thanks to all those participating and remember:
RECRUIT! RECRUIT! RECRUIT!**

*To receive applications for new members or additional information,
please call Pollyanna Brannan at 1-800-264-2700 ext. 213. If she is away,
please leave your name, number, address and fax on the voice mail and
she will respond ASAP!*

Founders Award Winners, continued

Muncie Gold Merit Award

Curt Miller
Partner
Ernst & Young

Kathy Nelson
Chief Financial Officer
Marshall Health System

Reeves Silver Merit Award

Annette Baker
Special Projects Manager, Provider
Reimbursement
Blue Cross Blue Shield of Alabama

Paul Burchfiel
Director of Patient Accounts
Eastern Health System, Inc.

Carolyn Culp
Assistant Administrator, Clinics
Bessemer Carraway Medical Center

Paul Graham
Director of Reimbursement and
Decision Support
Eastern Health System, Inc.



Annette Baker presents Gold Medal Award to Curt Miller

Follmer Bronze Merit Award

Bob Andrews
Senior VP Finance and
Chief Financial Officer
Providence Hospital

Danny Harrison
Vice President
Mobile Infirmary Medical Center

Bobby Wright
Audit Supervisor
Blue Cross Blue Shield of Alabama

Founders Medal of Honor

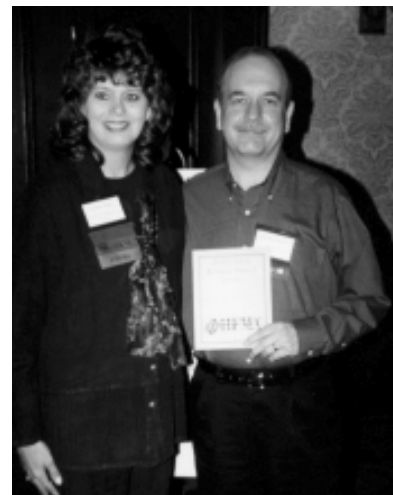
Phil Cusa
Chief Financial Officer
Thomas Hospital

Gary Goff
Chief Financial Officer
Noland Health Services

Pam Townsend
Vice President Finance
Baptist Health System, Inc.



Paul Burchfiel and Annette Baker receive Silver Award



Annette Baker presents Bronze Award to Bobby Wright

Chapter Recognizes Yerger Winners

Past President Curt Miller presented Helen M. Yerger Special Recognition Awards at the Fall Institute to the chapter members who were instrumental in winning Yerger Awards for the Alabama Chapter. These awards are presented to the Chapter each summer at ANI. The Alabama Chapter won five Yerger Awards — three in education, one in member service and one in improvement. Congratulations and thanks for the hard work.



Annette Baker presented with a Yerger Award for Education for the Annual Institute



Dawn Walton presented with a Yerger Award for Improvement on Bama Chatter



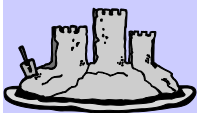
Nancy Strachan presented with a Yerger Award for Education for Southern Institute



Yolanda Rich presented with a Yerger Award for Member Service for Corporate Compliance Forum activities

Dreaming of Sandcastles and Pina Coladas?

The Annual Institute is right around the corner. Make plans now to attend the Annual Institute at the Sandestin Beach Hilton on May 29 - June 1, 2001! See you there!



CPAR Banquet Honors 78

The Second Annual CPAR banquet was held on Wednesday November 8, 2000. This year's banquet honored 78 candidates who successfully passed the exam. Elizabeth Leatherbee from Thomas Hospital was recognized for attaining the highest score. In addition to a lovely dinner and the award presentation, Pam Townsend and Steve Shultz addressed the group.

Many thanks go to the PFS Forum members, Paul Burchfiel, JoAnn Hudspeth, Kem Blackledge, Linda Maddox, Wanda Shorter, Nancy Strachan and Patricia Donaldson for putting together such a wonderful event to recognize the accomplishments of the CPAR candidates.



CPAR Recipients

Congratulations!

Cathy Anderson	Andrea Butler	Tami Davis	Betty Foster
Lisa Andrews	Linda Carpenter	Partricia Donaldson	Dianne Gamble
Glenn Apperson	Cynthia Cherry	Melissa Earnest	Talicia Gardner
Genna Baldwin	Ernetta Collins	Alicia Ellebe	DeAnn Gautney
Patti Bailey	Teresa Collins	Michelle Evatt	Maerene Gautney
Brenda Barnard	Donna Crenshaw	Sylvia Fendley	Robyn Godwin
Kyra Beam	Sharon Dabbs	Teresa Fitzhugh	Wendy Greer
Brenda Berryhill	Shirley Daughdrill	Angie Forbus	Angela Griffin
Judy Blakely			Brenda Griggs
Joe Brady			Rhonda Gunn
Deborah Brosz			Monica Hackett
Lucinda Browder			Brenda Hamilton
Camella Brown			Jennifer Hammond
Cynthia Brown			Sherri Harper



PFS Forum/CPAR Committee Members (l to r): Paul Burchfiel, JoAnn Hudspeth, Kem Blackledge, Linda Maddox, Wanda Shorter, Nancy Strachan and Patricia Donaldson

Deneen Hess

John Horton

Beverly Hubble

Lisa Hutchison

Marie Johns

Angela Johnson

Yvonne Klein

Renee Korreckt

Barbara Land

Elizabeth Leatherbee

Joyce Meeks

Charlotte Moorer

Sheila Pettway

Lonora Pickett

Lynn Pope

Pam Price

Sheila Romano

Peggy Denise Ross



Pam Townsend, Speaker



Steven Schultz, Speaker

Brenda Rose

Teresa Rudolph

Mary Saffold

Pamela Sanders

Sandra Short

Mary Spencer

Janet Strickland

Donna Taylor

Karl Urban

Dell Walker

Bettye Washington

Marie Wheaton

Deborah White

Elizabeth Williams

Pamela Wilson

Kelley Wood

CPAR Coaching & Testing

Who Is The Program For?

Any Business Office associate not already certified.

Coaching Sessions

Four locations have been designated for Coaching Sessions. Dates and locations are as follows:

APRIL 21 & 28, 2001

- **Birmingham (location TBD)**
- **Guntersville at Marshall Medical Center North**
- **Fairhope at Thomas Hospital**
- **Dothan at Southeast Alabama Hospital**

Test Date

The test will be given on **May 5, 2001** at the University

of Alabama at Birmingham's Hill Center.

How Do I Register?

Contact one of the following to register or with questions.

Nancy Strachan, *Fairhope*, (334) 990-1550

Linda Maddox, *Birmingham*, (205) 592-5859

JoAnn Hudspeth, *Guntersville*, (256) 571-8039

Pam Sanders, *Fairhope*, (334) 990-1551

The Trainers for Baptist Health System and Ascension, Patricia Donaldson and Wanda Shorter, are revising the CPAR Manual. It will be available for the coaching sessions. ☎



Mark Your Calendars and Make Plans to Attend the

HFMA Winter Institute

February 15-16, 2001

Marriott Grandview · Birmingham, Alabama



The HFMA Winter Institute is in its final stages of planning and have we got a great meeting planned for you! Watch your mail for complete information regarding speakers and the agenda, but please register and make room reservations with the Marriott Grandview as soon as possible.

Please Note: The first 60 registrants will enjoy dinner at P.F. Changs as part of their registration fee. All others who choose to attend the dinner will be charged \$25.00

Our Keynote Speaker will be Dennis Mihale, M.D., MBA, with IBM Global Services in New York. His topic is "E-Business in the Healthcare Market." We will also have an update from a representative from National HFMA, as well as many other speakers.

For more information regarding the Winter Institute, please call Sydney Rountree at (205) 934-4811. If your company would like to sponsor this event, please contact Sydney for details.

Some of our speakers and topics for this meeting are:

Revenue Cycle Improvement Project Case Study
Kathy Adams, UAB, Guy LaPrad, Consultant and Nelson Lowman, PricewaterhouseCoopers LLP

State-wide Wage Index Improvement Program Update
R-C Healthcare Management Services

Customer Service Case Study
Ken Lott, East Alabama Medical Center

Medicare Cost Reporting - Today and into the Future
Michael Polito & Brian Romine, PricewaterhouseCoopers LLP

HIPPA - EDI
Amy Jones, Blue Cross Blue Shield

Children's' Health Insurance Program
Gail Sandlen, Program Director

Central Scheduling Discussions
Paul Burchfiel - Facilitator

Denial Management - Turn your Denials into Paid Claims
Scott Johnston, CPAM, PricewaterhouseCoopers LLP

APC Billing Update
Debra Forham - Facilitator

Integrating Internet & Information Technology into Everything
Bill G.Felkey, MS, Auburn University

Hotel Information: You may make reservations directly with MARRIOTT GRANDVIEW by calling 1-888-228-9290. The special discounted room rate for our meeting is \$119, and our room block will be held until January 24, 2001. After this date, reservations will be accepted on a space available basis only. Please mention the HFMA Winter Institute when you call to obtain the discounted room rate.

Winter Institute Registration

Name _____ Phone () _____

Title _____ Organization _____

Address _____ City _____ State _____ Zip _____

E-mail Address: _____ *Dress code for all events is casual.*

REGISTRATION FEE:	
Members:	\$120.00
Non-Members	\$145.00
Please check all the events you plan to attend:	
<input type="checkbox"/> Thursday evening dinner at P.F. Changs <i>(no additional charge for the first 60 registrants)</i>	
<input type="checkbox"/> I am bringing a dinner guest to P.F. Changs	\$ 25.00
Total Fees Enclosed	\$ _____

Make checks payable to **Alabama Chapter-HFMA** and mail payment and registration to:
Sydney Rountree, HFMA
Chief Financial Officer
UAB Medical Center
619 South 19th Street
Birmingham, AL 35249
Phone: (205) 934-4811 • Fax (205) 934-1832

YOU ARE INVITED

Region V Dixie Institute 2001

March 11-14, 2001

Park Vista Resort • Gatlinburg, Tennessee

This year's Theme for the Dixie Institute is **Climb Every Mountain** signifying the obstacles and struggles facing the healthcare industry today.

We have a great line up of speakers including Captain Scott O'Grady, Dr. William Cleverly, Judy Horowitz and a panel discussion moderated by Ron Long, HFMA Chairman-Elect.

Please make your plans to attend this timely meeting at the beautiful Park Vista Resort in the Great Smoky Mountains!

Hotel Information: Please contact the Park Vista Resort at 1-800-421-7275 to make your reservations. Mention the HFMA Dixie Institute to receive the special rate of \$82.00. Our block of rooms will be reserved until February 10, 2001. After this date, reservations will be accepted on a space available basis only.

Golfing Information: To arrange to play golf (weather permitting), please contact Mike Weeks at (423) 744-3326 after March 5, 2001.

Educational Credit: NASB Credits = 19 CPEs

HFMA Dixie Institute 2001 Registration

Name _____
 Title _____ Facility _____
 Address _____ City _____ State _____ Zip _____
 Phone () _____ HFMA Membership No. _____

Please Check All That Apply:

- HFMA Member
 Non-Member
 FHFMA
 CHFP
 Officer
 CPA
 Past President
 Board
 Speaker
 Sponsor

Special Meal Request (please be specific) _____

FEES:		ENCLOSED
HFMA Members Full Registration	\$375.00	\$ _____
Non-Member Full Registration	425.00	\$ _____
<i>(Additional full registrations from the same institution are eligible for a \$25.00 discount. Multiple discounted registrations must be submitted together prior to institute.)</i>		
One-Day Registration	200.00	\$ _____
Guest Tickets, Each Reception	10.00	\$ _____
	TOTAL FEE	\$ _____

Make check payable to: **Tennessee Chapter-HFMA**
 Send payment & registration to:
Cynthia Marquart, FHFMA, CPA • University Health Systems
 9000 Executive Park Drive • Building D, Suite 150 • Knoxville, Tennessee 37923
 or fax to: Carolyn Moffitt, FHFMA • (901) 448-8065
HFMA HOTLINE (865) 251-4534

T & E Before ABCs

(Training and Education Before Admitting, Billing or Collections)

by Debra F. Gorham, VP Client Operations, The Valencia Group

In the complicated business of managing the revenue cycle for healthcare facilities, it is easy to lose sight of the basics. In our industry there are many acronyms that represent regulations and requirements that we must follow in order to be compliant and receive appropriate reimbursement. A new employee with limited or no healthcare experience must feel as if they have just landed in a foreign country without a translation dictionary. In the unique world of DRGs, APCs, LMRP, ABN, CURP, and all of the other acronyms, it is essential to first learn to talk the talk, while learning to walk the walk.

When an organization has a new employee, it is not realistic to expect them to learn the complicated regulations of healthcare reimbursement by osmosis. Training and Education must occur before an associate can perform efficiently and effectively in Admitting, Billing or Collections.

Complete training is essential to ensure the success of your facility and the success of the employee as an individual. Training is an investment that should be made to develop staff and help them to perform to their fullest potential. Remember

that your team is only as good as your weakest member.

It has been my experience that most employees are eager to learn things that will help them excel in their position. Also, it is true that many employees are discontent in situations where they feel that they are not given the tool of training. Some will become overwhelmed with the task at hand if they do not feel they have the knowledge necessary to perform their duties. As employees become more comfortable with their knowledge and skill level, their job satisfaction will improve.

Over time, it is easy to become complacent with training of new employees. In many cases, existing employees train new employees. While there is some merit to this system, if the trainers are not well trained themselves, you will be perpetuating deficiencies in the organization.

If you want to ensure quality performance from your employees, a strong training curriculum needs to be devised for new employees. Additionally, ongoing

education and testing must continue for all employees. It is crucial to educate employees on changes that are enacted based on payor mandates. To meet JCAHO requirements for competency validation, a structured training and testing program is imperative.

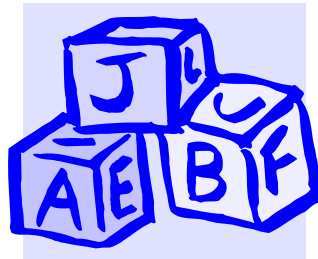
How do you know if you are succeeding with the training you are providing? Administering post-test immediately after the training session will be your first indicator of the success of the session. Random follow-up “pop quizzes” will indicate how well the information is being retained.

Both post and follow-up testing will provide indicators of areas where you need further training. Before you administer any test, determine what the passing score needs to be. One way to decide what you consider a passing score is to determine what level of staff you wish to have. Do you want C (average) employees responsible for your accounts receivable or will you insist on having A (excellent) employees? Establish your expectation level and help

your employees meet this challenge. Keep in mind that the level of the expectation bar should rise as your employees progress.

Training can benefit your organization in many ways. Here are a few benefits listed in an article by M. J. Tessin entitled “Once Again, Why Training?”

- Improves the morale of the work force.
 - Helps people identify with organizational goals.
 - Improves the relationship between boss and subordinate.
 - Aids in development for promotion from within.
 - Makes the organization a better place to work and live.
 - Aids in developing leadership skill, motivation, loyalty, better attitudes, and other aspects that successful workers and managers usually display.
- Take a moment to evaluate your current training programs and then assess your staff to see if the training needs of your associates and your organization are being met. Ensuring proper training and testing of your staff will provide personal development for the employees and yield high returns for your organization.



A Review of the OIG's 2001 Work Plan

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The Office of Inspector General ("OIG") of the Department of Health and Human Services ("Department") has issued its Work Plan (WP) for FY 2001. Since 1997, the OIG's published Work Plans have identified various projects that the OIG expects to address during the fiscal year. These Work Plans effectively signal to the industry the OIG's priority roadmap for conducting its investigations. Consequently, compliance professionals rely on the WPs for guidance when internally establishing priorities for education, investigations and reviews. Depending upon the government's interest in the project and results of earlier investigations, each subsequent year's work plan may include projects from previous years.

HOSPITALS

One-Day Hospital Stays

Shortly after issuing its FY 2000 WP stating that it would evaluate "the reasonableness of Medicare inpatient hospital payments for beneficiaries discharged after spending only one (1) day in a hospital", the OIG announced that it had entered into a settlement agreement with the Medical Center at Princeton (New Jersey) for over \$2 million for the submission of inpatient claims to Medicare for

patients who were actually admitted and discharged on the same day. In its FY 2001 WP, the OIG states it will continue its reviews of one-day hospital stays based on data indicating that approximately 10% of all Medicare patients admitted are released the following day. The OIG will concentrate its review on the adequacy of existing controls to detect and deny unauthorized care.

Hospital Discharges & Subsequent Readmissions

Like the OIG's FY 1999 and 2000 WPs, the 2001 WP will continue a series of reviews to examine Medicare claims for beneficiaries who were discharged and readmitted shortly thereafter to the same acute care PPS hospital. The OIG will consider provider's procedures to address these readmissions and will work with HCFA to determine if claims were appropriately paid. The OIG will review claim-processing systems to determine their effectiveness in identifying and reviewing related admissions.

Payments for Related Hospital and Skilled Nursing Stays

New to its Work Plan for 2001 is the OIG's review to determine the extent of Medicare payments for short and long stay hospital and skilled nursing facility care

provided sequentially to the same beneficiary. This investigation will assess HCFA's instructions on identifying and evaluating consecutive beneficiary stays at different providers, including skilled nursing facilities and prospective payment system exempt units. The OIG will also review the extent to which satellite units and "hospitals-within-hospitals" provide long-term hospital care and examine the effectiveness of HCFA's payment safeguard protections.

PPS Transfers

As stated in its FY 1999 and 2000 WPs, during 2001, the OIG plans to continue to support efforts to assist in the recovery of Medicare overpayments to prospective payment system hospitals that incorrectly reported PPS transfers. The transfer payment policy provides that when a Medicare patient is transferred between PPS hospitals, the transferring hospital receives a per diem payment and the receiving hospital receives the DRG payment based on the final discharge code.

OIG reviews have determined that many transferring hospitals inappropriately claim the DRG payment rather than the per diem payment. Currently, the OIG is working with U.S.

Attorneys nationwide, including the U.S. Attorney for the Northern District of Alabama, to address this continuing concern. The OIG is also working with HCFA to initiate a nationwide recovery of overpayments from hospitals that are not covered by the Justice Department's project. HCFA is preparing a program memorandum to address the collection of overpayments. Last year, the OIG settled PPS cases with three hospitals, totaling over \$2.2 million.

The OIG will also review controls to prevent improper payment of claims for transfers between chain members and will determine the extent that PPS hospitals improperly billed for Medicare inpatient transfers during hospital mergers or consolidations. The OIG has preliminarily identified several cases in which two or more hospital mergers resulted in improper reporting of Medicare patients transferred to the new provider number.

Postacute Services For DRG Considered Transfers

During this fiscal year, the OIG intends to assess early changes in utilization patterns for the 10 DRGs for which postacute services are considered transfers rather than discharges for payment purposes. This review will

examine whether providers exhibit different utilization patterns for these DRGs, such as sending beneficiaries home for several days before admission to inpatient rehabilitation, using a second postacute provider to render care, issuing notices of noncoverage to beneficiaries, or coding inpatient stays to fall into other DRGs.

DRG Payment Limits

The OIG will continue to assess the ability of Medicare contractors to limit payments to hospitals for patients who are discharged from PPS hospitals and admitted to post-acute-care settings.

DRG Payment Window—Hospitals

The Department of Justice conducted a nationwide project to recover overpayments plus penalties and interest through the False Claims Act for providers violating the DRG payment window requirements. The OIG plans to continue its reviews to determine 1) whether hospitals have complied with settlement agreements to preclude duplicate billing for nonphysician outpatient services under the prospective payment system, and 2) the extent of duplicate claims submitted by Part B providers for services (e.g. ambulance, lab, or x-ray services) provided to hospital inpatients.

According to OIG's Semiannual Report (4-1-00 to 9-30-00), this national project identified more than 4,660

hospitals that submitted improper billings for outpatient services. Thus far the project has resulted in settlements with over 2,799 hospitals and recoveries of about \$73 million. Included in the government's list of recoveries for the 72-Hour Window Project during 2000 were hospitals in Texas, New Mexico and Alaska.

Outpatient PPS

New to its 2001 WP is the OIG's review of the recently implemented Ambulatory Payment Classification (APC) System, Medicare's PPS for beneficiaries receiving hospital outpatient care. Previously, Medicare paid outpatient departments their reasonable costs. The OIG will evaluate the effectiveness of internal controls to ensure that services are adequately documented, properly coded, and medically necessary.

Outpatient Pharmacy Services at Acute Care Hospitals

Except in certain circumstances, Medicare generally does not cover self-administered drugs. However, the OIG is concerned hospitals may have charged Medicare for self-administered drugs on an outpatient basis. The OIG will continue its investigations to determine whether pharmacy services rendered on an outpatient basis were billed and reimbursed in accordance with Medicare requirements, focusing on periods prior to the implementation of the outpatient

PPS. During 2000, the government entered into settlement agreements with five New York hospitals alone for these alleged pharmacy billing allegations, including Beth Israel Medical Center (\$1.25 million), Our Lady of Mercy Medical Center (\$623,000) and Cabrini Medical Center (\$360,000).

Uncollected Beneficiary Deductibles & Coinsurance

Medicare has previously discussed this concern in its regulations and fraud alerts and it appears again in the OIG's 2001 WP. The OIG plans to continue to address the reasonableness of Medicare payments to inpatient providers that do not collect deductibles and coinsurance from beneficiaries. The OIG will look at the impact of the uncollected payments and evaluate the controls to ensure validity.

Other new Hospital investigations appearing in the OIG's Work Plan for 2001 include the following:

- Hospital Reporting of Restraint-Related Deaths;
- Outpatient Medical Supplies at Acute Care Hospitals; and
- Follow-up on PRO Complaint Process.

NURSING HOME CARE

Quality Assessment & Assurance Committees

In accordance with the Omnibus Budget Reconciliation Act of 1987, which requires nursing facilities to maintain a quality assurance committee, the OIG will

examine the role and effectiveness of the committees in ensuring quality of care in nursing homes.

Follow-Up On Mental Health Services in Nursing Facilities

This review will ascertain whether the Medicare program remains vulnerable from the expanded provision of mental health services to nursing facility residents. The OIG seeks to determine whether mental health services in nursing facilities are inappropriately billed as indicated in a 1996 study.

Therapy Services for Medicare Part B Nursing Home Patients

The OIG seeks to assist HCFA in reviewing the quality of care and utilization of physical, occupational, and speech therapy to nursing home patients in 1999.

Ancillary Medical Supplies

The OIG expects to determine whether certain skilled nursing facilities have claimed unallowable costs for ancillary medical supplies. The OIG will quantify the financial impact of misclassified costs.

Complaint Process & Use of Penalties

The OIG plans to examine the timeliness and effectiveness of state nursing home complaint processes based on a HCFA requirement that states investigate, within two working days, the most serious complaints alleging immediate jeopardy of the health or safety of

residents. The OIG will also examine the use of penalties imposed on deficient home providers failing to meet quality standards.

The 2001 WP contains these nursing home reviews included in the 2000 WP:

- Nurse Aide Training;
- Family Experience with Nursing Home Care; and
- Role of the Nursing Home Medical Director

PHYSICIAN

Physicians at Teaching Hospitals (PATH)

The OIG intends to verify compliance with Medicare rules governing payment for physicians service provided at teaching hospitals to ensure that claims accurately reflect the level of service provided to patients.

Medicare pays the costs of training residents through the graduate medical education (GME) program. The fundamental tenet of the PATH initiative is that in order to receive reimbursement from Medicare for a service rendered to a patient, the teaching physician must have personally provided services or been present when the resident provided the care.

Last year, the University of Kansas Medical Center and Kansas University Physicians, Inc settled with the government for \$1.5 million and entered into a five-year corporate integrity agreement for alleged PATH violations. To date, a total of seven institutions have entered into settlements totaling over \$76 million to resolve potential

False Claims Act liability related to physicians' services in teaching hospitals. The Department does not have plans for proactive PATH audits, although it continues to investigate complaints.

Podiatrists' Medicare Billings & Services

The OIG is nationally reviewing the extent to which podiatrists improperly bill Medicare and if services met HCFA coverage policies.

Critical Care Codes

The OIG will examine the use of two critical care codes that may be billed to Medicare only if the patient is critically ill and requires constant attention by the physician. The OIG wants to determine whether physicians billed inappropriately for critical care and to identify other vulnerabilities.

Bone Density Screening

This review will evaluate the impact of the standardization and expansion of Medicare coverage of bone density screening. The OIG is concerned with the appropriateness and quality of some services, as the number of claims increase.

Advance Beneficiary Notices

The OIG will examine the use of advance notices to Medicare beneficiaries and their financial impact on beneficiaries and providers. Physicians must provide advance notices before they provide services that they know or believe Medicare

does not consider medically necessary or that Medicare will not reimburse. Indications are that practices vary widely regarding when advance beneficiary notices are provided, especially with respect to laboratory services.

Reassignment of Physician Benefit

The OIG will evaluate the practice of allowing physicians to reassign their billing numbers to clinics. This practice shifts the accountability and liability for billing abuses away from the physician to the clinics. The OIG will examine past abuses to determine specific vulnerabilities.

Other OIG reviews during FY 2001 related to Physicians included:

- Role of Nonphysician Practitioners; and
- Services and Supplies Incident to Physicians' Services

HOME HEALTH

Impact of PPS on Controls

The OIG will assess how PPS for HHAs is affecting Medicare beneficiaries' access to home health care and adequacy of care. The OIG will monitor implementation of the new system, evaluating the controls ensuring services are provided only to homebound individuals and are adequately documented, properly coded, and medically necessary.

Assessments for Case-Mix Adjustment

HHAs are required to conduct initial and periodic

assessments of each patient's functional capacity. The OIG will examine the assessment process, the extent to which assessments are used to develop plans of care, and the case-mix accuracy.

The OIG included the following HHA reviews from its 2000 WP in its 2001 WP:

- HHA Compliance Programs;
- Physician Involvement in approving Home Health Care; and
- Payments Based on Location of Service.


HOSPICE CARE

Plans of Care

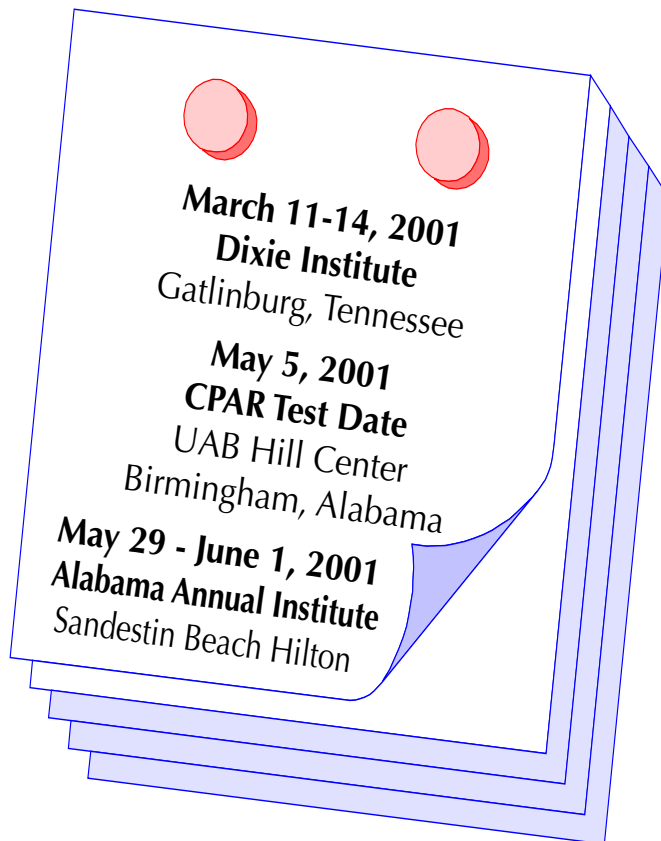
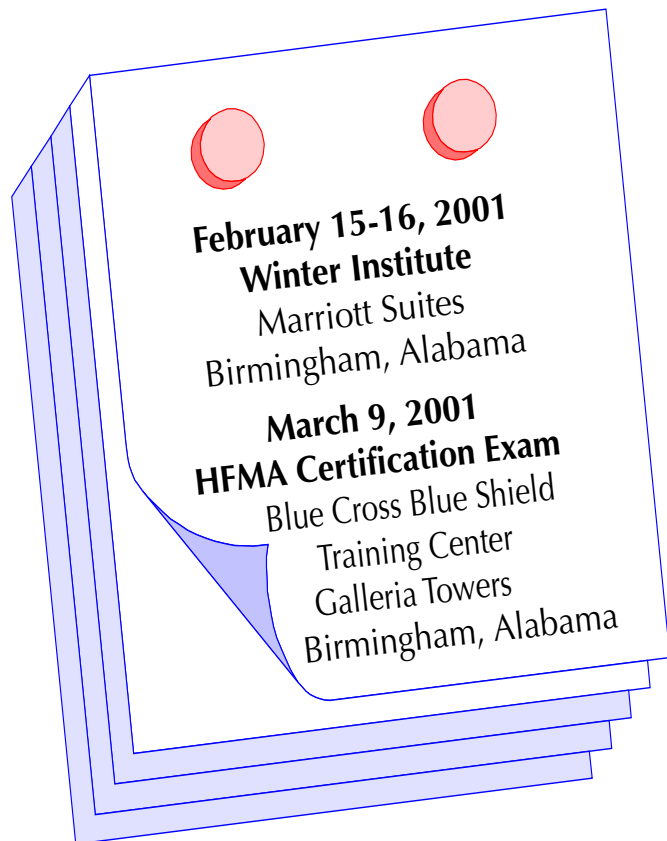
The OIG plans to examine the variance among hospice plans of care and the extent to which services are provided to hospice patients in accordance with the plans of care.

Use of Continuous Home Care by Hospice Agencies

The OIG will focus on continuous hospice home care because of its complexity, expense and vulnerability. This study will examine how fiscal intermediaries ensure that hospices provided the services for which claims were submitted.

Although we do not know whether the government's healthcare priorities will change, reviewing guidance issued by the OIG, HCFA and the DOJ should nevertheless assist health care professionals as they proactively address compliance issues and encourage their organizations to continue to "Do The Right Thing." 

Mark Your Calendars Now & Make Plans To Attend . . .



LOOKING AHEAD

Don't let the winter get you down . . . Fun & Sun are right around the corner! Watch for information about the Annual "Beach" Institute in our next issue!

Dawn Walton, CPA

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