

**IN THE SUPREME COURT OF THE STATE OF NEVADA**

LACY THOMAS,

Petitioner,

vs.

EIGHTH JUDICIAL DISTRICT COURT  
OF THE STATE OF NEVADA, IN AND  
FOR CLARK COUNTY; THE  
HONORABLE MICHAEL VILLANI,  
DISTRICT JUDGE, DEPT. 17

Respondents,

and

THE STATE OF NEVADA

Real Party In Interest

Electronically Filed  
Feb 16 2016 01:12 p.m.  
Tracie K. Lindeman  
Clerk of Supreme Court

CASE NO: 69074

**RESPONDENT'S AMENDED APPENDIX  
Vol. 3**

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## **CERTIFICATE OF SERVICE**

I hereby certify and affirm that this document was filed electronically with the Nevada Supreme Court on February 16, 2016. Electronic Service of the foregoing document shall be made in accordance with the Master Service List as follows:

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I further certify that I served a copy of this document by mailing a true and correct copy thereof, postage pre-paid, addressed to:

JUDGE MICHAEL VILLANI  
Eighth Judicial District Court, Dept. 17  
Regional Justice Center  
200 Lewis Avenue  
Las Vegas, Nevada 89101

BY /s/ E. Davis  
Employee, District Attorney's Office

OLM//ed

# Patient Access Process Redesign

## ED Registration

*Blair Dr. V. Bell*

- Lied Clinic physicians are requesting patients registered as a patient type "P" (one time visit). Traditionally these patients have been registered as patient type "R" (recurring). Medicare regulations allow either option. Looking at Medicare reimbursement to determine revenue impact. Waiting for Ruling by Compliance *✓ Angel*
- Continuing to work on new process flows in ED area, including discharge and up-front collections. Beginning to track collections by person daily.

# Charge Description Master Review

*Shirley  
P. Smith*

– Working on charges priced under APC  
reimbursement

- Working with Kathy Silver to determine strategy on potentially renegotiating Managed Care contracts from ASC pricing to APC pricing. Looking at high dollar/high volume procedures to determine advantages of APC pricing. Spreadsheet developed and will set meeting with Kathy to discuss strategy.

*According to  
Bing State  
Codes*

# Charge Description Master Review

- Reviewing Pharmacy CDM a few areas at a time and rebilling as necessary. (on-going) *ALV*
- Identified list of Pharmacy charges that did not have HCPCS codes in CDM. These need to be updated in Craneware and will re-bill where applicable. Waiting for IS to build conversion table to convert all drug dosages into accurate billing dosages, delay due to SAP implementation.

# Charge Description Master Review

- Quick Cares and Wellness Center are not charging Medicaid Professional Fees. Based on 2005 usage and the Medicaid fee schedule cash potential is \$3.2M per year in additional cash. Peter Tibone has researched and we can bill Professional Fees and feels this can be done. Getting Don Haight's opinion.

Notes

Charged

Don Haight  
Peter Tibone  
Charged  
Charged  
Charged

# Charge Description Master Review

## DME

- Pat Huber met with Mike Walsh 9/14 –to discuss if UMC should resume billing Medicare for DME. Pat to determine reimbursement from MediCaid and based on findings will determine if cost effective to bill Medicare. Mike is checking with Materials Management to determine costs. (completed)
- Britt in IS is running report to capture all DME billed to Medicaid during the past year. Looking at large volume items and will get back with Mike. (completed)
- Need Mike's approval to move forward (completed and sent application)

*Pat Huber*  
*Excellent*



# Miscellaneous

- Evaluating EFS work flow and developing redesign
  - Daily reviews of follow up process
    - Currently have 24X7 EFS staffing in place. "Escapes" have decreased from an average of 25 per day to an average of less than 5 per day. *(complete)*
  - Tracking daily up front collections by EFS staff
  - Tracking number of accounts and dollars submitted to the various government agencies by EFS worker and the approvals.
  - Setting up discharge desk for EFS worker to begin collecting co-pays and deductibles in ER.
  - Having bi-weekly meetings for OB and Acute departments to address EFS workers issues and concerns (improving communications-their complaint)

# Questions/Comments

RA 000339

RA 000340

or

# Revenue Cycle Improvement

## Steering Committee Meeting

November 15, 2005

# Agenda

- High Impact Initiatives Updates
- Questions/Comments

# High Impact Initiatives

- Billing Methodologies
- Surgical Services Process Redesign
- ABN Processing
- Case Management Processing
- Patient Access Process Redesign
- Charge Description Master Review
- Miscellaneous

# Billing Methodologies

- Strategy meetings with Accordis
  - Medicaid collections remain down but are starting to improve. Continuing every other week meetings with Accordis to improve their collections
  - Receiving daily reports from SSI identifying accounts held in the editor and working to get submitted. (ongoing). Accounts currently being held in SSI is \$6M, as of 11/10. This is down from \$28M.
- Implementing ACTS starting 11/28 for all financial departments (case management, admitting, eligibility, and business office). This is an account tracking system and allows work-lists and manager supervision and tracking.
- Starting to look at Contract Management, found several cases where there were improper refunds/take-backs that we are pursuing.

# Billing Methodologies

- Working with IP and Clinic Registration staff on billing issues. This includes Customer Service and Customer Satisfaction. (on-going)
- Supplied RevCare with Data load on accounts returning from HFRI to sell. Sent \$15M and have a bid of \$3M to purchase. Looking at aging of these accounts to determine impact on P&L

Date



# Surgical Services Process Redesign

- Process scheduled to be operational by 11/01 (completed)
- This new process will improve through-put by pre-admitting patients, insurance verification, case management, and pre-surgical testing. (completed)
- Cases averaging approximately 50 per day, on Monday 11/14 did 71 cases.

*Colleen Adams, PA-C*  
*Spencer Adams, PA-C*  
*Wendy Adams, PA-C*  
*Stacy Adams, PA-C*  
*Britt Adams, PA-C*

# ABN Processing

- Training begins 11/15.
- Letter to Physicians sent to Dr Ellerton for signature, has some objections. Blain and Bob Jaime are working with Dr Ellerton on wording.
- Target to be in place 12/1

# Case Management Processing

- Inconsistency in case management practices – being conducted out of 5 different areas (Case Management, Process Improvement, Nurses in Patient Access, Social Services, and Eligibility). Impacts are reduced reimbursement due to lack of receiving addition authorization for length of stays or non-covered service.
  - Recommendations for consolidation of duties to eliminate duplication.
  - Productivity standards being developed
  - Draft report due 11/22 on reorganization and defining duties of case management.

# Case Management Processing

- High dollar patient portions that are not being monitored
  - Developing processes to address High Dollar Patient monitoring. Accounts with balances over \$40K or LOS over 5 days are being reviewed twice a week. Currently looking at a process for balances less than \$40K.
  - All patients are being case managed and are being looked at every three days regardless of balance or LOS
- No automated methods for monitoring patient through the continuum of care.
  - Evaluate usage of Horizon Performance Manager. (according to Haydee this system is not case management concurrent review and she has other systems that are a better fit, including Midas)
  - Setting up demo currently getting dates with Midas (completed demo – coming back to in-service staff on 12/19) Looking at Eclipsys and setting up demo

# Patient Access Process Redesign

## IP Registration

- Bob Whipple began review of observation processes on 9/22. Have 5 spreadsheets with potential re-bills and appeals, approximately \$1M in additional money.
- Setting up ACTS database for insurance verifications start using mid-November. Going live 11/21.
- Tracking daily cash collections
- Starting 12/1 will do pre-training evaluation questionnaire for all Patient Access staff – Union required two week notice due to change in shift hours. This is really a pre-test to evaluate required training.
- Insurance verification training this week to do verification on MS4 screens-currently putting in notes. This will eliminate the manual process. Go Live on 11/21.
- Reviewing work schedules for possible re-bidding, including increased coverage in Labor and Delivery from 12 hours to 16 hours, also looking at all areas.

*Bob Whipple*  
*11/21/21*

# Patient Access Process Redesign

## IP Registration

- SSI issues around system automatically checking Medicaid for eligibility – This is not working and SSI claims it's our fault and IS claims it is SSI. John Cramer is tracking.
- Developing QA tracking for errors and training. Determine critical error vs. non-critical.
- Started process to collect co-pays and deductibles due on in-house patients. Staff if excited about collections and is sharing successes with managers. Daily tracking has started.
- Started QA process between back-end and front-end. Spreadsheet with examples being shared and offenders are receiving training.
- Discuss Customer Service training for all Patient Access areas with HR. This is the first experience many customers have with UMC and needs to be done right. Developing survey for patients to fill out.



# Patient Access Process Redesign

## ED Registration

- Lied Clinic physicians are requesting patients registered as a patient type "P" (one time visit) Traditionally these patients have been registered as patient type "R" (recurring). Medicare regulations allow either option. Looking at Medicare reimbursement to determine revenue impact. Have a Ruling by Compliance, can go either way according to Angela Darragh. ✓
- Continuing to work on new process flows in ED area, including discharge and up-front collections. Beginning to track collections by person daily.
- Have agreement with Physicians and Nursing with the process redesign. Plans to be submitted to Blain for approval this week. Taking existing areas, no major reconstruction.
- Developing a report for ED staff to track ED cash collections

# Charge Description Master Review

- Monthly Charge Description Master Committee Meetings.
  - Developing new policies and procedures
  - Addressing IS issues with CDM
  - Discussing/resolving compliance related issues
  - Standardizing charge tickets Hospital wide
  - Department Managers accountable for their individual CDM



# Charge Description Master Review

- Working on charges priced under APC reimbursement
- Working with Kathy Silver to determine strategy on potentially renegotiating Managed Care contracts from ASC pricing to APC pricing. Looking at high dollar/high volume procedures to determine advantages of APC pricing. Spreadsheet developed and will set meeting with Kathy to discuss strategy.
- Spreadsheet sent to Kathy 11/14 for her review and a meeting will be set if needed.

# Charge Description Master Review

- Reviewing Pharmacy CDM a few areas at a time and rebilling as necessary. (on-going)
- Identified list of Pharmacy charges that did not have HCPCS codes in CDM. These need to be updated in Craneware and will re-bill where applicable.
  - Following up with Tom Kyle he will start building conversion table once he gets the crosswalk from Marilyn in Pharmacy.

# Charge Description Master Review

- Quick Cares and Wellness Center are not charging Medicaid Professional Fees. Based on 2005 usage and the Medicaid fee schedule cash potential is \$3.2M per year in additional cash. ~~Peter Tibone~~ has researched and we can bill Professional Fees and feels this can be done. Getting Don Haight's opinion. (completed)
- Meeting set for 11/30 with Pat Huber, Blain, Kathy Silver, Larry, Brian, Mike, Holly, Angela, Peter, Becky Bratten and me.

# Charge Description Master Review

## OR Charge Capture

- Meeting every other week with Director and Pat Huber to establish processes and develop policies and procedures.
- Tina Melvin currently working on all OR Supplies for all revenue codes to identify missing charges, duplicate charges, pricing issues, and charges without CDM number assigned. (on-going)
- Follow up with Ron on clean up of OR supply master. Needs direction on pricing supplied by Ron and verify which charges can be inactivated. (on-going)

# Charge Description Master Review

- Tina starting to work this week with Reference Lab issues. (Issues getting Quest invoices reconciled, changing tests without getting authorizations)
- Meeting with Director of Special Procedures (interventional Radiology) to identify possible missed charges.

# Charge Description Master Review

RA 000359

## 2006 CPT code updates

- New/changed/deleted codes have been received
- Action plan developed
- Meeting one to one with each department manager to discuss impact and to-dos. Completed by 12/1
- Dead-lines established for each department to have all work completed by December 15 and changes implemented on 12/31/2005.
- Meeting schedule for 11/16 with Peter and IS to determine if we can load into Craneware or increase bill holds until loaded in live environment.

# Charge Description Master Review

- CDM Education
  - Provided Charging education to IV Nursing Team (completed)
  - Answered questions from the nursing staff (completed)
  - Update charge tickets

# Miscellaneous

- Evaluating EFS work flow and developing redesign
  - Daily reviews of follow up process
    - Currently have 24X7 EFS staffing in place. "Escapes" have decreased from an average of 25 per day to an average of less than 5 per day.
  - Tracking daily up front collections by EFS staff
  - Tracking number of accounts and dollars submitted to the various government agencies by EFS worker and the approvals.
  - Setting up discharge desk for EFS worker to begin collecting co-pays and deductibles in ER.
  - Having bi-weekly meetings for OB and Acute departments to address EFS workers issues and concerns (improving communications-their complaint)
  - Started new process with floor certs to allow them better coverage.



# Questions/Comments

RA 000362

2005

RA 000363

RA 000364



THE SYMBOL OF EXCELLENCE

# Revenue Cycle Improvement

## Steering Committee Meeting

December 13, 2005

# Agenda

- High Impact Initiatives Updates
- Questions/Comments

# High Impact Initiatives

- Billing/AR
- ABN Processing
- Patient Access Process Redesign
- Case Management
- Charge Description Master
- Questions/Comments

# Billing/AR

- Accordis  
Collections remain down, November postings were \$6.7M, but that includes backlog of non-posted. Monthly target is \$6.7M. Continuing every other week meetings to improve collections. Sent letter of cancellation on 12/8
- SSI Claims Editor  
Identifying accounts held in the editor and working to get submitted. (on-going). Accounts currently being held in SSI is \$5.8M as of 12/7. This is down from \$28M.
- ACTS  
Implemented 11/28 for all financial departments (case management, admitting, eligibility, and business office). This is an account tracking system and allows work-lists and manager supervision and tracking.

# Billing/AR

- Credit Balances
  - As of 10/31/05 total Credit Balances were \$20.1M, up from \$14.7M on 6/30/05. Identified approximately \$5M in incorrect Contractual Adjustments that are being corrected and will bring the total number to \$14.6M. Continuing to work these credit balances to minimize.
  - Developing process to work Credit Balances



# Billing/AR

- Clark County Submissions
  - Claims received down from 13,848 for the period 7/1/04 to 10/31/04 to 9,539 for the period 7/1/05 to 10/31/05 for approximately \$660,000. Procedure sent to all Admission staff mid November and submissions are improving, but still needs some work. This is all in Outpatient Good County Card submissions – Due to backlog in Medical Records Coding. This was addressed and approximately 1300 claims have been submitted over the last two weeks.
  - Accepted Claims are down for the same period of time which is a result of denials due to wrong case/pin # and incorrect date of birth. Procedures were put in place in Patient Access to correct this on 11/28 and claims were resubmitted correctly. Cash postings for Clark County financial groups were \$2.3M in 9/05 and \$2.0M in 10/05 and \$3.8M in 11/05, approximately a 72% increase. December cash is \$2.3 through 12/9 postings
  - New procedures put in place during November in EFS has resulted in an increase in submission from an average of \$1.5M per week to \$2.5M per week through 12/9.

# Billing/AR

- Accounts Receivable

Meeting held with Cindy Charyulu to discuss posting of Contractual Allowances by cash posting. A new process was introduced and became effective last week.

- RevCare


Supplied Data load on accounts returning from HFRI to sell. Sent \$15M and have a bid of \$3M to purchase. Aging submitted to Mike Walsh to determine impact on P&L. As submitted would have a \$3M impact on the P&L, looking at not sending the 120 day aged accounts that would minimize the impact. Will submit spreadsheet on all bad-debt accounts (excluding in-house bad debt) to RevCare. Meeting set with RevCare on 12/14.

# Billing/AR

- Medical Record Coding Issues
  - FMLA issues
  - 2 resignations after 1/1/2006 (probably good resignations – started replacement process)
  - Looking at staffing
  - Have contract coder on-site this week and historically this person does about \$2M per day
  - Goal is to bring this number to \$35M

# ABN Processing

- Training completed 11/15
- Go-Live for Phase one was 11/28/05, ASU, Radiology, Physical Therapy, High dollar services
- Phase Two 1/15/06 – Lieds, Total Life Care, Peds Outpatient Clinic, Wellness Clinic and Wellness Center
- Phase Three – all areas on Vital works – need interface to Vital Works conference call with Vital Works and Cerner 12/14
- No Issues at this time.

A handwritten signature in black ink, appearing to read "Bob W. Jones", is written over the last bullet point of the list.

# Patient Access Process Redesign

## IP Registration

- Bob Whipple began review of observation processes on 9/22. Have 6 spreadsheets with potential re-bills and appeals, approximately \$1M in additional money.
- On 12/1 started pre-training evaluation questionnaire for all Patient Access staff – This is really a pre-test to evaluate required training. *Saved*
- Reviewing work schedules for possible re-bidding, including increased coverage in Labor and Delivery from 12 hours to 16 hours, also looking at all areas. (filling open per diems to cover these shifts)

# Patient Access Process Redesign

## IP Registration

- Started QA process between back-end and front-end. Spreadsheet with examples being shared and offenders are receiving training. Also doing samplings within department to QA registrations
- Up front collections continue to improve (collected \$9,181 in November and \$22,316 month to date in December)
- Pre-registrations continue to improve for ASU and are currently 5 days out, which was our goal.
- 3 new managers hired and trained and in place effective 12/19. These are 3 new manager positions and the department is now staffed with managers 24X7.

## ED Registration

- Working on new process flows in ED area, including discharge and up-front collections.
- Tracking up-front collections by person daily.
- Working on implementing "fast track" (4 beds to be used for non-emergent) before the physical changes take place.

# Case Management

- Steve Gray presented at November 29<sup>th</sup> Steering Committee meeting and awaiting approval from steering committee for transfer of resources from PA and PI departments. (4 from PA and 3 from PI). Work out transition plan once approved.
- Developing implementation plans and looking at standardizing the admission screening process – reviewing all admissions and using InterQual in Patient Access and through the continuum of care as patients become eligible for down-grades.
- Working on clearer definition of the Case Management processes and associated metrics (discharge planning, ALOS, denials and appeals, etc.)

# Charge Description Master

- APC vs. ASC Pricing

Pat Huber working with Kathy Silver to determine strategy on potentially renegotiating Managed Care contracts from ASC pricing to APC pricing. Looking at high dollar/high volume procedures to determine advantages of APC pricing.



# Charge Description Master

- Professional Fee Billing

Quick Cares and Wellness Center are not charging Medicaid Professional Fees. Based on 2005 usage and the Medicaid fee schedule cash potential is \$3.2M per year in additional cash. Peter Tibone has researched and we can bill Professional Fees and feels this can be done. Meeting set for 12/20 with Pat Huber, Blain, Kathy Silver, Larry, Brian, Mike, ~~Holly~~, Angela, Peter, Becky Bratten to determine impact.

# Charge Description Master

## 2006 CPT code updates

- New/changed/deleted codes have been received
- Action plan developed
- Meeting one to one with each department manager to discuss impact and to-dos. Completed by 12/21
- Dead-lines established for each department to have all work completed by 12/21 and changes implemented on 12/31/2005.
- Shelly Toddy out on bereavement leave until 12/15, Pat will conduct necessary interviews during her absence.
- Changes will be loaded into Craneware and activated on 1/2/2006, working with IT.

# Questions/Comments

RA 000380

RA 000381



# ACS Committee Meeting

## July 15, 2005

**Attendees:** Ross Fidler, Revenue Cycle Director, Temple Cole, Revenue Cycle Assistant Director, Diane Mazzei, Revenue Cycle Manager, Bob Jaime, Revenue Cycle Manager, Nancy Newman, Operations Manager, PFS, John Cramer, Operations Manager, Patient Access Services, Virginia Carr, Director of Eligibility

Ross Fidler, Revenue Cycle Director opened the meeting at 8:00am.

### I. New Business:

- Ross reviewed the 0045 report looking at the "escapes and handled".

#### *Action:*

- Monday, John Cramer will give a determination on the 36 names, showing 'true' escapes. Once the Insurance is determined Virginia will work the report.
- In Bob's absence, John will touch base with Connie.

### II. Self Pay List:

- Ross questioned why the 'Self Pay List' did not reflect discharge dates. It was clarified, it is due to not being discharged as of midnight. In addition, they are Self-Pay because 2ndary registration is completed when the physician sees the patients. If they are on the Self Pay list, this means they have been financially screened.

- Out of the 43 accounts:

Peds: Insurance on 3, Medicaid application on 1, unresolved 2, Follow-Up report they had 6 from the previous day, made appointments for applications.

ER; 10 applications, 1 Insurance, 4 Inpatient, 1 application from the previous day and 16 unresolved.

Inpatient: 47 new, applications on 14, 6 pending, 2 ATP, 7 Medicaid, 1 array, 2 currently working on.

#### *Action:*

- Virginia will give an updated list to John daily.

### III. Review of 7/14/05 Minutes:

- Nancy is following up with Bobbie Jensen at the 9:00am meeting in regards to the "Discharge Time" report.
- Nancy Newman met with Dan Pacleb, regarding the move in Patient Accounting. Nancy gave them the seating chart of the department. IS will get back to Nancy with a confirmed date and time.
- Ross spoke with Dennis yesterday regarding Great Lakes support. He has (2) two staff that will begin work on Monday. The other staff has given notice at their current jobs. As soon as they are released they will come in.

#### **Action:**

- Virginia will follow-up with HR to obtain the date of the Hospital "Abbreviated Orientation" to determine if Lacy needs to give her a waiver. She will begin necessary paperwork for badges and access to the system.

It was noted that during training the new staff will have the same hours as all other EFS staff. Once training is completed they will begin 24/7.

- John commented, the account shown as a 0000 financial class was a 'mis-key' by the employee.

#### **Action:**

- John will address the correct procedure with the employee.
- Bob noted that the ED Leaders and some of the Physicians will meet at 4:00pm, Monday, July 18th, in the EPMG Office.

#### **Action:**

- Ross asked the Committee to inform Sharon of any upcoming meetings so she can place them on his calendar.
- Tracking of the Physicians, will begin Monday, after John trains his staff on the process of properly filling out the form.

### IV. Medicaid-Medically Indigent Letter

- The committee reviewed the 'Medically Indigent DRAFT Letter'.

#### **Action:**

- The committee agreed on the following changes to the letter:
  - Removal of the 2<sup>nd</sup> sentence, "UMC Hospital is a general hospital operated by the County of Clark, Nevada.
  - Insert new sentence, "to make financial arrangements please contact "(phone number)".
  - Reverse IAF (Indigent Accident Fund & Voc (Victims of Crime).

- On the list of "items necessary to determine eligibility", list 4 on the right side and 4 on the left of the document, allowing more room to make it a 'one page document'.
- Remove the last paragraph "Failure to complete this application and nonpayment for service may result in your account being referred to a collection agency."
- Insert a closure
- Make the entire document one page if possible.

#### V. Self Pay Letter:

- Nancy continues to work on the document.

#### VI. Updating Accounts by Eligibility:

##### *Action:*

- In regards to updating the patient financial classes and carrier codes, John and Virginia will discuss training issues and come up with a plan.

The Insurance Verification will be finalized by the 4 Verifier's in the Admitting office.

##### *Action:*

- Don continues researching Nevada Laws
- It was suggested to invite Jenn Mallof or Gerry Lopez to review the contracts and provide a list.
- Don Haight suggests that any form a patient signs needs to be included in the Medical Record.

#### VII. MVA's

- Virginia met with Lee and it was finalized. Virginia is waiting for phone numbers of staff.
- All staff has been trained on MVA's.

#### VIII. Collection Agencies:

- Sharon will set up meetings for Ross & Temple to meet with the Collection agencies next week.

#### IX. 2<sup>nd</sup> Screen Training:

- John will have the (3) Admit Specialists will work with the Eligibility staff, define the information and create a procedure and develop a power point presentation for Admitting staff. Ross asked for a completion date and suggested August 1<sup>st</sup>.

*Policy.*  
*Quick Case*  
*Staff Note*  
*Why Not Go*  
*to Primary Care*

*695G.170*



**X. Downtime:**

- Ross reminded everyone of the "downtime" this weekend.
- Testing has been completed within Patient Accounting and Admitting.
- Benchmark for downtime is 8 hrs.
- Sunday morning staff will go into the editor and up load claims into SSI making sure everything is ok live.

***Action:***

- Ross directed Nancy to ask the staff working on the weekend if they want comp-time or overtime.

**Minutes Approved By:**

\_\_\_\_\_  
Ross Fidler, Revenue Cycle, Director

\_\_\_\_\_  
Date

RA 000387

# ACS Committee Meeting

## July 19, 2005

**Attendees:** Ross Fidler, Revenue Cycle Director, Temple Cole, Revenue Cycle Assistant Director, Diane Mazzei, Revenue Cycle Manager, Bob Jaime, Revenue Cycle Manager, Nancy Newman, Operations Manager, PFS, John Cramer, Operations Manager, Patient Access Services, Virginia Carr, Director of Eligibility, Becky Bratten, Director of Medical Records and Kevin, Great Lakes Representative, Haydee Florentino, Director of Case Mgmt.

Ross Fidler, Revenue Cycle Director opened the meeting at 8:00am.

### I. New Business:

- Great Lakes staff has reported for work and will be working in Eligibility. John spoke with Lynn Scott, Exec. Director of Nursing, regarding work space for the two staff. IS has been contacted and they will remove the embosser machine for the area for the staff.
- Regarding the flow; when notification is received that the medical screen is completed and is ready for the financial screen, a registrar person is sent back to complete this process. The question was asked, "if it is determined the patient does not have a payor and they may be eligible for Medicaid, what is the process?"
  - Make a note on the account
  - Copy the face sheet, place in the basket for the EFC to pick-up.
  - Applications are completed in the back.
  - If the patient is still in the ER when the EFC picks up the paperwork from the basket, the EFC verifies that the medical screening process has been completed, then the patient is located.
  - John suggested small headsets/walkie-talkies to be used as a tool to help the staff locate the patient.

#### *Action:*

- ✓ John will check with IS in regards to obtaining the "headsets" for the staff to utilize. And making sure it will not interfere with medical screening.
- ✓ Case Management will check with Interqual to see if it meets inpatient status.
- Ross asked Virginia, "how quickly does the Eligibility staff assist the patient? Virginia explained it varies due to EFS staff currently taking application's it could be 20-30 minutes. John's area in the ER has 3 separate baskets, one at the front and two in the back.
- Ross questioned if we need 1 FTE, 2 or 3 24 hours.
- Case Management covers 24/7.
- Kevin and Virginia reviewed the staff's schedule focusing the morning hours. During the peak hours more staff may be necessary.

- John stated between 5:00pm and midnight, there becomes a back-log. John is restructuring one of his shifts so there is more coverage during this time period. This will help with seeing the EFC's more timely.
- One of the Great Lakes staff will be available 24/7. There will be 2 staff on from 11:30am to Midnight.
- John is also looking at adjusting his staff at night until 3:00am.

## **II. Update: Medicaid-Medically Indigent Letter**

- Virginia continues to wait on the "phone number". She spoke with Lee and none of the phone numbers had been moved. Lee will talk with the Communications staff.

## **III. Urgent Care vs Primary Care:**

- Reviewing of Medicaid/UB92 Revenue codes, Accordis will appeal all denials.
- First Health has said they will pay these denials.
- It will be clarified with First Health if patients have been empanelled to a doctor.
- Kathy Silver can assist with the contract, and also clarify the empanelling of doctors. Also see if they can charge.
- Medicaid fee for service, do they have an impaneled physician?

### ***Action:***

- ✓ John will verify impaneled physicians with Renee Nemchek.
- ✓ Virginia will email Sharon the flow chart to include in tomorrow's minutes.

## **IV. EMTALA**

- John reviewed the list and found 13 patients not discharged. After investigation it was found to be an interface issue from EMSTAT into the main system, and down time. John contacted IS and they are researching issue.
- ✓ John is reviewing the "3" day automatic program to see if it works with the new upgrade. After 3 days these accounts automatically discharge. They will review the list at the end of the day to see if they were discharged.
- Patients that remain on the system for long periods of time is because no one is discharging them in a timely manner.
- Haydee observes these accounts and makes John aware. Connie Brown has been asked to when completing the discharge orders; this is when they need to discharge the patient from the system.

### ***Action:***

- ✓ Bob Jaime will contact Connie Brown, Ron Pimental, and Carol Miscivic regarding the process for "discharge patient's".

## **VI. EMTALA Discharge's**

- 1 application, 6 Insurance, 3 arrangements, 15 into patient status, all others unable to reach. Inpatient side, 17 applications, Insurance on 13, 1 agreement for arrangements, still working on 10, 1 expired. 3 more med apps and 4 working for un-docs.
- 000 from previous day. Total 38: 25 made phone calls and no contact, left messages, 1 had insurance, 1-bad phone #, 5 pay arrangements, 1 went inpatient status, 5 Spanish speaking only and the staff working are not Spanish speaking. Made attempts on all patients and will make a second attempt today. Today's report will be worked today.
- Self-Pay report will continue to be used.

## **III. Any other Issues:**

- OK*
- The 950 Expected Reimbursement calculation is not working. Virginia and Cyndie Spallitta are working on this issue.
  - Requested a 2<sup>nd</sup> carrier for VA 1.) Action Military, 2) Millennium

### **Action:**

- Cyndie Spallitta will be asked to create the (2) carrier's mentioned above.
- Virginia will meet with the decision makers.
- Next steps will be to ID the front end hospital registration errors. Will initiate a QA after Patient Accounting Training is completed next week.
- Temple and Becky will review the backlog in coding.

**Minutes Approved By:**

Ross Fidler, Revenue Cycle, Director

Date

RA 000390



# ACS Committee Meeting

## July 20, 2005

**Attendees:** Ross Fidler, Revenue Cycle Director, Temple Cole, Revenue Cycle Assistant Director, Diane Mazzei, Revenue Cycle Manager, Bob Jaime, Revenue Cycle Manager, Nancy Newman, Operations Manager, PFS, John Cramer, Operations Manager, Patient Access Services, Virginia Carr, Director of Eligibility, Becky Bratten, Director of Medical Records and Kevin, Great Lakes Representative, Haydee Florentino, Director of Case Mgmt.

Ross Fidler, Revenue Cycle Director opened the meeting at 8:00am.

### I. Process for Retro-Auth Medicaid Accounts:

- If determination is within the 90 day period for the nurse has to review it and the decision is made on the 89 day, they come in on the 95th day and the chart's not there, we can appeal it because we are in the 90 day of the 89 day.
- Becky said they have to have it within the 90 days to the reviewers. This gives them a tracking mechanism.
- Ross is trying to relieve the EFC's from the cumbersome work. Great lakes will be helping with these processes. This will allow the EFC's to focus on the clinics and the in-house people.

#### **Action:**

- Virginia will meet with her Managers and set time frames for Great Lakes staff to consume these functions.
- The 800 bucket, "Denial of application", represents the A/R. Ross would like the 800 bucket to be worked by the Great Lakes staff. Ross and Kevin will work out how many accounts will be given to Great Lakes.

#### **Action:**

- *working* Virginia will give the report that list's all the accounts by bucket, to Bobbie Jensen to write a program that will automatically change the payor. This will eliminate all the keying.
- The Great Lakes staff working the ER, will be ~~working this area only~~. Other Great Lakes staff may need to be brought in for screening. Or between 7:00 & 10:00, the staff may be able to do other functions.

### II. Denials:

- Diane Mazzie, is developing a plan as to who will be responsible for denials.

#### **Action:**

- Ross is requesting a Policy & Procedure and or flow chart be available next week for review.

- Denials in Patient Access the clinical ones, the writing of these denials, Medical Tech left 3 weeks ago, have 60 denials and no one to work them. These are internal. These are not clinical.

**Action:**

- Ross directed John to send these 60 denials to Diane Mazzei.

**III. Review of Minutes:**

- Sammy Tuller*
- ✓ John spoke to Ernie regarding the head-sets. Ernie followed-up stating he will check into the pricing and get back with him.
  - ✓ Virginia is awaiting a phone number for the Medicaid – Medically Indigent Letter. Virginia did send Becky the letter to begin the process of translation of the letter.
  - Meeting with Accordis today to complete finalization.
  - John had asked Nancy to verify, “empanelled physicians” with Renee Nemchek. Nancy did not have.
  - The committee reviewed the EFS/GLM process flow chart and changes were suggested.

**Action:**

- ✓ Virginia will make the necessary changes to the flow chart recommended by the committee. All processes and decision points included.
- ✓ Virginia was asked to set up a meeting with Great Lakes, Ross and herself to review the processes.
- The committee discussed the Discharge Process. These processes need to be reviewed and *updated*.

**IV. EMTALA Update:**

- John reviewed the “3” day automatic system. There were some problems and they are working on them.
- Nancy noted the 950 Expected Reimbursement is working now.
- John and Nancy will follow-up on the request for a 2<sup>nd</sup> carrier for Action Military and Millennium after the meeting today.
- Back-log on coding. Carrie is out. Becky will be meeting with her staff. It all reflects on
- Plans will be sent to Ross to review the Coding process. Ross will share this with the committee.
- Becky will write up the paperwork for a Data Clerk.
- Nancy met with Deb and Lee Myers regarding Data Mailers. Deb is working with a programmer to see what can be done.

Minutes Approved By: \_\_\_\_\_

Ross Fidler, Revenue Cycle, Director

\_\_\_\_\_ Date

RA 000393





# ACS Committee Meeting

## July 18, 2005

**Attendees:** Ross Fidler, Revenue Cycle Director, Temple Cole, Revenue Cycle Assistant Director, Diane Mazzei, Revenue Cycle Manager, Bob Jaime, Revenue Cycle Manager, Nancy Newman, Operations Manager, PFS, John Cramer, Operations Manager, Patient Access Services, Virginia Carr, Director of Eligibility, Becky Bratten, Director of Medical Records and Kevin, Great Lakes Representative, Haydee Florentino, Director of Case Mgmt.

Ross Fidler, Revenue Cycle Director opened the meeting at 8:00am.

### **I. New Business:**

- Great Lakes will be an extension of Eligibility, providing 24-7 coverage. This may change in the future to better assist Eligibility Financial Services.
- Virginia stated out of 54, 19 accounts were discharged and the other 35 escaped or will discharge by nursing today.
- John reviewed the 7/16 0045 report. This report shows how many patients received services. The handwritten numbers indicate there were discharges and shows carrier charges. John added a DC-Disposition Code, 79911. John continued to explain the report.

There are approximately 18-20 escapes a day. These are actual patients that did not receive there second "financial screening".

John explained the discharge process stating the system will auto-discharge a patient within 3 days, 72 hours for all Out-patients and the Inpatients no auto-discharge. After 72 hours in the ER, the patients are either admitted, observation or escape.

On the 17<sup>th</sup> report, 56 accounts were referred to Virginia

- Sunday: 3 applications, 6 insurance, 9 inpatient status, Friday: 7 applications, 1 insurance, 1-1011, 12 Inpatient. Virginia reported her staff will be working the 000 report by the next morning. This begins today.
- It was noted inpatients are assigned a caseworker, except for Labor & Delivery and Peds. Each one is assigned an eligibility worker.
- UMC is obligated under the EMTALA to accept some transfer patient if they need a specialized unit.
- UMC treats the transfer patients because other facilities can't treat them. It was stated, there should be an agreement stating once we treat the patient and stabilized them, they can be returned to the facility that transferred them.
- The Administrator on call approves all transfer patients.
- Case Management gets involved with Transfer Patients the day after.

RA 000395

- Ross questioned, why can't we get a faxed statement from the Administrator stating they will take the patient back once stabilized. Virginia stated they are legally responsible for taking the patient back, but they state the patients has an increased level of care and they won't accept them back.
- It was suggested Lacy, meet with some of the Nursing Home Administrators and sign an agreement.
- Virginia stated we do have a UMC agreement. We only sign these agreements when we have a county guarantee back up. It's a financial agreement between the Nursing Home and Virginia.
- Educating the on-call Administrator would help. Virginia said it was suggested they be brought into the meeting.
- Facility transfers are only from 8:00 – 5:00. Perhaps the Administrator could not accept until they are financially screened.
- Medicare part B only; can we split bill these accounts. The issue is the patient needs outpatient dialysis. Patient does not have part B, therefore no one will take him for dialysis. Patient ends up in our ER.

***Action:***

- Ross will contact Dennis Dusak and ask for a copy of the "Transfer" Policy & Procedure.
- Medicare part B only; can we split bill this. The issue is he needs outpatient dialysis. He does not have part B, there for no one will take him for dialysis.
- UMC continues to work with other dialysis centers so that we don't incur the cost.
- Hydee stated that pts from other facilities have been given an instruction, to go to UMC ER for op dialysis. This is given to Blain Claypool.

***Action:***

- If pt has been here for 60 days it's given an interim bill. At 60 days, on an interim bill, Victoria will contact Sue Kemper.
- Nancy will have Bobbie run a report of all patients that are in-house, greater than 60 days, that have some type of insurance, not equal to self-pay. From this list we should be able to interim bill.

**II. Patient Accounting Move:**

- Nancy met with Dan Pacleb regarding the move. Nancy has asked for Ross's assistance.
- Ross spoke with Dennis and two staff were due to report to Eligibility today. No one has seen them. Kevin has a call into Dennis.
- Virginia has set up Orientation.

### **III. Update: Medicaid-Medically Indigent Letter**

- The committee reviewed the changes to the 'Medically Indigent Letter'.

#### ***Action:***

- The letter now fits on one page.
- Needs to be approved by the Forms Committee then translated into Spanish.

### **IV. Updating Accounts by Eligibility:**

- Virginia and John will begin working on a training plan by the end of the week.
- Regarding the Nevada Laws, Don was off on Friday. The statute 695G.170, which makes reference to the fact that authorization, are not required for ER patients. The state and federal statute even though you sign an individual with providers, they cannot supersede individual contracts, they have to be compliant with state laws.
- The Committee discussed Urgent Care vs Primary Care. When a person walks into Urgent Care, why can't person's who are truly not urgent why not sent over to Primary Care. With an appt you are seen in the Primary Care, otherwise you are seen in the Urgent Quick Care. The key is having an appointment.

### **V. MVA's**

- Virginia is waiting for phone numbers.

### **VI. Collection Agencies:**

- Sharon has started setting up meetings for Ross & Temple to meet with the Collection agencies next week.

### **VII. 2<sup>nd</sup> Screen Training:**

- This goes back to the Carrier Update.

### **VIII. Self Pay #1 Letter (Nancy Newman):**

- Day 1- The EMTALA/Selfpay will be included with a return envelope.
- Itemized statement after coding
- 14 days they will receive another letter
- 14 days, a track will be set up automatically write it off to 800.

#### ***Action:***

- Nancy will be meeting with Deb Thompson, IS and Lee Myers to review the data mailer processes with her.

- Sharon needs to set up a meeting regarding Self Pay Collections, inviting Temple Cole, Cindy Charyulu and Ross.

**IX. Other Business:**

- John Cramer – Could there be a decision on the new insurance screens, “what format do we want to put in data decision. We need to establish how we are going to input that information into the system and clarify terminology. (month date year, etc).

***Action:***

- Ross stated it should be month month/ day day/year year year year.  
(Include the slash).

**Minutes Approved By:**

\_\_\_\_\_  
Ross Fidler, Revenue Cycle, Director

\_\_\_\_\_  
Date

RA 000399

# ACS Committee Meeting

## July 25, 2005

**Attendees:** Ross Fidler, Revenue Cycle Director, Temple Cole, Revenue Cycle Assistant Director, Diane Mazzei, Revenue Cycle Manager, Bob Jaime, Revenue Cycle Manager, Nancy Newman, Operations Manager, PFS, John Cramer, Operations Manager, Patient Access Services, Virginia Carr, Director of Eligibility, Becky Bratten, Director of Medical Records and Kevin, Great Lakes Representative, Haydee Florentino, Director of Case Mgmt., Butch Ernest, ACS Tech

**NOTE:** *The recorded tape for this meeting is on file.*

Ross Fidler, Revenue Cycle Director opened the meeting at 8:00am.

### **I. Medicaid-Medically Indigent Letter**

#### **Action:**

- Virginia was unable to make revisions. Will continue with making the changes and bring them to the next meeting.

### **II. Triage Patients:**

#### **Action:**

The Committee reviewed the EFS "Flow-Chart" for ED

- The flow chart needs to include; Triage, 1<sup>st</sup> Registration, Bed placement, mini triage, medical screening..
- Ross would like a more detailed "flow-chart" (ie, decision points).
- Possible meeting to be held to discuss the suggested process change within the Triage Department.
- Introduction of Butch ~~Ernest~~ <sup>DUNAS</sup> who will be assisting Ross Fidler with reports and reviewing processes within the different areas.

### **III. EMSTAT:**

#### **Action:**

- EMTALA report for July 22, 2005 still missing some discharges from EMSTAT system will follow up with the report in tomorrows meeting.
- Should Robert Jaime be here this week John Cramer will follow up requesting more information / clarification on the ED registration processes that he and Steve Gray were working on.

RA 000400

**IV. Self Pay Report**

- John & Virginia reviewed their numbers with the Committee.

**V. Back-Log of Charts:**

**Action:**

- Ross directed Becky to approved bringing in the contracted Coder that can enter the charges. Charge entry/Coding backlog.
- 3 New positions, plus 1 that was approved. Becky will advise Human Resources of the positions.
- Becky will call Human Resources regarding the transfer of staff from one cost center to another.
- Becky has scheduled training for "Update Insurance Codes". Great Lakes will be included.
- Becky set up a meeting tomorrow to start the process of the EMSTAT charging entry. Deb Thompson will assist with updating the report.

Minutes Approved By: \_\_\_\_\_

Temple Cole, Revenue Cycle Assistant Director

\_\_\_\_\_  
Date

RA 000401





# ACS Committee Meeting

## July 26, 2005

**Attendees:** Ross Fidler, Revenue Cycle Director, Temple Cole, Revenue Cycle Assistant Director, Diane Mazzei, Revenue Cycle Manager, Shundra Mosby, Revenue Cycle Manager, John Cramer, Operations Manager, Patient Access Services, Virginia Carr, Director of Eligibility, Becky Bratten, Director of Medical Records and Kevin, Great Lakes Representative, Haydee Florentino, Director of Case Mgmt.

**NOTE:** *The recorded tape for this meeting is on file.*

Ross Fidler, Revenue Cycle Director opened the meeting at 8:00am.

### **I. Medicaid-Medically Indigent Letter**

#### **Action:**

- The letter is currently being translated into Spanish. Currently awaiting the phone number from Lee Myers. Virginia will contact Lee Myers for an update.

### **II. ED Flow-Chart:**

#### **Update:**

- The flow chart is currently in the process of being updated with more detail.

### **III. EMSTAT/EMTALA Report Summary:**

- John spoke with Ernie and Jim in IS and found the Emergency Clinical area has implemented a new process with EMSTAT that is affecting other areas.

The EMTALA Report shows accounts coded with 'wo'(walk-out). These accounts were discharged from the EMSTAT system but the disposition with EMSTAT is not interfacing with the MedSeries System. John reviewed today's report and has noticed the same pattern. This is a new procedural process that Clinical is doing and it is affecting us.

#### **Action:**

- John is currently working with Jim Poulos, IS, and will include Connie Brown regarding the EMTALA report/walk-outs. John will keep Haydee and Becky informed.

### **III. ASU Recommendation:**

John was able to speak with Bob Jamie. John asked if they could look at a 48-72 hour lead time when a Physician adds on to the Surgery Schedule. This request is necessary to give us a lead-time to secure Financial Authorizations or source of payment.

#### **Action:**

John will contact Dusty to help set up a meeting next week with John, Bob, Haydee, Shundra & Ross to review the flow of "Best Practices".

- John received a 00045 report on the 2ndary carrier. These accounts were registered with a carrier but the F/C was not updated. Therefore, they are not getting billed. John feels the staff may see the patient has a prior insurance source, move the carrier down to the 2ndary position, insert 0045 for the financial and 0045 for the first carrier, causing this problem.

#### **Actions:**

- John will review the processes with the staff and report back to the Committee on his findings. John will initiate training for the staff.

### **IV. Self Pay Registration:**

- John and Virginia reviewed their numbers on the 246 Patients Admitted

#### **Actions:**

- Virginia will provide a daily report showing the follow-up on 0045's by her staff.

### **V. In-Patient Track Flow-Chart:**

- Virginia presented Flow-charts on In-Patient track.

#### **Action:**

Ross asked Diane for Statistics on Denials.

### **IV. Self Pay Report**

- John & Virginia reviewed their numbers with the Committee.


V. Other Business:

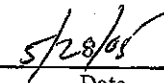
- Great Lakes staff will be attending the Vendor orientation on Monday.
- Becky is attending a meeting this afternoon regarding EMSTAT
- Haydee needs help with the Observation Status Patients. The report was reviewed.
- Inpatient/EFS Staff process discussed between Shundra and Virginia.

Action:

- John asked Haydee to fax to the order immediately to 3709, and include the fax confirmation. Haydee explained, some of her staff walk the orders down to Admitting. John needs to know who they gave the orders to. John would like the orders faxed along with the confirmation, to hold his staff accountable.

Minutes Approved By:

  
Temple Cole, Revenue Cycle Assistant Director

  
Date



## ACS Committee Meeting August 1, 2005

Attendees: Ross Fidler, Recycle Revenue Director, Nancy Newman, Operations Manager, PFS, Virginia Carr, Director of Eligibility, Haydee Florentino, Pat Huber, John Cramer, Operations Manager, Dennis Kibby, Becky Bratten, Director, Health Information Management, Shundra Bosby

Ross Fidler opened the meeting and introduced Dennis Kibby. With Kevin being out on a project, and Lilly in Orientation, Dennis would be filling in.

Ross said that he would be canceling all one-on-ones for this afternoon.

*Tuesday*

- D/C codes are going to be changed.

- 9's are patients referred to other clinics; which are part of their ER care, but are not physically treated in the ER. Needs to be taken off of the tracking.

- 7's are missing and manually discharged; not seen by physician.

- 1's are elopes. Discharged after being seen by a physician.

John said that he added time, to track trend for when these gaps in coverage occur.

*X*

- Virginia was asked when 24/7 coverage would occur in the ER; hopefully by the end of the week after orientation and computer training are completed today. EFS staff works 11:30a-10:00p, so they are not in the ER when the gap is happening. The EFS staff tracks everything that they do. On the 31<sup>st</sup> they did 2 apps, 9 patients with insurance, 1 1011 and 12 went in-patient.

*Must*

- The letter is ready to be sent. Nancy and Bobbie, IS need to reset data mailers from 30 days to 14; can activate this right away.

*\**

- Patients with 7 disposition code have registered, gone through Triage, have set down, possibly tired of waiting and left.

- Looking at the self pays, 3 have no discharge date. If these patients have been referred to EFS, they are possibly still in the ER; at least they have not been discharged or upgraded to in-patient status.

- On the report for Judy and Ariya, there are 41 accounts eligible for follow up. Accounts were changed to 5050 after insurance found; that the accounts were self-pay when arrived. There is no flag put on these patients in the ER for insurance. Only in-house patients and high dollar patients are verified.

0045

*Done*  
*all*

- Ross would like Diane contacted. Diane tracks denials; would like tracking done as a result of ER patients not verified.
- John stated that SSI should be here within the next 2 weeks to implement their automated verification and eligibility system.
- It was mentioned that more training on notations would be good.
- The EFS Field Reps focus on the high dollar accounts, however Ross suggested that if they are in the neighborhood, that they check on information for a smaller account, for example: telephone number incorrect.
- It was noted that previously we would make 2 phone attempts, data mailers would go out, and on the date of the last mailer, the account would automatically go into charge off mode.
- 803's: This bucket is for accounts that have made payment arrangements. We may need to have a separate bucket for pending payment arrangements. Nancy will create F/C.
- Ross said that he had someone coming in to audit agencies. Part of this process would be to negotiate follow up of payment arrangements.
- Ross would like to see these account printouts each day. Remind workers not to work ER zero balances.
- John Cramer to look into the problems of duplicate Medical Record numbers.

Minutes Approved By:

Ross Fidler, Revenue Cycle, Director





## ACS Committee Meeting August 2, 2005

Attendees: Ross Fidler, Recycle Revenue Director, Nancy Newman, Operations Manager, PFS, Virginia Carr, Director of Eligibility, Haydee Florentino, Pat Huber, John Cramer, Operations Manager, Becky Bratten, Director, Health Information Management, Shundra Bosby, ACS, Bob Heime, ACS, Judy Smith, Lilly Vallin, Great Lakes

Ross Fidler opened the meeting.

### New Business:

There were 19 patients on the NHP list for Friday, which, after moving patients, was 2 ½ million dollars less than the previous weeks listing, which is down from about 2 years ago when there were 45 patients on the list. Virginia stated that she has 3 nurses, 1 per diem nurse and 2 financial persons in the NHP Department. UMC does occasionally give a UMC Guarantee to the nursing homes, but only in cases of a good pending app and also where the County has backed with a County Guarantee. Virginia would like to meet with Haydee regarding the 7 day coverage currently in place. We are losing real connect time with the nursing homes with the current schedule for the nurses. Virginia feels we could expand the hours of the nursing staff.

### Old Business:

- A meeting will be held <sup>Tuesday</sup> ~~tomorrow~~ at 11:00am regarding the Discharge codes being changed, after which they should be set to go.
- Regarding 24/7 coverage for the ER, shadow training began yesterday following orientation. Virginia hopes that by the end of the week, that they will feel comfortable enough.
- Ross stated that he has a meeting tomorrow with the Union. Virginia stated that she has no intention of changing the ER/EFS staff hours. The Great Lakes will supplement the current staff; it is a temporary situation.
- Nancy stated she is meeting with Bobbie, IS to finalize the data mailers. The letter is set to go.
- The EFS letter has been sent to Sylvia Vazquez for translating to Spanish. Virginia will check on the status of the letter.

- 
- Ross questioned if anyone had an update on Point of Service. It was stated that the Board passed something in May, that it was presented to the Physicians Group, and that the Physicians stated that if they were going to triage and medically screen each person and not charge, that they would need additional funding and additional physicians. Haydee stated that she spoke to Dr. Carrison and he said that the program up and running effective yesterday. He also stated that they would be hiring 2 more physicians.

**Action:** John will look into this and to make sure that a process is in place.

- Ross received an e-mail from Diane asking about self pay denials. John said that these are the 0045's, that he has asked IS to provide additional resources. He should have more definitive information for Diane.
- SSI arrived yesterday, implementation has begun. We meet with him and IS this morning; IS to do their design process. We will then begin the education and training of the core groups and in turn, the core groups will take the education back to their groups and train. We will be testing today to make certain that we are pulling back the information needed. We can enter the correct insurance company information and it will go out and automatically verify the information, it will come back and tell us or write to the notes. (The coming back and telling or writing is the part that is currently not in place.)
- With Evidence of Coverage Documentation, an employer has certain terms that they agree to cover. We should be able to obtain this information and use it for each patient that comes in from this same employer. Will we be able to obtain this information from SSI. We need to look into this. We will be able to get information from participating companies. We do not have a signed agreement with Medicare at this time. Follow up with Don Haight, Contacts Management, for status.

The system has 1800 carriers going down to the employer level and can be expanded.

833's, pending file. There are no payments posted to this account.

- ✓ Duplicate Medical Numbers: There have been no consolidations since Y2K. John is looking into this.
- 0045's: Tracking by pod. Had IS add time for discharge and admit; will continue to monitor.
- 00 Accounts: They had 50 accounts, 1 appointment, 19 no contact, 5 insurance, 7 payment arrangements, 12 not valid # and 5 no resolution.

- 0045 Accounts: They reviewed 36, 28 left AMA, 1 appointment, 8 no contact, 13 insurance, 5 not valid #, 3 payment arrangements, 6 no resolution.

Minutes Approved By: \_\_\_\_\_

Ross Fidler, Revenue Cycle, Director

RA 000413

**ACS Committee Meeting  
August 4, 2005**

*Meeting of Omaha  
Medicare  
DA doesn't  
like word*

Attendees: Ross Fidler, Recycle Revenue Director, Nancy Newman, Operations Manager, PFS, Virginia Carr, Director of Eligibility, Haydee Florentino, Pat Huber, John Cramer, Operations Manager, Becky Bratten, Director, Health Information Management, Shundra Bosby, ACS, Bob Heime, ACS, Judy Smith, Lilly Vallin, Great Lakes

Ross Fidler opened the meeting.

**New Business:**

✓ Regarding the Senate Bill that requires us to post a sign letting the patients know that they may qualify for discounts; Mike Walsh has drafted the sign. It reads: Discounts on patient bills are available to all Clark County Residents who qualify. To find out if you qualify, apply with ~~staff~~ staff when you register. The question is to which department would they apply.

✓ John Cramer said that Admitting could do this, giving a letter to the patient, offering the discount up front, paid in full.

Virginia felt that the Account Reps should offer the discount since they currently handle this.

It was decided that the sign should read: To find out if you qualify, apply with staff when you register.

Ross believes that these signs will be posted in the ER and in the Quick Cares. It was noted that the only discount approved by the Board for the Quick Cares, is the sliding fee scale. He will look into where the signs are intended to be placed.

**Old Business:**

**Certificate Process:**

As of yesterday, Esther Hill was caught up to the day before yesterday. Kim Voss, PI, will have her nurses take care of certs until Nancy hires the position. Shirley in HR has 3 candidates, will fax apps.

### **Aged Receivables:**

Ross had a conversation with Susan McCarver regarding aged receivables. Susan said that they were looking good, but in reality, there are actually 1.3 million greater than 90 days, which there should be none. It was decided that we would give Pacific Care an aged trial balance to them, and they don't have it. Must follow through.

There was a document regarding Medicaid Billing, Nevada Hospital Assn. Review and accuracy that were given to Temple and he in turn given to Renee. This needs to be tracked down and given back to me.

JOC's: We committed to Sierra and on-going that we would send them an aged trial balance with payment issues a week or two prior to the next meeting. With another meeting coming up, we need to get the 8TB's out to all people in JOC. This way they should have the information ready to answer our questions.

### **ER Patients:**

There were 238 total ER/QC patients yesterday; 57 self pay. Ambulatory and OB pods, which is the Fast Track, have the most escapes, sometimes being treated and released before we get to them. We have not had a discharge code for walkouts, which is why the report still showed people in the ER. Jim Poulis has since added the code, which has brought the count down. The walkouts may still be the result of improper staff. John stated that he has submitted requisitions for hiring new staff; 2 for the Medical Records issue.

Great Lakes are still in training. Virginia would like to meet Monday for a department orientation.

### **Union:**

Great Lakes can be in the ER for 30 days only. We will need to hire new people or reevaluate current employees to cover the ER 24/7. Virginia and Shundra will evaluate the workload of current employees.

The Union Steward was very vocal about not having 24/7 at the Quick Cares. Will need to look into the whole area.

Great Lakes will be an extension of EFS. If they interview a patient, that is eligible, and they work the account, they will get paid the agreed upon contact rate. If they are not eligible, or there is another pay source, they will not get paid.

**Great Lakes Account:**

*New Contract*  
Great Lakes code is 833. This is a non-payment bucket. Once approved, it goes to another bucket. Virginia has a spreadsheet to keep track and balance accounts, which is manual.

A financial class needs to be setup for only Great Lakes to keep track of all monies for this account.

**SSI Training:**

✓ Staff is In the process of training, will roll out weekly as staff trained.

**ACS:**

Starting next week, there will be a meeting on Thursdays to discuss our team. Be prepared to talk about issues, what you are doing, and recommendations, in puts.

RA 000417



## **ACS Committee Meeting August 5, 2005**

Attendees: Ross Fidler, Recycle Revenue Director, Nancy Newman, Operations Manager, PFS, Virginia Carr, Director of Eligibility, Haydee Florentino, Pat Huber, John Cramer, Operations Manager, Becky Bratten, Director, Health Information Management, Shundra Bosby, ACS, Bob Heime, ACS, Judy Smith, Lilly Vallin, Great Lakes

Ross Fidler opened the meeting.

### **Current Business:**

The SSI terminal that we use to transmit is very archaic. We will be getting a new server which should be here in about 2 weeks.

### **Old Business:**

#### **Senate Bill:**

Spoke to Mike Walsh, there are not discounts given at the Quick Cares, therefore we will not be posting the signs at the Quick Cares.

The notation regarding promissory notes will be taken out. The suggestion was made that Admitting show the patient the cost, ask for payment, if cash or check used, then offer the discount. It was also said that there should be no discount given with a payment arrangement being made. Ross put this item on Hold to discuss further on Monday.

#### **Certificate Process:**

Certing for the County will go to Kim Voss until someone is hired. An e-mail was sent to Bertha at the County asking for a delay in stale dates due to transition. Nancy to look into this.

#### **Aged Trial Balances/JOC:**

The issue of the aged trial balances has hopefully been settled. When speaking of this, we need to make certain that we are all on the same page.

When a commitment has been made, and if it has not been completed the next day, send an e-mail and reset the expectation, we can't just leave it open.

### Great Lakes:

✓ Bob Purdue was working on the financial class yesterday. Will confirm with him today that it has been completed.

### SSI Training:

Training thus far has been concentrated on the QC Managers and key personnel in Admitting. We will roll out the final the week of the 15<sup>th</sup> for Case Management and ancillary services and be completed August 21<sup>st</sup>.

There are 2 major issues the first being that Nevada Medicaid does not work. We checked our system, it is OK, so it comes back to their system. They are working on it daily.

The 2<sup>nd</sup> issue is that we do not have a full rollout from IS and Icons on every Admitting terminal. We thought this could be done through a push system that they have, but it doesn't work in this instance. IS is supporting us with this.

The District Attorney has concerns with the contract language with Mutual of Omaha. Don Haight has been dealing with Andy Smith at Mutual of Omaha, but they have not gotten back to him since June 6<sup>th</sup>. We need to look into this further.

Judy informed us that the payer information being sent in is different than the website and some deductible information is not included. We might have to do an extra step to get this additional information.

United Health Care, Confirmation of Coverage, information is to be confirmed on the website for in patients, high dollar accounts. This will allow us more detail. We have the same issues with Aetna.

The office supervisors will continue to train and rollout the system.

### 0045's:

Total of 21 with 7 walkouts, 1 discharge, triaged, but not necessarily seen.

The ambulatory pod seems to be the primary concern. The report was shown to Connie, she will look into this. Bob to look at the ambulatory pod to see what is happening.

The Great Lakes people are training in the ER with EFS Staff. They are not yet ready to go on their own. Ross would like them on board and ready to go on Monday. If there is not an EFS worker available, Great Lakes is to talk to them and complete. Ross believes that a lot of the discharged home is due to lack of personnel talking to them. Maybe we need to reassign the staff.

*When*  
We need to use ACTS as a tickler system to tell us our work list. We need to get training on this.

Requisitions for personnel are in and approved. Shirley in HR will begin the hire process to hire on Monday. Ross requested a meeting be set up next week with Shirley and John. Admitting has 13 openings, hiring 2 on Monday, ranking applicants for future hire. The Business Office has 2-3 openings which have been hired and in the process of drug testing and orientation. There were 6 positions to take data entry off of the coders, 3 vacancies have transferred to. Beck has 3 people transferred and 3 waiting for processing.

**Spanish Line:**

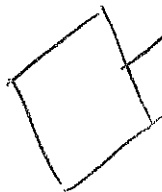
*to Review of Results*  
Dual handsets have been assigned to the Spanish speaking techs to assist for 1 hour per day with making calls. The language line has been found to be very cumbersome. The OB EFS workers are required to be Spanish speaking since 90% of our OB patients Spanish speaking.

**Field Reps:**

Sent out yesterday with 16. Results should be tracked and attached to the expense reports; accounts and dates.

*of*  
Patients that are brought in through Metro and are booked prior to being brought in for treatment, Metro should be responsible for payment. This was questioned.

If an account is brought up listing insurance, it was suggested that the name of the insurance company be left in system. We had previously been changing the insurance company name to 0045. Ross will check with Don Haight on this procedure.



*Tracy*

RA 000421

## **ACS Committee Meeting**

### **August 8, 2005**

Attendees: Ross Fidler, Recycle Revenue Director, Nancy Newman, Operations Manager, PFS, Virginia Carr, Director of Eligibility, Haydee Florentino, John Cramer, Operations Manager, Becky Bratten, Director, Health Information Management, Shundra Bosby, ACS, Bob Heime, ACS, Kevin Ellis, Great Lakes

Ross Fidler opened the meeting.

#### **I. Great Lakes Financial Class:**

- Nancy and Diane are working with Bobbie Jensen on creating the Great Lakes Financial Class.
- Ross spoke with Bob Mills and Lacy, regarding the agreement with Great Lakes and it was understood Great Lakes would get paid on accounts that are eligible for Medicaid. If Medicaid declines the accounts they will be reassigned to the Eligibility staff. The denial process will stay in place, and back-up will be provided by Great Lakes

#### **II. SSI Training:**

- SSI Training is in progress. It was noted the system does not give the actual percentage that the patient is responsible for. As of Friday, Nevada Medicaid did not have any solution. Another request was sent on Friday.

##### ***Action:***

- John sent a 2<sup>nd</sup> request on Friday, and will make personal contact with Nevada Medicaid this morning. He will also speak with them at their standard conference call on Tuesday.
- IS installed "EVE Verify" on two terminals in the ED. John will follow-up with IS making sure they have an accurate list of terminals currently needing the installation. John will include Ariya and Judy from Eligibility to the list per Virginia's request.

#### **III. Mutual Of Omaha:**

- Don Haight has been corresponding with Mutual Of Omaha since June 6<sup>th</sup>, and sent an email requesting the information and the corrections the District Attorney had regarding the contract language with Mutual of Omaha. Don Haight provided John a copy of the email response from Andy Smith, Mutual of Omaha.

##### ***Action:***

- John will discuss education with Don Haight.

#### **IV. EMSTAT:**

John reviewed the time-comparison on EMSTAT between the Primary discharge system and the time they arrived in the AS400 System. John determined there is an

interface issue with delays up to 2-3 hours before notification. John informed Jim Poulos, IS, and has asked for his input.

V. **Statistics:**

- **John Cramer:** 265 Patients were seen in the ER, 14 Patients left prior to their Screening Exam, 8 unable to contact for insurance information, 7 remain in the ED as of midnight and 32 were self-pay.
- Accelerated track will be in place by Thursday. Ross questioned if they will be going through the old accounts with the old process.

**Action:**

- **Accelerated Track Process:** Nancy will verify the 'Accelerated Track' Process and report back to the Committee.
- **15 Self Pays** that completed 2<sup>nd</sup> Registration; 3 that made appointments, 19 no contacts, 7 revised to insurance, 9 no ph #, 6 pay arrangements, 1 in-patient,
- **0045's:** 1 applicant appointment, 8 no contacts, 7 revised to ins, 8 pa, 2 undetermined.
- **Call-Back Follow-Up:** Ross asked to see the follow-up on the 'call-backs' and asked Virginia to follow-up on specific documentation listed on the reports.
- **New Process:** Virginia to set up a process for documentation stating, "I'll set-up a payment arrangement", so that Becky receives these in a timely manner for the coders.
- **Report Created:** Nancy will ask Bobbie to create a 'F/C of Pending arrangements report' for Virginia. The report needs the status code to identify that coding has been completed.
- **Uncooperative Patients:** Ross stated, if patients have a history and they are uncooperative, give these accounts to Great Lakes.

VI. **Spanish Line:**

The EFS staff has been using the Spanish language line, which has proved to be very cumbersome. Virginia has asked the Spanish speaking EFS staff to assist with Spanish calls.

VII. **ACTS Update:**

Nancy commented, ACTS is being updated by IS and she will follow-up with Bobbie Jensen.

VII: **New Hires:**

**Patient Access Services:** 1 person accepted, awaiting confirmation from the other hire.  
**Patient Accounting:** 2-3 persons hired, and will be attending the 8-22 Orientation.  
**Medical Records:** Becky has a call into Stephanie Merile regarding the 3 positions in Medical Records as these were not budgeted, but were approved by Lacy Thomas.

**VIII. Field Reps:**

- Ross would like to see back up included with the Field Reps expense report.
- Ross directed Virginia or a Manager to begin reviewing the Field Reps log, to confirm their contacts. This will be an ongoing process.

**IX. Metros:**

- John will meet with Kathy Silver and review the Metro contract. He will also confirm with the Verifiers which carrier they are placed under.

**X. QA Process:**

- Ross asked Temple to begin a training process with the Billers to stop any errors they receive from the front-end.

**XI. Ultrasounds:**

- Haydee states they are receiving numerous denials due to Physician issues. Also, two Cardio Procedures were canceled due to nursing staff. Therefore, we keep the patient longer than necessary.

**Action:**

- Haydee will notify Lynn Scott again, regarding the Ultrasound situation and report back to Ross.
- Ross commented, any Physician issues need to be reported to Blain Claypool.

Minutes Approved By: \_\_\_\_\_

Temple Cole, Revenue Cycle Assistant Director

8/8/05  
Date

RA 000424





**ACS Committee Meeting**  
**August 09, 2005**

Attendees: Ross Fidler, Recycle Revenue Director, Nancy Newman, Operations Manager, PFS, Virginia Carr, Director of Eligibility, Haydee Florentino, John Cramer, Operations Manager, Becky Bratten, Director, Health Information Management, Shundra Bosby, ACS, Bob Heime, ACS, Kevin Ellis, Great Lakes and Judy Smith, ACS Director of Patient Access Services

Ross Fidler opened the meeting.

*DM Code*  
**I. Great Lakes Financial Class:**

- Nancy worked with Bobbie Jensen on creating the Great Lakes Financial Class. Nancy created an account "Mickey Mouse" and reviewed the system process and manual process with the Committee
- When these accounts are returned uncollected, Eligibility will remove the GL and the Y in the system.
- Self-Pay and Medicaid Pending processes were discussed by the Committee.

**Action:**

- Ross would like the following phrase added, "Once approved by Medicaid", EFS/Great Lakes staff will manually enter the Great Lakes GL code.

**II. Old Business:**

- OK*
- **SSI Training** is ongoing, through the 25<sup>th</sup>. IS has moved forward with installation of the SSI software. This particular software has not been installed at the Rancho Site. The expectation is to verify that the Emergency Department is on SSI.
  - **The Committee discussed the verification process.** It was noted Verifications have not been completed due to volume and resources. All identification documents are kept in Admitting for 60 days then purged.

*will have*  
**Action:**

- Ross gave a directive to have all copied identification documentation sent to the Business Office, Eligibility and the Physicians.  
John will write a policy and procedure on all Non-SSI accounts.

- **Mutual of Omaha:** John continues to contact Don Haight, and has not been successful.

*Follow up today*  
**Action:**

- Ross will discuss the issue at the Steering Committee meeting today.
- John Cramer will write up the Policy and Procedure for Ross to review.

**EMSTAT:** Becky, John and Jim Poulos will be meeting today at 1:00pm to discuss the interface issues.

**Accelerated Track Process:** Nancy will have an answer by the end of this week.

**F/C Pending Report:** Nancy sent in the request to IS. She will need the two printer names IS needs to send the report to.

5000  
8000

**ACTS Update:** Nancy spoke with Bobbie Jensen. We are ready to move forward. demo's will be set up in the future for all areas.

**PASSPORT:** Until SSI is 100% percent operational, Passport will be used and available to staff that needs it.

**New Hires:** Patient Access Services: They are in the process of offering the position.

**Medical Records:** Becky has a call into Stephanie Merile regarding the 3 positions in Medical Records.

**Field Rep Logs:** Virginia has started reviewing the Field Rep logging process.

**Uncooperative Patients:** Ross stated, if patients have a history and they are uncooperative, give these accounts to Great Lakes.

**Metros:** John did verify that if a person is brought into custody, and they are not booked, they are Self-Pay. Agencies will not accept responsibility. If they are booked we have a contract with Metro depending on the circumstances. If it is pre-existing they will not pay, if patient was injured by their facility they will pay. We do have contracts for prisoners, but again, pre-existing is not covered.

**QA Process:** Temple has begun the QA process within the Business Office. John Cramer's staff will take care of the front-end QA process.

**Ultrasounds:** Please note, there is a correction to the 08/08/05 Minutes, XI -Action item #1. Lynn Scott has no jurisdiction towards Ultra-Sound. Haydee stated, she would continue to send the delays to Cindy Roehr and Blain Claypool, to start a correcting process.

### III. Cast Clinic Follow-Up:

**Action**

- John and Judy will contact Blain Claypool to discuss the timeliness of the Registration staff at the cast Clinic. Yesterday, Patient Access Services was short staffed and the Registration person showed up 20 min late.

### IV. Review of Accounts:

- Bob, John and Judy reviewed the accounts on EMTALA and explained their findings to the Committee. (11) Eleven were in the Ambulance pod. Two out the 8 unable to contact, they had escaped from the back area. Part of the problem is staff. Once the person is hired to fill in for break's will help.

**Action:**

- The examples will be kept to review with Connie.

### V. Great Lakes Update:

- The Great Lakes staff started working yesterday; it will take two days for them to have access to EMSTAT.
- Virginia explained another alternative is to bring up the account and if you see it has been from 0045 to 000, it is ok to speak with the patient.

**Action:**

- John and Virginia will work out a process for the retrieval of the EMSTAT form.

**VI. Section 1011 Billing:**

- Shundra, Virginia, Mike Walsh & Pete met with Dr. Ruben regarding "Section 1011". Dr. Ruben was speaking for the 'Emergency Physician Group' and stated, "they are "interested" in doing their own billing." Virginia reiterated this is just an interest

**Action:**

- Ross stated, 'Administration would have to make the decision.'

**VII. Out of State Medicaid Contract:**

The Out of State contract for Great Lakes is in Administration for signature..

Minutes Approved By: \_\_\_\_\_

Temple Cole, Revenue Cycle Assistant Director

\_\_\_\_\_ Date

RA 000429

# ACS Committee Meeting

## August 11, 2005

Attendees: Ross Fidler, Recycle Revenue Director, Nancy Newman, Operations Manager, PFS, Virginia Carr, Director of Eligibility, Haydee Florentino, John Cramer, Operations Manager, Becky Bratten, Director, Health Information Management, Shundra Bosby, ACS, Bob Heime, ACS, Kevin Ellis, Great Lakes and Judy Smith, ACS Director of Patient Access Services

Ross Fidler opened the meeting.

**NOTE: THE MEETING WAS HELD IN A U-SHAPE ROOM (The recorder did not p/u all the voices. Ross's voice was strong enough to p/u some of the meeting.)**

### **I. ER Registration Discussion:**

**Committee needs to think about "work-arounds".**

- **0045's: (Voices to low):** In regards to a "process redesign", Ross suggested a meeting with Patient Access, ER, and the doctor that completed the procedure. All processes need to match.

#### **Action:**

- Ross directed Bob to set up a meeting with the ER Director to discuss his observations. John and Judy need to be included and anyone else impacted.
- Shundra commented, 'supervision needs to be reviewed in the ER.' Ross would like these issues to be discussed in the above meeting.
- **(Voice to low)** The group was asked to consider using a panic button to assist with 2ndary registrations, or possibly additional staff.

### **II. Old Business:**

- **Great Lakes Data Mailer:** The Great Lakes Data Mailer Code is ready to be used. Nancy informed the committee that any reports identify, need to be requested from IS
- **SSI Training** John continues to move forward.
- **Copied identification documentation** will be sent to the Business Office beginning tomorrow.
- **Non-SSI Account's Policy:** John is in the process of writing up a draft.
- **Mutual of Omaha:** Ross addressed the issue at the Steering Committee.

#### **Action:**

- Ross/John will continue to follow-up with Don Haight making sure it is finalized.
- **EMSTAT:** The interface issues will hopefully be resolved by tomorrow.
- **Accelerated Track Process:** Nancy will have an answer by the end of this week
- **Financial Pending Report:** Request has been placed to IS. \

- **ACTS DEMO:** Nancy is working on the ACTS Demo Scheduling.
- **PASSPORT:** Continued to be used in Admitting. Ross mentioned Judy has experience in Passport if training is necessary.
- **New Hires:** (Voice to low) Becky has tried to contact Stephanie, but has been unsuccessful. Ross will be meeting w/John & Shirley and John Espinosa this afternoon regarding staff.

**Action:**

- Ross will address the staffing issue at the next Steering Committee.

- **Field Rep Logs:** Virginia continues reviewing the Field Rep logging process and agreed that it will reflect the 'expense report'.
- **METRO:** (Could only hear Ross); A Cash Report is being developed for cash tracking, there is a carrier code for metro and there was money posted from acct during the month of July. We are receiving payment.
- **QA Process:** QA process has started within the Business Office. John Cramer's staff will take care of the front-end QA process.
- **Cast Clinic Issue:** Has been resolved.
- **EMTALA:** Accounts are being reviewed with Connie.
- **Great Lakes:** (Voice to low) Bob will meet with his staff & Virginia will call Connie.
- **Out of State** contract for Great Lakes is in Administration for signature.
- **Point of Service Conversation:** (Voice to low) could only hear Ross. EMTALA states we can't delay treatment. The question was asked; If we have point of service, could we get the information before the physician see the patient. (Voice to low)

**Action:**

Bob will talk with Connie regarding the "removal of stitches" in the ER.

Minutes Approved By: \_\_\_\_\_

Temple Cole, Revenue Cycle Assistant Director

\_\_\_\_\_ Date

RA 000431

RA 000432

**ACS Committee Meeting**  
**August 12, 2005**

Attendees: Ross Fidler, Recycle Revenue Director, Nancy Newman, Operations Manager, PFS, Virginia Carr, Director of Eligibility, Haydee Florentino, John Cramer, Operations Manager, Becky Bratten, Director, Health Information Management, Shundra Mosby, ACS, Bob Heime, ACS, Kevin Ellis, Great Lakes and Judy Smith, ACS Director of Patient Access Services

Ross Fidler opened the meeting.

**I. Positions:**

- Ross reviewed the Position Control Report and will be reviewing all positions within Patient Accounting, Patient Access Services, & Eligibility, to fill the (6) six positions needed in coding.

**Action**

- Ross will review all FTE possibilities.

**II. Old Business:**

- **ER Director Meeting:** Bob is setting up the meeting for Tuesday, August 23<sup>rd</sup>, and will include Dr. Hobbs, CMO-NACS, Practicing ED doctor.
- **Great Lakes Data Mailer:** Is ready to go. - *Reporting*
- **SSI Training:** Continues moving forward
- **Copied identification documentation** was sent to the Business Office yesterday.
- **EMSTAT:** The ER now has access to the rooms.
- **PASC Sister Company:** Ross explained the functions of PASC This Company would be working Early-Outs/Self-Pay Collections. The Eligibility process will also be reviewed. This proposal will need to be presented and approved by Administration.
- **ACTS DEMO:** Nancy is working on the ACTS Demo Scheduling.
- **PASSPORT:** Continues to be used in Admitting.
- **QA Process:** QA process has started within the Business Office and Admitting.
- **EMTALA:** Connie & Bob will continue meeting periodically to discuss any issues.
- **Out of State Contract:** The Out of State contract for Great Lakes has been approved. The Business Office is currently giving all of the billing to Great Lakes.

**Action:**

- Nancy will verify the codes for Out of State Medicaid have been changed in the Vital Works System. John will send out a memo to the Quick Care's to make them aware. It was noted we are now using 3 carrier codes Arizona/California/Generic.
- **Insurance Card's to the business office:** John is working on creating a Policy & Procedure.

RA 000433



*Barbara Smith 8/22/05*  
*Ross 8/22/05*

**New Policy and Procedure:** John will create a Policy and Procedure for "The carriers not on SSI, to use Passport/Eve."

- **Chart One:** The Electronic System used at UMC to review records. This imaging system is used to scan in information. Ross reviewed the Chart One contract with the committee and feels further review is necessary.

**Action:**

- Ross and Bob will meet regarding the contract.

- **Discount Policies:** It was noted that promissory notes are not being used. Ross discussed the upside of "promissory notes".


**Action:**

- Ross would like a meeting to take place between Lee Myers, Temple Cole and Nancy Newman, to review the promissory note process. Mike Walsh and Lacy Thomas agree this process should be used.

**III. New Business:**

- August 23<sup>rd</sup>, Kathy Kelly from ACS will be joining the team here at UMC. She will be working with Patient Access Services, focusing on ER processes.
- On August 29<sup>th</sup>, Toby ~~Smith~~ will be joining the team and he will be working out of the Business Office.

Minutes Approved By:

  
Temple Cole, Revenue Cycle Assistant Director

8/12/05  
Date



ACS Committee Meeting  
August 16, 2005

*OLG Ana Elaine Young*

Attendees: Ross Fidler, Revenue Cycle Director, Temple Cole, Revenue Cycle Assistant Director, Nancy Newman, Operations Manager, PFS, Virginia Carr, Director of Eligibility, Haydee Florentino, John Cramer, Operations Manager, PAS, Becky Bratten, Director, Health Information Management, Shundra Mosby, ACS, Bob Heime, ACS, Kevin Ellis, Great Lakes and Judy Smith, ACS Director of Patient Access Services

Ross Fidler opened the meeting.

I. Old Business:

- DO NOT DEED*
- ✓ Promissory Notes: The Promissory Note meeting is scheduled for tomorrow.
  - Joint Operations Meeting: Will be held on Thursday this week. The One Stop Meeting for Thursday will be canceled.
  - ER Director Meeting: Bob had to change this meeting to Monday the 22<sup>nd</sup> at 4:00pm. Ross asked Haydee and John to be invited to this meeting.
  - Check* • Sensitivity Study: Bob will review notes and confirm who committed to Peter Tibone; about completing a sensitivity study on changing the CDM pricing.
  - Great Lakes Data Mailer: Virginia reviewed the report that identifies which accounts go to Great Lakes. She worked the manual spreadsheet and put the code in to keep a historical tracking. All new approvals have been inserted and next she will put in a request for the report from IS.

Action:

- OK*
- Lilly will check with Dennis or Kevin in IS to confirm how they will report their progress on these accounts. Ross would like a bi-weekly report.

- List of logged staff requests*
- SSI Training: John's area is near completion. The 3<sup>rd</sup> shift staff was being trained today.
  - Passport Installation: Nancy has put in a request for the Passport software to be installed in all the registration area. Phase two will be the Quick Care Sites.
  - ✓ Copied identification documentation: Continues to be sent to the Business Office.
  - EMSTAT: The ER now has access to the rooms. Moving of the PC's has turned into a project which involves IS/Vendor's/Communications is all involved.

Action:

- Virginia noted Bob needs a PC.

*Friday*

Budgeted PC's: Admitting has 3 new staff starting that are in need of PC's. Patient Accounting has a UMC Lab-Top that can be utilized.

- PASC Sister Company: Ross continues waiting for the report. Should be in this week or next.
- ACTS DEMO: Nancy continues working on the ACTS Demo Scheduling.

RA 000436

- 8/22
- ✓ **EMTALA:** Connie is gone this week; Bob will meet with her again next week.
  - **Out of State Contract:** *This issue has been closed.* John explained a new procedural issue that began last week.
  - ✓ **Out of State Medicaid:** It was noted Out Of State was re-activated on Thursday.
  - ✓ **New Policy and Procedure:** John continues creating the Policy and Procedure for "The carriers not on SSI, to use Passport/Eve," And should have a draft by the end of this week.
  - ✓ **Chart One:** The Electronic System used at UMC to review records. Temple and Ross will meet to review the contract regarding the per-chart fee and flat fee.

#### Action

- Temple and Bob will review the contract, then a meeting will be set up with Ross to review their findings. Becky will be included in the meeting.
- **Scanning:** The need for scanners in the different areas such as Medical Records and Admitting was acknowledged.

#### Action

- Issues will be sent to Temple. Ross will send out the contract for review. Once reviewed Ross will call a meeting.
- August 23<sup>rd</sup>, Kathy Kelly form ACS will be joining the team here at UMC. She will be working with Patient Access Services, focusing on ER processes.
- **Kathy Kelly:** Will be here Monday, August 22<sup>nd</sup>, Kathy Kelly form ACS. She will be working with Patient Access Services, focusing on ER processes.
- **Datamailer Codes:** Need to be assured that Great Lakes accounts are verified with Datamailer codes.

#### Action:

- Ross wants a process to be sure that payments are allocated to the correct area, either EFS or Great Lakes.

Minutes Approved By:

Temple Cole, Revenue Cycle Assistant Director

8/16/05

Date

Send back to Bob  
8/22/05



**ACS Committee Meeting**  
**August 17, 2005**

Attendees: Ross Fidler, Revenue Cycle Director, Temple Cole, Revenue Cycle Assistant Director, Diane Mazzei, ACS Manager, Nancy Newman, Operations Manager, PFS, Virginia Carr, Director of Eligibility, Haydee Florentino, John Cramer, Operations Manager, PAS, Becky Bratten, Director, Health Information Management, Shundra Mosby, ACS, Bob Jaime, ACS, Dena Killy, Great Lakes and Judy Smith, ACS Director of Patient Access Services

Ross Fidler opened the meeting.

NOTE: My personal recorder broke, and the new Panasonic recorder is not picking up voice's.

**I. Old Business:**

- ✓ • **Sensitivity Study:** Bob will talk with Steve upon his return from vacation, regarding the sensitivity study on changing the CDM pricing.
- ✓ • **Great Lakes Data Mailer:** ~~This item is closed.~~
- ✓ • **Progress Report:** Lilly continues working on the progress report.
- ✓ • **SSI Training:** Continues in Admitting.
- ✓ • **IS Meeting:** Ross and Temple have a meeting with Dan in IS today to review IS needs.

**Action:**

- Becky and Haydee will send emails with their outstanding issues. *completed*

- ✓ • **Budgeted PC's:** The request for the PC's/Workstations in Admitting has been submitted to IS. John is still waiting.

- **EMTALA 00045 Report:** John prepared the EMTALA Report, and Bob reviewed their findings and there is an improvement on the 00045 reports. Bob also explained the color changes with 2ndary registration and will suggest color codes for different status.

*implemented*  
**Medicaid-Medically Indigent Letters (English/Spanish):** The forms were finalized and approved by the Forms Committee. The area code needs to be added to the form.

*Distributed Today*  
**ACTS DEMO:** Nancy continues working on the ACTS Demo Scheduling.

- **New Policy and Procedure:** John continues creating the Policy and Procedure for "The carriers not on SSI, to use Passport/Eve," And should have a draft by the end of this week.

- **Chart One:** The Electronic System used at UMC to review records. Temple and Ross will meet to review the contract regarding the per-chart fee and flat fee. The need for scanners in the different areas such as Medical Records and Admitting was acknowledged.

*get pink & PP to Becky*  
**Action**

- Temple and Bob will review the contract, then a meeting will be set up with Ross to review their findings. Becky will be included in the meeting.

**Action**

- Issues will be sent to Temple. Ross will send out the contract for review. Once reviewed Ross will call a meeting.

RA 000439

- II. 00045's – John Cramer: (Voice is too low) 27 total, John reviewed the totals. Bob will continue reviewing the ER process.
- III. 00045's – Virginia Carr: (Voice is too low) 9<sup>th</sup> and 10<sup>th</sup> follow-up, 18 no contact, 13 found insurance, 3 payment arrangements, 2 Great Lakes, 24 AMA Discussion regarding Insurance keeping their insurance on the Primary Registration. Self-Pay, 11 no contact, 3 revised to insurance, 4 invalid phone numbers, 1 payment arrangements, 1 AMA, Previous and Follow-Up 2, additional on treatments, 2-no contact, 2 payment arrangements, 2 unable to resolve.

**Action: (Voice is too low)**

- Ross will review the OIG Audit on processes.
- Judy will review policy on 2ndary Insurances.
- The accounts that are Self-Pay, but insurance is found, John needs a copy of the report.

- IV. Carrier Code 0026: John spoke, but could not hear him on tape. Becky spoke but could not hear her.

- V. Lab Charges: (Voice to low) —

*early  
maternity*

Minutes Approved By: \_\_\_\_\_

Temple Cole, Revenue Cycle Assistant Director

8/18/05  
Date





# ACS Committee Meeting

## August 19, 2005

Attendees: Ross Fidler, Revenue Cycle Director, Temple Cole, Revenue Cycle Assistant Director, Diane Mazzei, ACS Manager, Virginia Carr, Director of Eligibility, Haydee Florentino, John Cramer, Operations Manager, PAS, Shundra Mosby, ACS, Lilia Vallin, Great Lakes and Judy Smith, ACS Director of Patient Access Services

Ross Fidler opened the meeting.

### I. Old Business:

- **Position Control Review:** Ross reviewed the Position Control spreadsheet and will be looking at positions within the Division. If necessary, he will review positions hospital-wide.  
✓ Ross met with Dennis, Union Rep and discussed the future plans of re-organization of staff. The issues were understood and Ross is moving forward. The Committee reviewed the position control and discussed the options of re-organization.

#### **Action:**

- The target date for this plan is August 31<sup>st</sup>.

- **Sensitivity Study:** Bob will discuss the "sensitivity study on changing the CDM pricing with Steve upon his return from vacation.
- ✓ **IS List:** Committee Members will submit a software/hardware list to Temple, listing their needs within their department.
- **Budgeted PC Clarification:** (John Cramer) the budget PC's have not been ordered from IS. It was the "workstation" and the moving of the embosser, which was ordered and completed. This item is now closed.
- **Medicaid-Medically Indigent Letters (English/Spanish):** The forms were finalized and have been implemented. All staff has been oriented. The Committee discussed the tracking process.
- **New Policy and Procedure:** John finalized the procedure for "The carriers not on SSI, to use Passport/Eve" and should be able to distribute today.
- **Chart One:** Ross will meet with Becky to prepare the CER (Capitol Expenditure Request) and Purchase Order.
- **EMTALA:** Ross and the Committee Members will begin working on a plan.
- **John's Stats:** 231 Patients seen in the ER, 24 walk-outs, 14 not able to capture. 50% are from Ped's Fast-track. 1 left from the Triage area and was listed "discharged home" and 2-Ambulatory Pod.

#### **Action:**

- John will meet with Steve in Fast Track to retrieve validation of the 50% under his department.
- John will meet with Scott Glasic, IS Rep for EMSTAT, to determine 1004's, as patients are being discharged under this F/C.

**Virginia's Stats:** Inpatient - 55 Self-Pay on Census, 18-Applications, 5-Insurance, 3 Pay Arrangements, 16 still working, 4 holding-ability to pay for County., 1 Discharge, 5 ER Med Apps, 3 Undocumented.

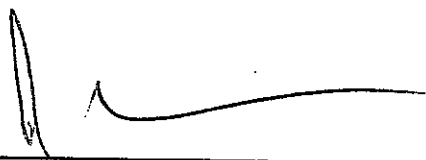
RA 000442


- Haydee : Needs access to Cactus.

Action:

- Virginia will assist <sup>Lilly</sup>~~Haydee~~ and follow-up as this was part of the requirement.

Minutes Approved By:

  
Temple Cole, Revenue Cycle Assistant Director

  
Date

\*\*\*\*\* PLEASE DELIVER TO Steven Cline/LYNDA HILLERBY \*\*\*\*\*

QUERY NAME . . . .	EMTALARPT	
LIBRARY NAME . . . .	HS#LIBR	
FILE	LIBRARY	MEMBER
PHPACCT	PH#FILE	PHPACCT
PHPLOCN	PH#FILE	PHPLOCN
PHPUNIT	PH#FILE	PHPUNIT
DATE . . . . .		08/21/05
TIME . . . . .		06:04:01

RPT OF EMTALA PATIENTS SEEN IN ER PREVIOUS DAY

RA 000445

## ACS Committee Meeting August 22, 2005

Attendees: Ross Fidler, Revenue Cycle Director, Temple Cole, Revenue Cycle Assistant Director, Virginia Carr, Director of Eligibility, Haydee Florentino, John Cramer, Operations Manager, PAS, Shundra Mosby, ACS, Lilia Vallin, Great Lakes

Ross Fidler opened the meeting.

### I. Old Business:

- ✓ **Position's:** Ross found 3 positions for Becky Bratten's area. 1 vacated position by Jim Perez, 1-FTE Ambulatory Education and 1-HIM Analyst, these 3 positions will allow her to move forward with having HR post the jobs.
- ✓ **Coding Back-Log:** Currently Becky allows the Outpatient Coders 1-2 hrs a day overtime to support the back-log. The Staledate report is reviewed and worked on a daily basis. Ross and Becky discussed moving some of the Rancho staff temporarily to help with the backlog. Ross stated, if more overtime is needed to go ahead and initiate.
- **Sensitivity Study:** Bob will discuss the "sensitivity study on changing the CDM pricing with Steve upon his return from vacation.
- ✓ **IS List:** The list is due today 8/22. The Committee Members will submit a software/hardware list to Temple, listing their needs within their department.
- **Virginia's Stats:** 49 Self-Pays were admitted, 8- Inpatient, 4-Pay Arrangements, 22- Still working, 1 out the door, 4, ER Med Apps. 0045's, 8-No Contact, 2-Insurance, 5- No phone numbers, 1-Pay Arrangement, 2- Resolved, 15-AMA. 000's 2-Apps.

#### Action

- ✓ • Judy and Shundra will review the "wrong phone # responses", making sure the right information is being retrieved and put into the system.

### II. New Business:

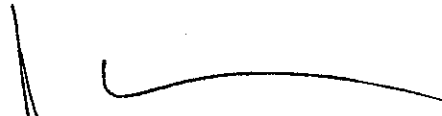
- **Discussion Regarding:** Front-End QA Process at 8/23 ACS Meeting.
- ✓ **Discussion Regarding:** "Buy-Out" of Casino's, ramifications for reimbursement.
- **Staffing:** Shundra is working with the Manager over the ER on 24hr staffing support. She will give an update report at tomorrows meeting.
- **Shift Change:** The Committee discussed the plan regarding shift changes and reorganization. This plan needs to be a priority.

#### Action

- ✓ • Ross will meet with Doug Spring to discuss the EFS job re-bid process..
- ✓ • Shundra & Virginia will speak with James in HR to discuss relocation/re-assigning process of staff.
- Lilia will review the staffing needs fro the 24 hr. period in the ER.

- ✓ Eric Fulks, County IS: Nancy received an e-mail for Eric Fulks stating "Cactus" will be broadcast and available to everyone.

Minutes Approved By:

  
\_\_\_\_\_  
Temple Cole, Revenue Cycle Assistant Director

8/27/05  
\_\_\_\_\_  
Date

RA 000448

## ACS Committee Meeting August 23, 2005

Attendees: Ross Fidler, Revenue Cycle Director, Temple Cole, Revenue Cycle Assistant Director, Virginia Carr, Director of Eligibility, Haydee Florentino, Director of Case Management, Shundra Mosby, ACS Manager, Kevin Ellis, Great Lakes, Becky Bratten, Director of Medical Records, Bob Jaime, ACS Manager, and Judy Smith, ACS Manager

Ross Fidler opened the meeting.

### I. Old Business:

*Done*  
**HIP Paperwork:** Becky will confirm that all the paper work has been completed for HIP. Administration will be taking this to the next Board Meeting.

*Done*  
**Position's:** The request's for the 3 positions in Becky Bratten's area were given to HR. Stephanie will review, sign and forward to Administration for proper signatures.

*Done*  
**Coding Back-Log:** Coders will continue working on current items along with the back-log. Coders may have overtime. (3) of the Coders have been reassigned to assist with ER's, and one Office Assistant will assist with "remote charge entry". Carrie has placed coders on overtime to keep up with the Quick Care's.

*How out*  
**Point of Service Meeting:** Statistics will be retrieved on Physician Triage. A discharge process will be created. It was suggested that each pod should have a Registrar to complete the registration process.

*OK*  
**Sensitivity Study:** Bob will discuss the "sensitivity study on changing the CDM pricing with Steve upon his return from vacation.

*OK*  
**Discussion Regarding:** "Buy-Out" of Casino's, Ross stated there is no issue as the insurance will not change

*OK*  
**24 Staffing:** Shundra and the ER Manager are using existing positions temporarily to assure 24 hr. coverage. This will continue until the "re-bidding" process is completed.

*OK*  
**Re-Assignment Plan:** Shundra & Virginia have created a plan that will allow them to move forward to identify what areas need reassignment eds to moved and then they will speak with James in HR to discuss relocation/re-assigning process of staff.

*OK*  
**Urgent Care Facilities:** Becky recommends is to re-evaluate Spring Valley. There is definitely a need at Nellis, Sunset, and Enterprise for an EFS person. It was stated an EFS person needs to be located at Lied Clinic. Virginia has hired a person for this area. Women's Clinic has a full-time EFS on site, but recommends a "Cash-Person" is needed

*OK*  
**ER Process:** Sundra discussed the issues in the ER. Judy is completing the paperwork for the Supervisor position in the ER. Bob will talk with Scott to discuss the color change for Registration.

- Virginia's Stats:** ER Patients – 2 applications, 2 insurance, 1 payment arrangements, 5 applications by Great Lakes. Inpatients 56 new cases yesterday, 10 applications, 11 insurance, 7 payment arrangements, 17 still working on, 4 holding on ability to pay, 1 discharge, 1 expired, 4 applications for Emergency Med.



- **Front-End QA Process at 8/23 ACS Meeting:** Judy is currently working the errors.

*Reviewing*

- **Governors Task Force:** Temple met with a Representative from the Governors office. She indicated that UMC needs to include additional verbiage on the "Conditions of Admissions" form.

**Action**

- Judy will contact the Compliance Officer, Trudy Mattson for follow-up.

- **Data Mailer Code:** To eliminate manual tracking of the "In-House approvals Virginia requested a second data mailer code.

**Action:** Nancy will create the code.

Minutes Approved By: \_\_\_\_\_

Temple Cole, Revenue Cycle Assistant Director

8/23/05  
Date



## ACS Committee Meeting August 24, 2005

**Committee Members:** Ross Fidler, Revenue Cycle Director, Temple Cole, Revenue Cycle Assistant Director, Diane Mazzei, ACS Manager, Nancy Newman, Operations Manager Patient Financial Services, Virginia Carr, Director of Eligibility, Haydee Florentino, Director of Case Management, John Cramer, Operations Manager, Patient Access Services, Becky Bratten, Director of Medical Records, Shundra Mosby, ACS Manager, Bob Jaime, ACS Manager, Judy Smith, ACS Manager Kevin Ellis, Great Lakes

**Absent:** Nancy Newman, and John Cramer

Ross Fidler opened the meeting.

- I. **Introduction of Kathy Kelly:** Ross introduced Kathy to the Committee Members. Kathy's primary focus will be the Emergency Department.

II. **Old Business:**

- **HIP Paperwork:** This has been completed by Becky.
- **Position's:** The paperwork for the 3 positions in Becky was signed by Stephanie and given to Administration for proper signatures.
- **Coding Back-Log:** Becky will meet with Carrie and Rolanda this morning to review the process.
- **Point of Service Meeting:** Bob met with Dr. McCord and discussed the "check-out process". Bob will review the Physician Triage and will plan a discharge area.

**Action:** Bob will work with the Physicians and prepare a flow chart of the Physician Triage process.

- **Sensitivity Study:** This Bob will discuss the "sensitivity study on changing the CDM pricing with Steve upon his return from vacation.
- **Re-Assignment Plan:** Shundra & Virginia spoke with the staff regarding relocation/re-assigning process of staff.

**Action:**

- Shundra and Virginia have set up a meeting to speak with James in HR.
- **Urgent Care Facilities:** Spring Valley is being observed. The Women's Clinic PA continues to be turned down, but Becky continues to send her Spanish speaking Rep. Admitting and the Business Office is being reviewed for a Spanish speaking Rep. A possibility may be using a Per-Diem person.

**Action:**

- Virginia will discuss upgrading her Per-Diem positions and other concerns with James in HR.


- **Front-End QA Process at 8/23 ACS Meeting:** Judy spoke with Trudy Mattson, and she questioned some of the content.

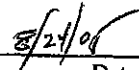
**Action:**

- Judy will meet with Trudy again regarding the verbiage on the COA.
- **EMTALA:** Ross explained the EMTALA process to Kathy.
- **Virginia's Stats:** 0045's, 16-no contact, 13-revised; obtained insurance, 5-payment arrangements, 2-inpatient, 2-unable to resolve, 25-AMA. Self-Pays, 3-no appointments for applications, 22-no contact, 12-revised to insurance, 8- no phone numbers, 5-payment arrangement, 4-went inpatient, 8-unable to have a resolution 1-handed over to Great Lakes, 5-AMA
- **Judy** explained that IS will roll out the current version of Cactus as soon as the firewall problem is resolved.
- **Bob:** Reviewed the Pre-Surgical Screening test Center with the OR Physicians. Some of the processes were discussed. They are very cooperative and willing to participate. Bob will continue to meet with the Physicians once a month. Anticipating around mid-September will be the kick-off date.
- **Temple:** Received an email for Dan in IS stating the Patient Accounting Department is high priority for "tech issues".

End of tape:

Minutes Approved By:

  
Temple Cole, Revenue Cycle Assistant Director

  
Date

RA 000453



**ACS Committee Meeting**  
**August 25, 2005**

**Committee Members:** Ross Fidler, Revenue Cycle Director, Temple Cole, Revenue Cycle Assistant Director, Diane Mazzei, ACS Manager, Nancy Newman, Operations Manager Patient Financial Services, Virginia Carr, Director of Eligibility, Haydee Florentino, Director of Case Management, John Cramer, Operations Manager, Patient Access Services, Becky Bratten, Director of Medical Records, Shundra Mosby, ACS Manager, Bob Jaime, ACS Manager, Judy Smith, ACS Manager, Kevin Ellis, Great Lakes

**Absent:** John Cramer

Ross Fidler opened the meeting.

**I. New Business:**

*OK* Address the preparation of 'minutes' to be completed and shared by Becky and ✓ Virginia's Executive Secretaries, as they are located at the hospital.

**II. Old Business:**

*IP ER DP* *OK* **Coding Back-Log:** Becky commented; inpatient is up, but outpatient and ER is down. Outpatient Coders have been reassigned to support the team.

**Point of Service:** Bob & Judy met with Trudy Matson, Compliance officer, they will again meet with Trudy, Dr. Hobbs to make sure they all are in agreement. Bob will verify they have the most current copy. (Could not hear what document they were speaking about). They will continue working on the process.

**Sensitivity Study:** (Voice too low) *15 run something - Today*  
**Front-End OA Process at 8/23 ACS Meeting:** Pat is contacting Robbie about required reports. *Team Peter*

**Note:** (Tape too low, next subject I could hear is Virginia's stats.)

- **Virginia's Stats:** Inpatient looks really good, 60 Self-Pay patients working yesterday, 22 applications and 8 of them with insurance, 3-payment arrangements, 14 still working on, 4 holding for ATT, 2 discharged, 7-Emergency Med Apps.  
**0045's:** 1-Appointment, 15-could not contact, 12-found insurance, 4-invalid numbers, 2-Payment Arrangements, 30 of the cases were AMA,  
**0000's:** 22-unable to contact, 7-insurance, 2-no phone numbers, 1-Payment Arrangement, 3-inpatient, 1-(could not hear), 1-AMA.

- ✓* • **Liens:** (Discussion about Lien's Tape too low).

- OK* • **Out of State discussion** (Tape too low) *referrals*

- **Medical Records/Eligibility Communication:** Virginia stated it's working well. (Could not hear responses from Ross, Judy or (I believe Kevin)).

- **Staff issues** (Tape too low)

RA 000455

- 4. Submit person*
- ✓ **Pre-Surgical Screening Test Center:** Bob held the first design meeting on Pre-Surgical Screening Testing Center. Outlines for the major procedures, on pre-registration, registration, Case Management, Care Management. This team will meet next week to review the 1<sup>st</sup> draft.
  - **Temple Cole:** Discussed 800,000 dollars written off to staledates, due to registrations not receiving medical records to code timely. (Two women's voices responded, tape too low). ✓

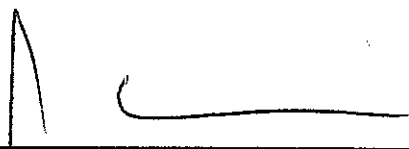
Temple stated Nevada Care is updating the "Member's Manual". Some of the changes are; Prior Authorizations/Referral Authorizations have increased from 30 day to 90 days. Temple continued to discuss other changes. The level for notification has been raised from \$250.00 to 400.00.

- ✓ Becky will review her Staledate Report to see if she is receiving bad information.

(Ross responded, voice too low).

- ✓ **Virginia:** Spoke with Shundra, the written document on the charge off process on ER money. (TAPE STOPPED)...

Minutes Approved By:

  
Temple Cole, Revenue Cycle Assistant Director

8/29/05  
Date





**ACS Committee Meeting**  
**August 29, 2005**

**Committee Members:** Ross Fidler, Revenue Cycle Director, Temple Cole, Revenue Cycle Assistant Director, Diane Mazzei, ACS Manager, Nancy Newman, Operations Manager Patient Financial Services, Virginia Carr, Director of Eligibility, Haydee Florentino, Director of Case Management, John Cramer, Operations Manager, Patient Access Services, Becky Bratten, Director of Medical Records, Shundra Mosby, ACS Manager, Bob Jaime, ACS Manager, Judy Smith, ACS Manager Kevin Ellis, Great Lakes

**Absent:** Bob Jaime, Judy Smith, Diane Mazzei,

Ross Fidler opened the meeting.

**I. New Business:**

- **Introduction:** Toby Shelby was introduced to the Committee. Toby will be working with Pat Huber on the CDM issues.

**II. Old Business:**

- **Minutes:** Ross will have Virginia and Becky Executive Secretaries help with the minutes, until the recorder is replaced.
- **Coding Back-Log:** Becky Absent.
- **Point of Service:** Will be discussed tomorrow.
- **Sensitivity Study:** (Response too low)
- **Front-End QA Process at 8/23 ACS Meeting:** (Response too low)
- **HFRI: October 1, 05,** is the ending date for the HFRI contract.
- **Per-Diems:** Shundra has a call into Melissa. (Other responses too low)
- **Pre-Surgical Screening Test Center:** Bob absent.
- **Staledates:** (Tape too low)
- **Triage:** (Tape too low) John could not be heard. Haydee mentioned space issues.
- **Nancy:** Talked about ACTS; she brought in training materials that were used in the past, and a template for criteria. This information was shared with Bob Jamie.
- **Virginia's Stats:** 11 applications, (Sorry voice to low)
- **Eligibility Per-Diems:** Virginia met with James. Virginia will meet with Melissa. (voice to low)
- **Shundra ER issues:** (Tape too low)

Minutes Approved By: \_\_\_\_\_

Temple Cole, Revenue Cycle Assistant Director

8/30/05  
Date

RA 000458



**ACS Committee Meeting**  
**August 31, 2005**

**Committee Members:** Ross Fidler, Revenue Cycle Director, Temple Cole, Revenue Cycle Assistant Director, Diane Mazzei, ACS Manager, Nancy Newman, Operations Manager Patient Financial Services, Virginia Car, Director of Eligibility, Haydee Florentino, Director of Case Management, John Cramer, Operations Manager, Patient Access Services, Becky Bratten, Director of Medical Records, Shundra Mosby, ACS Manager, Bob Jaime, ACS Manager, Judy Smith, ACS Manager, Kevin Ellis, Great Lakes, Toby Shelby, ACS Manager, Pat Huber, ACS Manager, Kathy Kelly

**Absent:** Diane Mazzei, Nancy Newman, Haydee Florentino, Toby Shelby, Pat Huber, Becky Bratten, Temple Cole

Kathy Kelly was added to the Committee Membership

Ross Fidler opened the meeting.

**I. New Meeting Schedule**

✓ Ross will ask Dusty to reset the meeting schedule for two days/week on Tuesdays and Thursdays throughout the month of September. The plan is to meet once/week beginning in October, unless there are major issues to be discussed.

**II. Point of Service Meeting**

✓ Bob asked to present the final draft to the ACS Committee prior to next Tuesday's full presentation. Ross thought it would be a good idea and scheduled the presentation for tomorrow morning's meeting.

**III. Prescreening Testing Center**

OK The first draft of new procedures will be gone over today. The meeting is scheduled to be in the Surgery Conference room from 11:30 – 12:30..

**IV. Eligibility**

There was discussion about what the registration staff will do in regard to self-pays and which services are available in order to verify information. Volume was discussed and it was determined that it may be necessary to have one more FTE. Shundra offered the services of her staff as backup.

• **Action**

Ross asked Kathy to contact Evelyn Conger and pull together a task force to find ways of capturing revenue before the patients get out the door. Task force members should include Virginia, Shundra, and Judy.

**V. Discharge Services**

There was discussion about patients being escorted out. Anyone with an open balance would automatically be brought to a discharge area. Ross wants everyone to think about ideas to keep patients from just walking out.

**VII. Manual Scheduling**

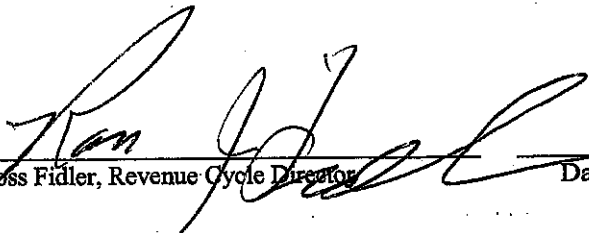
All units of the hospital use different manual processes for scheduling. Ross wants them all to be uniform and to ultimately be electronic using the surgery application as the model.

**VII. Cash Report**

Ross reported that the cash report is reasonably accurate and that Cindy Charyulu said that it was the best she's seen so far for this facility. There is starting to be an increase with the changes that have already been made.

This meeting was not recorded. Signature pending.

Minutes Approved By:

  
Ross Fidler, Revenue Cycle Director

Date

RA 000462

**ACS Committee Meeting  
September 1, 2005**

**Committee Members:** Ross Fidler, Revenue Cycle Director, Temple Cole, Revenue Cycle Assistant Director, Diane Mazzei, ACS Manager, Nancy Newman, Operations Manager Patient Financial Services, Virginia Carr, Director of Eligibility, Haydee Florentino, Director of Case Management, John Cramer, Operations Manager, Patient Access Services, Becky Bratten, Director of Medical Records, Shundra Mosby, ACS Manager, Bob Jaime, ACS Manager, Judy Ssmith, ACS Manager, Kevin Ellis, Great Lakes, Toby Shelby, ACS Manager, Pat Huber, ACS Manager, Kathy Kelly

**Absent:** Nancy Newman, Haydee Florentino, Becky Bratten, Virginia Carr, John Cramer

The next meeting of the Committee will be Thursday, September 8, 2005

Ross Fidler opened the meeting.

*No Meeting*  
**I. - Review of POS Clinician Draft for Emergency Department Leadership Meeting (attached).**

Document covers:

POS-Objectives and Critical Success Factors

POS Clinician – Roles and Responsibilities

POS Requirements

Fast Trac (Ambulatory) Requirements

Nursing Triage – Critical Success Factors

Ross and Temple suggested minor changes in the flow chart.

Ross suggested that once the model is approved there should be a committee consisting of people from patient accounting and admitting. There was some discussion about the discharge process. Whether or not the discharge personnel were from patient accounting and if the total objective (to collect cash) was understood by the ED.

*Sept 13 2005*  
**II. Capturing Revenue**

Ross followed up with Kathy about contacting Evelyn Conger. Kathy left messages and will continue to follow through.

**III. Emergency Department Problems**

There was discussion about problems in the ER. Wait time, the ability of patients to "beat the system", and clinicians attitudes.

**IV. Problems between Great Lakes staff and UMC Staff**

UMC staff is not being cooperative with Great Lakes staff. Perception could possibly be that Great Lakes people will take their jobs. The possibility of using a Temp. Agency was discussed.

V. **Business Office Success**

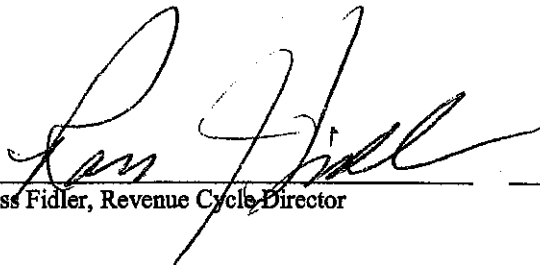
Temple reported that he's having a Pizza party for the office because they've been working so hard and getting results. He said that they are working together and it shows.

VI. **Burn Care Unit**

Toby reiterated the need for written procedures. He said that all schedules are done manually, and that there were no written procedures for anything. He also mentioned that the ambulatory coder can't keep up with the volume. She is, however, looking at the medical record and the charges on the screen. On the inpatient side, the nurses do the charging and some of the charges aren't getting reimbursed. He's going to meet with Melody today to try to implement some simple procedures to begin to resolve the problem. There was additional discussion about the possibility of using contract coders, possibly K-Force, or using temps.

**Action:** Ross will talk to Becky tomorrow about additional coders

Minutes Approved By:

  
Ross Fidler, Revenue Cycle Director

Date





## ACS Committee Meeting September 8, 2005

**Committee Members:** Ross Fidler, Recycle Revenue Director, Temple Cole, Revenue Cycle Assistant Director, Diane Mazzei, ACS Manager, Nancy Newman, Operations Manager, PFS, Virginia Carr, Director of Eligibility, John Cramer, Operations Manager, PAS, Shundra Mosby, ACS Manager, Bob Jaime, ACS Manager, Judy Smith, ACS Manager, Kevin Ellis, Great Lakes, Toby Shelby, ACS Manager, Pat Huber, ACS Manager, Kathy Kelly

**Absent:** Haydee Florentino, Becky Bratten

Ross Fidler opened the meeting at 8:00am.

Next scheduled meeting will be on Tuesday September 13, 2005. Dusty is working on scheduling all future meetings for Tuesdays and Thursdays.

✓ Evacuees have been put on hold. We are expecting 400-500 evacuees from the hurricane area. We will receive a 48-78 hour notice before their arrival. Virginia noted that we have 175 people that have come on their own accord. She will contact Brian regarding registration information. It is understood that we will bill the County, the County will bill First Health. ✓

### Current Business:

#### 1. Review of POS:

Bob updated decisions regarding the triage changes and Fast Track changes. It has been decided that 4 beds will go to Fast Track with the remaining 6 going to the ED. A discharge desk will also be put in. Steve and Bob have started a work plan. There are no follow up meetings planned at this time. Bob is working on implementing a time frame.

#### 2. Capturing Revenue:

✓ Kathy is scheduling a meeting for next week; the agenda is open at this time. She does want to get together with Evelyn regarding escapes from the ED, solutions and creative processes.

*Judy*  
**3. Emergency Department Problems:**

It was stated that persons were being discharged from the Triage. Will check the EMSTAT comments to see the Nurses' notes, which should show the reason behind the discharge.

**4. Problems with Great Lakes:**

*Done*  
Problems resolved; all Great Lakes personnel have been removed from the ED. A new hire is in the process of training. This should take about 2 weeks.

A bid is planned for 2 shifts in the ER and 1 for the Lied Clinic, permanent positions. The bid will be sent out, you allow 7 days, then go by seniority. Virginia doesn't foresee any issues regarding the bid. Would like this done as soon as possible. Would like in place by October 1<sup>st</sup>.

*Working on*  
**5. Burn Care Unit:**

Toby did speak to Melody in Burn Care regarding implementing policies and procedures; workflow processes. The nurses are charging for wound care and when billing receives the bill, they are removing the charges because they are not valid. A template is being worked up to be taken to the unit as a check and balance system.

*[scribble]*  
**6. Transplant Program:**

A discussion arose regarding the transplant program; Toby and Pat will follow up with Peter Tibone.

**7. Eligibility:**

*9-19*  
It is critical that information be obtained from the patient while in the facility. Once they have left, it is believed that all should go to Great Lakes. Shundra will hold a staff meeting in September to discuss and inform staff about Great Lakes and their role. Shundra will track results this month for in-house versus phone.

*Done*  
**8. Open:**

Self-pay letter has gone to Don Haight for final approval. IS is ready to move forward once we have this approval.

✓ Regarding Pharmacy Fill & Bill, if you have a current patient account and they appear to the Pharmacy within 7 days, the Pharmacy will fill their prescription and add it to their account. No Fill & Bill is required. This applies to self pay patients and penders.

✓ Virginia and Shundra to meet to discuss Ryan White Grant information.

Two new ACS personnel will begin work next week. Bob Whipple will work with Becky in Medical Records as well as with lost charges. Tina Melvin will work with Pat. This will free up Toby to work in other areas.

Meeting concluded at 8:58am.

Minutes approved by:

\_\_\_\_\_  
Ross Fidler, Revenue Cycle Director

\_\_\_\_\_  
Date

RA 000468



**ACS Committee Meeting  
September 13, 2005**

**Committee Members:** Ross Fidler, Recycle Revenue Director, Diane Mazzei, ACS Manager, Virginia Carr, Director of Eligibility, John Cramer, Operations Manager, PAS, Shundra Mosby, ACS Manager, Bob Jaime, ACS Manager, Kevin Ellis, Great Lakes, Toby Shelby, ACS Manager, Pat Huber, ACS Manager, Tina Melvin, ACS Manager

**Absent:** Temple Cole, Nancy Newman, Haydee Florentino, Becky Bratten, Judy Smith

Ross Fidler opened the meeting at 8:00am.

The next scheduled meeting will be held tomorrow, Wednesday, September 14, 2005. We had attempted to move the meetings to Tuesdays and Thursdays, however with the conference rooms being at such a high demand, we have not been able to do this. Therefore, the meetings will be held as they are currently scheduled on your calendars.

The Evacuee program has been placed on hold. For the evacuees that we have received, their insurance will be billed as primary until notified otherwise by FEMA. Virginia will find out about Medicaid; would like FEMA to be primary.

**Current Business:**

**1. Review of POS:**

Regarding the Triage and Fast Track changes, Bob is working with Connie Brown on a work plan.

**2. Capturing Revenue:**

Kathy has a meeting scheduled for Thursday, 9/15.

**3. Emergency Department Procedures:**

It was noted that there were patients discharged from Triage. We need to inform all persons involved, we do not discharge from Triage.

**4. Great Lakes:**

Shundra spoke to James in H/R regarding the bids. He was in agreement. This item is closed.

## 5. Burn Care Unit:

Toby spoke with Melody in Burn Care regarding the Policies and Procedures for that department. She is currently working on updating all of the policies. We are currently working on the template for checks and balances. There was a discussion about clinic charges being charged to patients, and then being removed by the Business Office. The clinic charges cannot be charged, but we are looking into another method for billing for the supplies used. New charge slips are being designed. It was noted that there are some problems with Material Management; that some charges are dropping off when billed. Will need to look into this.

## 6. Transplant Program:

Toby and Pat did speak to Peter Tibone regarding this. He stated that we have a new contract with HPN, but he also had some concerns regarding the contract. Ross tabled this discussion until the Thursday ACS meeting.

## 7. Eligibility:

Shundra has scheduled the EFS Staff Meeting for 9/19. Kevin has been invited to attend.

### Open:

The self-pay letter is ready to go to IS.

Regarding the Fill & Bill, the memo was sent out, and Pharmacy has given its approval.

The discount policy has been put into frames and will be hung. Virginia approved EFS to give the policy first to the patients, and if overload, will go to Customer Service second.

The business office is getting a nurse beginning October 10<sup>th</sup>. Renee will write a procedure for prior to October. Diane will write procedure for after October.

Bob Whipple, ACS, will return from surgery next week, and will begin work here Monday. Tina Melvin, ACS, arrived today and was introduced to all in attendance. Tina will be working with Pat Huber with charge capture.

Ross and Bob sat in on a meeting yesterday for Buck Consulting, HR Management. They will share an overview of this meeting at the ACS meeting Wednesday.

Meeting concluded at 8:40am.

Minutes approved by:

Ross Fidler, Revenue Cycle Director

Date



## ACS Committee Meeting September 14, 2005

**Committee Members:** Ross Fidler, Recycle Revenue Director, Temple Cole, Revenue Cycle Assistant Director, Diane Mazzei, ACS Manager, Virginia Carr, Director of Eligibility, Joy LaGuardia, RN, for Haydee Florentino, John Cramer, Operations Manager, PAS, Becky Bratton, Director Health Information Management, Shundra Mosby, ACS Manager, Bob Jaime, ACS Manager, Judy Smith, ACS Manager, Toby Shelby, ACS Manager, Pat Huber, ACS Manager, Tina Melvin, ACS Manager, Kathy Kelly, ACS Manager

**Absent:** Nancy Newman, Kevin Ellis, Haydee Florentino

Ross Fidler opened the meeting at 8:02am.

Ross and Bob sat in on a meeting Monday for Buck Consulting, HR Management. Ross explained the chart on performance and culture. The question is how to motivate in a union environment. With the right incentive, productivity and motivation will go up. We need to reach our managers so that they can reach their employees and find out what will make them happy. We cannot use a monetary incentive due to the union. Ross will go over the union contract and reviewed with Buck Consulting. Most union contracts are stated in minimums; i.e.: minimum dollars; minimum hours.

✓ Temple started the meeting off on a positive note. We paid a patients' Cobra for \$487.00 and have since received checks in the amount of \$315,000.00.

Coder ✓ Ross went over the Cash Report Evaluation. Cash collections for Medicare revenue are down. We need to move people out of the "house"; we can't bring money in until billed. We need to make certain that all are billed that can be billed. Ross will meet with Cindy regarding the cash report. Cindy has reported that funds are received, being used, but not posted. Becky said that Joe is sending the contracts overnight and will take them to Lacy for signature. Ross wants Pat to track bills out and payments received. *[initials]*

*[initials]* ✓ Ross asked Toby to begin looking into the Variance Reports on payment. Zero payments being posted as overpayments. The system has been reported as not working, and will be repaired.

*[initials]* ✓ A patient paid his co-pay, never received a bill until account had gone to collections due to an incorrect address. A letter needs to be sent to this patient with an apology. We need to notify the collection agency to remove the bad debt.



*af*  
Doug Northcutt needs to be involved in ABN. The system is not used due to outdated software. We need to make systemic changes and a manual process needs to be put in place to use now. John said that we had previously looked into 3 different companies regarding this. We will revisit these companies for updates.

*af*  
Ross brought up to Judy, the amount of medical records just sitting in Patient Access. They are status change issues with observations. Judy will share this with Bob Whipple look into this when he arrives. These are discharge records that we cannot drop a bill because the order is different from the status. Jhaco is coming in October-and we need to get this taken care of. We do have a tracking record for these. Bring them in today, change status today, and send them back tomorrow when the next ones are brought in. There should not be a backlog of records.

*clutter for 12*  
Judy, Becky and John will come up with a plan to present at the next meeting. Jcaho will be coming October 1. Need process in place before then.

*clutter for 12*  
The meeting with Lacy went well yesterday. J codes in the pharmacy system; no HCPCS codes for drugs. We will discuss this further in the one-on-ones Monday, looking for an explanation on how this happened.

*Judy*  
Regarding Rancho Rehab, Judy said that things are not going as planned. She will follow up with Haydee tomorrow, Thursday.

**Current Business:**

**1. Review of POS:**

*Follow up*  
✓ Bob and Kathy met with Connie Brown regarding resources and dates. It has been decided to do the Fast Track first. A meeting will be scheduled with Dr. McCort by Thursday to discuss not discharging patients from Triage. Bob to hand out an update at the next ACS meeting.

**2. Capturing Revenue, Escapes:**

Kathy has a meeting scheduled for Thursday, 9/15.

**3. Burn Care Unit:**

Working on billing supplies that should have been charged versus clinic charges. Should have this week. We will need to go back and assess whether or not these can be re-billed. A lot of these charges are in-patient and will depend on how we were paid by the payers.

**4. Transplant Program:**

Tabled until the ACS Meeting on Thursday.

**5. Eligibility:**

✓ Shundra scheduled meeting for EFS Staff on 9/19. Kevin has been invited to attend.

**Open:**

Self pay letters ready to go to IS, but when are they going to the patients. Follow up with Nancy regarding this.

Discount policy notices, waiting for Engineering to hang.

Toby is going to begin work on cash predictability.

An issue came up yesterday, that if a patient goes to Lied clinic and receives a written order from the doctor for medical reasons, he must be seen.

Temple stated that at the Ernst & Young meeting, they were very pleased with operations. They said that suggestions that had been previously made had been followed through.

Becky brought up the Chest Pain Center and the difficulty with coding services. Becky, Judy and John to work on this.

Toby and Tina are working on the transition.

Shundra discussed the ER process. Due to staff issues, we will not have the 24/7 coverage in the ER. Working on resolving this.

Judy stated that the 3 manager positions are to go to the committee today. These are budgeted positions and should be approved.

Virginia stated that she is working on the billing for the evacuees. She needs a report from Vital Works for individual evacuees. It has been reported that we have ~~1200~~ 2000 evacuees that have come individually to Las Vegas. Will determine primary billing process.

Minutes approved by:

  
Ross Fidler, Revenue Cycle Director

\_\_\_\_\_  
Date

RA 000475

RA 000476

## **ACS Committee Meeting September 20, 2005**

**Committee Members:** Ross Fidler, Recycle Revenue Director, Temple Cole, Revenue Cycle Assistant Director, Diane Mazzei, ACS Manager, Nancy Newman, Operations Manager, PFS, Virginia Carr, Director of Eligibility, Joy LaGuardia, RN, for Haydee Florentino, Case Management, John Cramer, Operations Manager, PAS, Shundra Mosby, ACS Manager, Bob Jaime, ACS Manager, Judy Smith, ACS Manager, Kevin Ellis, Great Lakes, Toby Shelby, ACS Manager, Pat Huber, ACS Manager, Tina Melvin, ACS Manager, Kathy Kelly, ACS Manager

**Absent:** Becky Bratten, Haydee Florentino

The meeting was opened at 8:05am.

### **New Items:**

- ✓ All Committee Members need to make your calendars accessible to Dusty for scheduling and re-scheduling of these meetings as necessary. If you need, contact Dusty at 2297 for instructions.
- ✓ Ross stated that the average length of stay for Medicare has been high. Joy thought it was due to the acuity levels being up and the new residents not discharging patients. There will be a meeting today at 1:00pm regarding this.
- ✓ SSI: They were up 28 million, now they are down to 8 million. Vital Works had 2000 claims, down to 200.

### **Old Business:**

- ✓ Cash Report: Cash is down which Ross will address with the Steering Committee. He believes that there are 3 reasons for this:
  - Acordis: When Acordis came in, the collections plummeted.
  - Average Length of Stay is up. Ross receives a report each morning showing the Average Length of Stay for the month. He would like to see the previous months for comparison. Joy will act on this.
  - Delay of Cash Posting. First Health stopped sending paper RA's. We are waiting for SSI to write the electronic RA process. Because of this, there is 2.3 million backlogged in cash posting, which are all outpatients. Ross will take to Cindy as to why manual posting is being done. Also, there was a \$900,000 settlement with NV Care on Friday, which has not yet posted.

These are the three primary reasons. They say there is no cash posting backlog, however, on the Flash Report, 24 million has been deposited but only 12 million posted.

### Variance Reports:

✓ Toby met with Cindy Spiallitta yesterday trying to go thru the Contract Management piece of the system. Will meet again tomorrow morning to go through the system; where it is, how you get to it. They will then go to the Business Office for training and plan to meet with the follow up and billing people to make certain that they have access to this information. There are some glitches in the system, one being when they try to enter deductibles and co-pays, it causes the program to not calculate payments correctly. Toby will look into this more tomorrow. He is concerned with the accuracy of the variance report, making sure it is as correct as it can be. Another concern is what to do after the fact of the variance and how it is communicated to the follow up staff, how it is flowing, how to improve.

10/17  
✓ **EMTALA:** Escapes: 266 patients in adult ER, 4 missed secondary (down from 20), 27 walkouts, 1 transfer to clinic. We can cut down on walkouts by reducing the wait time in half.

10/17  
✓ **Regarding the Reimbursement Management System and the Admitting System,** Ross suggests meeting with Siemens; have them check out the system to see if we are setup properly and if we are using the system correctly. Documentation is available on-line.

737,000  
✓ **ABN:** We talked about implementing a manual process. An alternative system is Healthworks Compliance Checker. It is internet based, can be interfaced to the PC where you are working and it is quicker than a manual system. Not looking at the long term, it is a good product and is less expensive. Bob also spoke to SSI, they will check into giving us a big discount, due to our recent business. Will schedule web cast this week so that we can look at it.

✓ **Bob** has sent out an e-mail with the location of the PC's where the application should be loaded which are at the place of registration processing. It was suggested that the patient be notified of the ABN, so that they know what they will be responsible for paying. Ross suggested that we get the process in place first.

✓ **J codes** in the Pharmacy system; no HCPCS codes for drugs. We will discuss further at the one-on-ones Monday, as to how this happened. Are the J codes loaded in the charge master system, are they interfaced; IS should be able to do this quickly.

✓ **Lied Clinic** has a concern whether patients should be registered as "P" (onetime visit), or "R" (recurring). If we have a hospital based registration or a physician based registration, the reimbursement is different based upon the contract. The opinion of this team is that it should be a "P".

**Current Business:**

10/13 ✓  
**Review of POS:** Bob and Connie met with Blain and also met with Dr. McCort last week. We requested for Engineering to look at some of the construction changes for Fast Track, but Blain thought that we should not meet with them until after Jhaco.

9/30 ✓  
**Burn Care Unit:** Regarding billing supplies vs. clinic charges, still working on follow up.

✓  
**Transplant Program:** Tabled until ACS Meeting on Thursday.

✓  
**Eligibility:** Staff meeting didn't go as well as thought. Employees are upset over the bid, that the bid listed the days off and the time, but does not list the department location. This is an HR decision.

**Open:**

Done  
The self pay letter is going out tomorrow.

Done  
The Lied Clinic issue: If a patient has orders from the doctor, he must be seen. Judy to look into this, to make certain it has been communicated.

Becky had mentioned the Chest Pain Center having coding problems, there is a meeting today, 9/20.

Becky  
9/30 ✓  
Eligibility ER coverage; there is a gap between 3am and 11am. An application has been selected and sent to HR to make offer of hire.

9/30  
Judy hasn't heard anything as yet on the 3 manager positions.

**Evacuees:**

Virginia has sent out the requirements for registering these patients. If they have insurance, this will be listed first as their primary. If they do not have insurance, Medicaid will be listed second. In all cases, these patients will be registered using the financial class 309 regardless of the primary. This will also enable us to keep track of these individuals. Nevada State is allowing us to screen and app these patients through December of this year. For patients that do not cooperate with information, the 3<sup>rd</sup> option is to send a payment package to Emergency Management, who will then send it to FEMA.

Minutes approved my:

  
Ross Fidler, Revenue Cycle Director

\_\_\_\_\_  
Date

RA 000479



## **ACS Committee Meeting September 27, 2005**

**Committee Members:** Ross Fidler, Recycle Revenue Director, Temple Cole, Revenue Cycle Assistant Director, Diane Mazzei, ACS Manager, Nancy Newman, Operations Manager, PFS, Virginia Carr, Director of Eligibility, Joy LaGuardia, RN, for Haydee Florentino, Case Management, John Cramer, Operations Manager, PAS, Becky Bratten, Director Health Information Management, Shundra Mosby, ACS Manager, Bob Jaime, ACS Manager, Judy Smith, ACS Manager, Lillie Vallin, Great Lakes, Toby Shelby, ACS Manager, Pat Huber, ACS Manager, Tina Melvin, ACS Manager, Kathy Kelly, ACS Manager, Deb Vetscher, ACS.

**Absent:** None

The meeting was opened at 8:03am.

### **Old Business:**

- ✓ Please make your calendars available to Dusty, if you have not yet done so,
- ✓ Average length of stay for Medicare has come down. It was up to 9 days and is now at about 7.5. Need to continue on these lines. Ross would like reports dating back to June of this year for comparisons. Joy will e-mail these reports to Ross.
- ✓ **SSI:** Still running about 10 million.

✓ **Cash Report:** UMC still has a cash flow issue. For the ACS Thursday meeting, I would like the team to come in with some ideas of how we can get the cash flow up. The same for this group, if there is anything we can do to generate cash, to improve cash, we need to start heading in that direction. When ACS first came in, there was probably a little dip in productivity, but this should be coming to an end, should start to see some improvement.

✓ **Variance Reports:** Toby reported that the contract management piece of the system that they are using is not being utilized properly. They get a daily report, which nobody is working. They have the ability to do a case mix, but the report doesn't show you what the payments are. Cindy hasn't been able to work the report for months. It is a process of trying to flow this through. I have a ticket in with IS, where I will be able to run specific queries by carrier, more specific time frames so that we will begin to look at historic trends, payers paying what they should be. Will meet with Cindy Charyulu regarding the cash posting process, making certain that is being worked properly. Five positions were transferred to Finance to do reconciliation, (4 for reconciliation and 1 for posting). If they are not going to be utilized as originally thought, than we would like the 5 people transferred back.



✓ **EMTALA:** We have a total of 253 patients that have come through the PEDS and Adult ER departments. There were 7 escapes. Once they get their discharge instructions, and medicines, they are gone. We have been communicating with Connie for help with the clinicians. We did meet with Connie and Shirley last week, we are all in agreement that there needs to be one point of discharge. We are not certain as to where it will be and how to flow patients through it and which patients should flow through it; hence the green and red stickers. Green they are financially cleared to go, they do not need to stop. Red stickers need to be seen. Do we want all patients to stop at discharge as a customer service component, or do we want to see only those patients that need financial clearance. There is currently eligibility coverage in the ER and they are assisting with the self-pay in the ER.

✓ **ABN:** Bob stated that we want to implement something quickly and we do have two products that we could implement within 2 weeks. We looked at Premier software, an integrative product and the software can be installed in half a day. We also looked at SSI yesterday, Bob's suggestion was that the Premier system would be the better option. Ross will follow up with Doug in IS and with Lacy regarding the purchase of the Premier system.

✓ **J Codes:** Will give to IS this week to update.

✓ **POS:** We are going to do a lot of preparation over the next couple weeks, nurses trained. Engineering has been put on hold until after Jhaco leaves October 7<sup>th</sup>.

*next Tues*  
**Burn Care Unit:** Received the breakdown of all supplies that were built into the clinic charges. Will review list of supplies, see if they can be re-billed.

*ok*  
**Eligibility:** Going well.

*ok*  
**Chest Pain Center:** Met with Dr. Carrison to see if we could get a by-laws change. Will need to stay on top of this to make sure it is done. Bob Whipple should be here next week. He can start on the observation issues.

*ok*  
**Managers:** Judy reported that the 3 manager positions are posted. They will be up for 7 days, then go to interview process, will then be open to external candidates Monday.. John does have personnel in mind. Should be filled in the next few weeks.

*ok*  
**Evacuees:** We did have a number of apps approved. Some individuals that went to Fatita first only got food stamps. We are trying to work with the state on this. There is a meeting at the government center this morning to discuss submitting of the package to Emergency management. Virginia will go over this morning for the instructions. Temple said that he would send a couple of other staff.

**OPEN:**

✓ Deb Vetscher, ACS, was introduced.

*all* Nancy stated that she sent out the documentation about the reimbursement master this morning, reference manual and user guide,. The ACTS (Automated Collection and Tracking System) demonstration is tomorrow, Nancy sent out an e-mail to all she felt applicable. ACTS is an application to do follow up on accounts.

*X* There has been an increase in denials. There has not been a ~~zero payment posted since~~ August 5<sup>th</sup>. Check with Cindy on this. Ross will look at the denials this afternoon.

*all* **Great Lakes:** There is \$7 million in A/R approved. Expecting an invoice for about \$36,000. Ross would like to see the past 6 months reports. Virginia will e-mail.

Minutes approved my:

\_\_\_\_\_  
Ross Fidler, Revenue Cycle Director

\_\_\_\_\_  
Date

RA 000483



## ACS Committee Meeting September 29, 2005

**Committee Members:** Ross Fidler, Recycle Revenue Director, Diane Mazzei, ACS Manager, Nancy Newman, Operations Manager, PFS, Virginia Carr, Director of Eligibility, Joy LaGuardia, RN, for Haydee Florentino, Case Management, John Cramer, Operations Manager, PAS, Becky Bratten, Director, Health Information Management, Shundra Mosby, ACS Manager, Bob Jaime, ACS Manager, Judy Smith, ACS Manager, Lilly Vallin, Great Lakes, Toby Shelby, ACS Manager, Pat Huber, ACS Manager, Tina Melvin, ACS Manager, Kathy Kelly, ACS Manager

The meeting was opened at 8:03am. Ross stated that Diane Mazzei will be replacing Temple Cole.

### Old Business:

~~X~~ **Average Length of Stay:** No access until Haydee returns on Monday; will continue to work on lowering.

*out* **SSI:** Focus on Medicaid. 1335 accounts as of last night. Ross stated that he reviewed 2 reports noting that one was for errors and one was for holds. Actually they are the same report, sorted differently. Medicaid HMO's; identified, and we are concentrating on getting them done. Everyone has drop dead dates. Have received accounts from Lillie, some of which are old. They have identified them and are now eligible before the stale dates are back on. Copies to be given to Diane for review.

*talk to Tom for 1/2 & Bobbi* **Variance Report:** Toby working with Jonathan on a spread sheet; he has most of the download capabilities needed. Toby will talk to Cindy Charyulu again on Monday regarding differences in cash. Adjustments for Nevada Care to be done end of month.

**EMTALA:** Escapes down; two patients missed last night. 277/5

*Meeting Sat* **ABN:** Ross talked to Doug. We need to link a partnership with Siemens and the other company. Contact to see if they have a partnering agreement. If we can tie the partnership to Siemens, then we can call it an upgrade, if we can't then it has to go to RFP. Once partnering agreement received, then we can go ahead with the purchase order.

**J Codes:** Pat turned over to IS to be updated. *Diana Bond*

**POS:** Working with Shirley and Connie to get ready for Engineering October 8<sup>th</sup>

*Close* **Burn Care Unit:** Pat is evaluating list of supplies. Has checked cost, which is minimal. We do need to build new codes and put all of the wound care supplies in the new code. Should have by next Tuesday.

*app's to Jerry*  
**Eligibility:** Working on the transitioning ER accounts to Great Lakes. Believes staff is going along with the transition; that transferring out ER Accounts makes sense to them. The in-house accounts seems to be the issue; they do agree that they seem to spend more time with in-house patients. We only want to give Great Lakes accounts that appear to be non-cooperative, time consuming.

**Chest Pain Center:** Becky stated that she has not yet been able to speak to Dr. Carrison.

*Close*  
**Managers:** Judy stated that the jobs are posted and will be closed this Saturday/Sunday. Will open to outside applicants Monday. It is not mandatory to post to outside applicants if employees can be found internally. Hopefully a decision to be made sometime this next week.

*Off Carrison to Jerry*  
**Evacuees:** Diane and Virginia went to the meeting at Clark County. FEMA said that they are reimbursing 100% of cost, to bill Medicaid first. Emergency Management set the date for applications for assistance due by 10/13/05, and to submit the Project Work Sheet by 11/26/05. This project only covers Katrina victims, not Rita, since a declaration for the State of Nevada has not been signed. Determination of the group is to bill Medicaid for those approved, to bill FEMA for those that did not receive Medicaid.

*Thursday*  
**ACS** demonstration went well.

**Denials:** They are being worked, and are coming down. UMC does the initial billing and 5 days later Acordis does the follow up. If a rebill is required, Acordis requests it from us. The manual billing problems have been fixed. Billers have been made aware of the stale dates. The printouts show that 50% are stale dates. Diane will send a copy of the stale dates to all ACS Meeting staff.

*cut*  
**We** need to develop a procedure regarding medically necessary, non-emergent procedures. If the patient owes from a previous treatment, Patient Accounting should notify these patients that they owe a previous bill and how much they owe. Bob said that he would send out the report to the ACS Staff.

**Bob** brought up that we used to go over all of the in-patient admissions. Feels that it would be helpful to begin doing this again. Judy said that they would be organizing an in-service for the verifiers on Medicare.

Becky stated that a per diem coder was termed, that they have a temporary coder that will move into the per diem spot, and another full time person will move into the ER.

Meeting concluded at 9:00am.

Minutes approved my:

*Ross Fidler*  
\_\_\_\_\_  
Ross Fidler, Revenue Cycle Director

\_\_\_\_\_  
Date

RA 000486



## ACS Committee Meeting October 6, 2005

**Committee Members:** Ross Fidler, Recycle Revenue Director, Nancy Newman, Operations Manager, PFS, Virginia Carr, Director of Eligibility, John Cramer, Operations Manager, PAS, Becky Bratten, Director, Health Information Management, Shundra Mosby, ACS Manager, Bob Jaime, ACS Manager, Judy Smith, ACS Manager, Kevin Ellis, Great Lakes, Toby Shelby, ACS Manager, Pat Huber, ACS Manager, Kathy Kelly, ACS Manager

**Absent:** Diane Mazzei, Haydee Florentino, Tina Melvin

The meeting opened at 8:06am.

### Old Business:

*C. Newman*  
**SSI:** Bob sent an e-mail yesterday stating that they have been processing since 8a in the morning, but nothing has posted. Three remittances posted, the largest had about 1500 transactions and we posted about 1100. They cannot be released to post to accounts receivable until the transactions that are no matches have worked. The report that prints the exception report will not generate, therefore you cannot release the complete batch. The reason it takes so long is that Vital Works, similar to data entry, it has to build, it then has to erase all and then goes back and to put the amounts in. Nancy stated that it can be taken out. The majority are Vital Works and a few are outpatients which are Siemens. Problems with the rejections not printing and secondly, if there is a remittance that has both Vital Works and Med Series 4, after posting and logging off, it bends the reports. Doug Northcutt is taking care of the problem of automatically logging off. Nancy notified that we are dissatisfied with the e-verify and with the 835. Ross stated that they need to understand that it is a priority that this gets fixed. Regarding the no match report, a person is needed to post the exceptions. There are 2 people doing this, both have been trained. Bob spoke to Ernie, again stated that someone from IS should be present when implementing any new system. Ross wants all monies posted by the end of the month.

*Pat*  
**J Codes:** Pat said that she has identified all HCPC codes. She met with Diana Bond yesterday. They cannot load due to the conversion problems. Pat has been working with IS regarding these issues. Yesterday we identified a process and a game plan to enable them to move forward. Tom Kyle and Jim Poulis are working on it. Tom will be back from vacation on Tuesday, and will begin putting this process in place. It is going to be an extensive process and hopefully we will know next week when this may be complete.

Ross asked that an e-mail be sent regarding problems with IS. He will take this to Lacy if necessary. We are just not moving due to IS issues. IS should have been involved with SSI from day one.

*Policy & procedure*

**Eligibility:** Shundra had a meeting yesterday. The workers currently work by letters of the alphabet. I am trying to organize a new approach to eligibility, putting a rep in all areas to work that floor. In this way we can build a relationship and rapport with the area. Ross would like a procedural document worked up showing how we currently present items to Great Lakes, how and why. Needs to include exceptions. Virginia was concerned about the impact on ACTS, service codes. Ross asked if we were using split bills. Nancy said that we were not.

*Next Tuesday  
Hired*

**Managers:** Judy and John interviewing today; have 2-3 good possibilities. At one time we discussed manager training. Doug Spring and Bob Taylor put together manager training. At the one training class that was held, Doug said that they spent the 1<sup>st</sup> half hour explaining to managers the purpose of the class. Our intent is to build teams, learn hour to manage by procedure rather than policy. There are other areas that Ross would like get training in, eligibility, patient access, medical records. Once the 3 managers are hired in Admitting, than we will a session there as well. Make sure that everyone understands that the purpose is to help build teams.

*meeting  
10/22/94*

**ACTS:** Sent out e-mail, everyone has a homework assignment to get a sketch of what you are anticipating by the 21<sup>st</sup>. Bob suggested that if another demo was done, that they could do a design session. Our limitation is that one account can be on one persons list at any given time.

*OK*

**Denials:** Tabled until Diane returns.

*OK*

**Non-Emergent:** Bob, Shundra, John, and Judy worked on the procedure for non-emergent. Shundra will present at the 9am ACS meeting.

*OK*

**Cash Flow:** Nothing has changed with cash flow. It is an absolute must that we get it going. Looking for a good month this month.

*OK*

**Case Management:** Regarding prisoners and NAPHCARE. We would have this put this in writing as to why they will not pay. By doing this, it may allow us to go to a secondary pay source. They do pay based upon the criteria. We need to meet with Kathy Silver and also run it by the county to see if letter is OK. Ross said to set up a meeting with Kathy Silver, Ross, Judy, Haydee, Virginia, Shundra and talk through this situation. Will need Case Management to validate that it really is preexisting condition. Might also facilitate NAPHCARE to speed up their process.

*Table out*

**Escapes:** 270 patients, 6 escapes; holding at 5-6 escapes. Ross to meet with Pat today regarding wait times; cash impact from fewer escapes.

**ERA Fund:** Reinstated, waiting for approvals with the County.

**EMTALA:** Kathy said that she received an excellent response from Connie. She has requested to have an answer from Holly by noon of Thursday next week.



*Beck*  
Pepper Report: This is a report from Medicare that shows deficiencies that have occurred. We do a similar report using UHC group. They keep track of errors made on data.

*OK*  
Variance/Cash Posting: Toby feels that the Butch report is right based on their postings. From a reconciliation standpoint, resolving accounts, trying to make sure that they flow of information going to the Business office in an effective manner, there is a gap between the business office and cash posting. Bob said that he plans to meet with Cindy on Monday.

*Meeting*  
Virginia asked if we had an update on early out pending payment arrangements. Ross would like in place by November 1<sup>st</sup>.

*OK*  
There are some billing issues related to the Wellness Center. Virginia will send Diane information and ask her to attend meeting.

*OK*  
JHACO: About 12% of COA's are not being signed due to patient not being able at time of admitting. Admitting is responsible for obtaining the signatures. John spoke to Vickie Huber, and she agrees that the nursing staff can become involved to assist in obtaining the signatures of the patients who were not able at admitting.

Minutes approved by:

Ross Fidler, Revenue Cycle Director

Date

RA 000490



**ACS Committee Meeting  
October 11, 2005**

**Committee Members:** Ross Fidler, Recycle Revenue Director, Diane Mazzei, ACS Manager, Nancy Newman, Operations Manager, PFS, Virginia Carr, Director of Eligibility, John Cramer, Operations Manager, PAS, Joy LaGuardia, RN for Haydee Florentino, Director Case Management, Shundra Mosby, ACS Manager, Bob Jaime, ACS Manager, Lilly Vallin, Great Lakes, Toby Shelby, ACS Manager, Pat Huber, ACS Manager, Tina Melvin, ACS Manager, Janet Howard, ACS Sr. Consultant

**Absent:** Becky Bratten, Judy Smith, Kathy Kelley

The meeting opened at 8:03am.

*OK* Ross opened the meeting with a discussion on Argon. Some time back, a letter had been sent from Argon stating that when certain levels were reached, that a bonus would be given. Ross would like Diane and Nancy to research the agreement with Argon to see if the numbers have been reached; if so, then we do need to pay.

*OK* Ross introduced Janet Howard. Janet will be working with and shadowing Ross. ACS has a couple of new Revenue Cycling engagements pending and we are developing a team of people to be ready.

*OK* Regarding cash flow, we need to quantify what we think we can do and what we need to do to get the cash flowing. Ross will meet with Toby and Diane this morning and with John later this afternoon. Each of us needs to know what our impact is on the cash flow.

**Old Business:**

*OK* **SSI:** SSI to work double shifts to get the work done. We need to keep the pressure on to get this done by the end of the month. Cindy needs to agree that she needs to run a couple of shifts in cash posting; that she will need to come up with another person.

*X* **J Codes:** Tom Kyle is back and will begin work on the conversion tables today. Pat will contact Tom to find out the steps he will be taking to implement the conversion table and also get a date of completion. He is working with pharmacy on this.

*OK* **Eligibility:** Ross stated that if patients are non-compliant, that these cases should be turned over to Great Lakes. Virginia said that Nursing home placement would fall under different criteria due to the agreement with Clark County. We need to be on a case-to-case basis.

*Not used* **Managers:** The application process is complete; interviews will take place tomorrow. We received 3 new applications and will interview them on Monday. A decision should be made by Tuesday as to which applicant we will hire.

*ok*  
**ACTS:** Nancy said that we need to complete the homework assignments by the 21<sup>st</sup> and should be in place by the end of the month. System to be used for follow up. One limitation is that an account can only be in one place at a time. ACTS reps to help build the system; will take a couple of weeks after receiving the sketches. Nancy will setup meeting for October 24<sup>th</sup>.

*ok*  
**DENIALS:** The denials are being worked. Toby and Judy have access to the report screen. Everyone should give theirs a try, going back to August. Encourage its use, identify trends. Acordis is receiving electronic RA's which they download and print. Toby will send a page of the report to Bob for review.

*Summary*  
**Case Management:** Regarding NAPHCARE not paying due to pre-existing conditions, a meeting has been set up to discuss this situation.

*250*  
**Escapes:** John handed out a 14 day report showing statistics on total ER patients, escapes, percentages. He has statistics going back to July. Ross would like to see a trending report. It is critical that the ER re-design get into place as soon as possible which will help to eliminate escapes, cut wait time. Bob spoke to Engineering Monday, they will do a walk through with them today to review changes, summarize cost.

*ok*  
**ERA:** They submitted the verbage to Mike about a week ago. Accounts were pulled back due to credit bureau, credit notes. Virginia noted that once the accounts are sent to Great Lakes, the data mailers automatically stop due to no date mailer track being in place. This can be easily fixed, and should follow the same track as the 007's. If we don't meet the criteria, we will lose the ERA benefit. The 833's should follow the same track as either the 007's or the 0021's. We will pull both to determine which would be better. Great Lakes needs to put documentation in the AS400.

*Site Visit*  
**EMTALA:** On hold waiting for Kathy's return.

*ok*  
**Variance/Cash Posting:** Based on report, we are running about 26.4 million. Ross would like the report for the last 3 months (June, July and August) HFRI invoices and collection, how much we paid them, how much was collected.

*ok*  
**Early Outs:** We are moving along with a company called PASC for early out collections. After 90 days, they accounts will go to PASC. By the 28<sup>th</sup> of October, we will be sending out an RFP from which we will be selecting 2 new vendors to replace the current ones.

*X*  
**Wellness Center:** Concern over billing issues. Pat will go over to the Wellness Center this week to follow up. A meeting is scheduled for Friday.

*off* **COA'S:** It is admissions total responsibility to obtain signatures. We will work in connection with Nursing if for some reason this can't be done. The reason needs to be documented on the COA. John stated Nevada law on acceptable signatures for other than the patient themselves or a Power of Attorney on file. Ross would like to obtain this documentation of ruling regarding the parameters for responsibility of signatures on COA's.

**NEW BUSINESS:**

*off* Toby is working with the Business Office. Zero payments automatically convert to self pay (outpatients). The reconciliation team should be working on this. Ross, Toby and Nancy to go to the Business Office, to go over their process, make certain that we are all on the same page. Have Bobbie print out the parameters; we need to make certain that we have what we need. Shundra was asked to spend time with the Business Office also.

Ross asked for a status report from Great Lakes.

Minutes approved by:

\_\_\_\_\_  
Ross Fidler, Revenue Cycle Director

\_\_\_\_\_  
Date



## **ACS Committee Meeting October 25, 2005**

**Committee Members:** Ross Fidler, Recycle Revenue Director, Janet Howard, ACS Sr. Consultant, Diane Mazzei, ACS Manager, Nancy Newman, Operations Manager, PFS, Virginia Carr, Director of Eligibility, Haydee Florentino, Director Case Management, John Cramer, Operations Manager, PAS, Shundra Mosby, ACS Manager, Bob Jaime, ACS Manager, Judy Smith, ACS Manager, Lilly Vallin, Great Lakes, Toby Shelby, ACS Manager, Kathy Kelly, ACS Manager, April Taylor, ACS. Pat Huber, ACS Manager, Deb Vetscher, ACS

The meeting opened at 8:05am.

Ross introduced Ms. Weber from Siemens, NACS. Ms. Weber is a temporary visitor and will be observing, wants to learn MED Series 4. Ross would like Ms. Weber to sit with Bobbie since she is with patient accounting.

### **CURRENT BUSINESS:**

Ross asked Diane to look into a stale date before it is written off. It is Medicaid and appears that it was already billed. It was approved for 9/04 and 12/04; the charges were not split out.

Ross spoke to John about the manager that is required to work on days. This is a departmental policy, not a hospital policy. If the coders are needed to work, it will be approved on a case-to-case basis, since a manager will not be there. The coders will need access to the building and Sharon from the Business Office can take care of obtaining keys/codes for Becky.

It appears that the in house patient is high, about 32million. This is possibly due to high volume days, high discharges.

Regarding the attorney settlement for \$12,000, Diane did speak to the attorney and he made an offer. She will follow up.

**SSI:** The backlog in SSI is about 13.2 million. Bob said that 17 out of 31 batches have been posted. Ross re-sorted the report by RA date; our numbers are pretty consistent. The 3 workstations we were to receive last week from IS has been delayed until this Friday, which should speed up the posting. Previously, cash posting had been posting the inpatient RA's manually. We need to check into whether they are still posting manually, or if they are holding for SSI posting. Cash posting is running about 3-4 days behind. Toby will follow up with Cindy on this. Customer Service has been receiving calls saying that their payments have not yet posted. Judy to have her people keep track of these calls. All accounts should be posted by the end of each month.

*miss. 8/25/91*  
**Staffing** moving forward. Lacy has signed the paperwork and the hiring process to begin. Will leave open for the Case Mangers positions.

**Women's Center:** Shundra said that we could temporarily use the OB staff to assist at the Women's Center. All of the OB staff is Spanish speaking.

**Observation:** Ross received a spreadsheet from Bob Whipple showing the accounts that need to be re-billed. Bob will also write the appeals on those needed. A discussion arose on billing of the observations vs. EMPG billing as ED.

*PAT*  
**Outpatient:** Regarding patients coming in as an outpatient with charges being posted as an outpatient, then being admitted, and additional charges being posted as an inpatient, these charges do not match and therefore are rejected. The reason being that the charges for these procedures for inpatient and outpatient are different prices. We need to make them the same, which would eliminate this problem, Ross to check into this.

*Sam*  
**HFRI:** Nothing new at this time. The Rev Care situation; we are waiting for the impact. Does have the aging and has given it to Mike. Lacy is out of town, will talk to him when he returns.

*Lacy*  
**Case Management:** Staffing NICU, PICU and PEDS. Haydee, Dr. Stuart, Steve Gray and Judy met last week and we do have our recommendations, need to discuss with Ross before making a decision.

*Lacy*  
**LIED Clinic P/R:** Judy spoke to the compliance officer yesterday, waiting for an opinion from her.

*Lacy*  
**Wellness Center:** Pat said that a meeting was held last week; that they are ready to move ahead to begin charging for professional fees. Peter's opinion is that we can bill for certain professional fees, but not to employees. Pat will send update.

*Lacy*  
**Managers:** There are 3 interviews scheduled for this morning at 9am with Linda, Steve and Kathy. Will get together after interviews to discuss and hope to have a decision made in the next day or so.

*Lacy*  
**Escapes:** John reported 8 escapes.

*Lacy*  
**Denials:** Diane passed out a spreadsheet from the billers. The report is for a week and shows errors from SSI. These errors are occurring on the back end, but could be fixed on the front end.

*End of next week*  
**EMTALA:** Kathy said the meeting/tour went very well. Dr. Carrison and Dr. McCourt did a great job in explaining the issues that we have, and the objectives we hope to obtain by a ruling in our favor. Holly saw things in a very different light, which really changed her perspective. Holly said that we should have a ruling next week and Kathy believes that it will go in our favor.



★ **Early Outs:** Temporarily on hold. There is a meeting tomorrow with PACS.

*Bob Fidler*  
**ABN:** Bob had a conference call with Premier Software, Siemens and IS last week; they went through the work plan. Bob suggests that we don't propose a price on the interface until needed and then do as a follow up. He will check with Jim Poulis today to see what was decided. An interface to Vital Works will be needed when we go out to the Quick Cares. All training schedules are due tomorrow. Toby was asked if he could put all files into one so we could better track the reasons for denials. When a non-covered charge comes into the billing office, they write it off and do not bill, therefore there is no denial. Charges that are not billable, not considered medically necessary, would identify most of the ABN's.

*Bob Fidler*  
**In House Collections:** We are now doing the 50,000 and over.

*Bob Fidler*  
**COA's:** Spoke to Annette Bradley, it is OK for the spouse to sign the COA, and we will begin doing this. Annette would like us to meet with Don Haight regarding the signature for financial responsibility.

*Bob Fidler*  
**In the meeting with facilities,** it has been recommended that we bring in an intern from the company who originally designed the ED; have them do a schematic as to what we want and how much it will cost. Dr. Carrison is in complete agreement with having this done.

*Bob Fidler*  
**Becky met with Annette Bradley and Connie regarding the continuing problem of registering and treating patients that don't need to be admitted and then having to write them off. There is a mandatory in-service going on with the clinical people.**

*Bob Fidler*  
**Toby working with cash posting and IS. Stumbling on problems, accounts not making sense at all.**

*Bob Fidler*  
**Pat will e-mail the spreadsheet to Haydee showing procedures that are being done as out patients, but must be done as inpatients. These procedures cannot be charged as an outpatient. A system inquiry may help.**

*Bob Fidler*  
**April stated that we have accounts that are not being run through EVS or CACTUS. She will do a spreadsheet on this.**

Minutes approved by: \_\_\_\_\_

Ross Fidler, Revenue Cycle Director

\_\_\_\_\_  
Date

RA 000498



**ACS Committee Meeting  
October 27, 2005**

**Committee Members:** Ross Fidler, Recycle Revenue Director, Janet Howard, ACS Sr. Consultant, Diane Mazzei, ACS Manager, Nancy Newman, Operations Manager, PFS, Virginia Carr, Director of Eligibility, John Cramer, Operations Manager, PAS, Becky Bratten, Director Health Information Management, Bob Jaime, ACS Manager, Judy Smith, ACS Manager, Lilly Vallin, Great Lakes, Toby Shelby, ACS Manager, Kathy Kelly, ACS Manager, April Taylor, ACS. Pat Huber, ACS Manager, Barbara Weber, Siemens

**Absent:** Haydee Florentino, Shundra Mosby

**CURRENT BUSINESS:**

*Pursuing on 50th*  
Diane is looking into the stale date. She doesn't have an update as yet, but will follow up.

We had a good day yesterday, dropped 6 million. The totals this morning are 49.7. Becky has a phone call this morning with MED Cliff, a transcription company regarding coding assistance software that they have developed. Becky will pursue if it appears that it is something that we can use. *Recruit FTE*

*allison*  
**SSI:** Bob reported that they are up to 21 batches, about half way, and the end of the month is Monday. He will work with Cindy today to determine how we will finish. We are scheduled to receive the 2 new machines on Friday. Ross said he needs the exact amount of money on the remaining batches, money that has been received, but is not yet posted, important that it is only patient dollars. This also needs to be documented, the RA# and how much each RA is. Judy said that she also has an issue with SSI, not checking the self-pay during registration, and has been working with them for about a week.

*allison*  
**Staffing:** Lacy has signed the paperwork and the hiring process has begun. Will leave open for Case Management positions.

*allison*  
**Women's Center:** April stated that Denise Alexander, an EFS Specialist, would temporarily work at the Women's Center 1 day per week. Sylvia Quevedo, and EFS Specialist, currently works at the Women's Center 1 day each week and will continue to do so; both are bilingual, Spanish speaking.

*allison*  
**Observation:** Ross received a spreadsheet from Bob Whipple showing the accounts that need to be re-billed. Bob will also write the appeals on those needed.

*allison*  
**HFRI:** Nothing new at this time. Will talk to Lacy when he returns.

*Report*

**Case Management:** At the meeting it was determined that there is some duplication of work in different areas, Case Management nurses, PI, Admitting. It was recommended that we consolidate all of these people to Case Management. They mentioned consolidating Nursing Home Placement as well, but this will not be done. Ross feels that the Case Management function in this hospital is not what Case Management is meant to be. A meeting is scheduled for next Tuesday to define their roles. Bob to get best practices, policies and procedures for this meeting. John suggested that they utilize the University Health Consortium Group which UMC belongs to. Virginia suggested that we follow up with the delegated health managers to make sure that they stay on track.

Virginia also noted that there would be a staffing revision in Nursing Home Placement. She will schedule staff for 6 days per week, and will no longer schedule staff on Sundays.

*OK*

**Lied Clinic P/R:** Judy waiting for opinion from the Compliance Officer.

**Wellness Center:** Pat said that Peter Tibone put together an excellent document detailing all of the rules and regulations on how to bill and it has been sent to Lacy. Pat will have Shelley put together an action plan.

*Offer today*

**Managers:** We are prepared to make an offer to 2 of the applicants. The third we cannot agree upon, but will work with her to try to get together. *3 made today*

**Escapes:** We had 215 patients *(238)* escapes, John feels that this is due to staffing issues.

**Denials:** Judy stated that the PEDS clinic is having problems identifying Medicaid, and that there is a problem with putting in the addresses (ED).

Kathy recommends that a 101 Registration Training class be implemented for all registration staff. The purpose of the 0045 is EMTALA unverified insurance. Ross recommended that Kathy get the training in process and that the history be shown as secondary, and to make sure that everyone knows the procedure.

*Follow up - mail  
306200000*

**EMTALA:** Should hear from Holly by the end of next week with her decision.

**Early Outs:** Met with Tom Woods yesterday we are in contract negotiations.

**ABN:** Contracts are finalized, need them signed. We also need the purchase requisition that IS has said is completed. Bob will submit a new PO if he doesn't hear from them today. Training is planned for the 8<sup>th</sup> and 9<sup>th</sup> or the 14<sup>th</sup> and 15<sup>th</sup>. Will move forward when the remainder of the training schedules are received.

*Not follow up  
need to go to board*

**COA's:** Approvals for patient/spouse signatures received, needs to be put in place. Will meet with Don Haight regarding financial responsibility. Virginia asked that discharge requirements be included in this meeting.

*ER Redesign*  
**Facilities:** There will be a follow up meeting with Facilities and hope to have the proposal and costs of the project. Will meet with Tom Hutchison today.

*Ron*  
**Out Patient:** Regarding the charges for in-patient vs. outpatient procedures, Pat will follow up.

*Pat*  
**Eligibility:** Regarding the accounts not being run through EVS or CACTUS, the face sheets are in the process of being submitted by the EFS staff and a spreadsheet will be done.

*Pat*  
**Embossers:** John noted that we would need to purchase the embossers if we don't move forward with the standard register. He can renew the contract for another 60 days. pending a decision. The embossers are \$30,000 vs. the standard register at \$80,000. *Ross Don't*

*Pat*  
**CPT:** Ross noted that we should have the 2006 CPT codes by November 1<sup>st</sup> and that they must be loaded by January 1<sup>st</sup>. Pat and Shelley have a plan to get this covered.

**OPEN:**

*Pat*  
We apparently treated a minor, and the Los Angeles judge will not approve a payment until the minor receives 1/3 of the settlement. The case was settled for \$7500 and he has asked that we reduce our fee by \$2000. Diane will look into this further.

*Pat*  
Ross will meet with Nancy Newman today to go over the 48 items from the 2003 Deloitte and Touché recommendations. These are reported to be in place. Virginia stated that the recommendations involving EFS have all been put into effect.

*Pat*  
Janet noted that we are collecting data on the payments not posted; so far they are pretty significant. Will continue collecting this data until next week.

*Pat*  
Ross noted that PACS offers programs that would put all patient complaints on a web site so that they can be viewed, you can see what happened, and it would also help to eliminate miscommunication within the hospital. They also track the follow up calls.

*Pat*  
Barbara commented on physicians that don't have privileges, but are requesting tests done here. John stated that we do have some, runs about 1%. Coding for these unassigned physicians should be done as OTH and their number, to be billed.

Minutes approved by:

Ross Fidler, Revenue Cycle Director

Date

RA 000502



*2006 CPT change*

**UMC Committee Meeting  
November 1, 2005**

**Committee Members:** Rosss Fidler, Recycle Revenue Director; Janet Howard, ACS Sr. Consultant; Diane Mazzei, ACS Manager; Nancy Newman, Operations Manager, PFS; Virginia Carr, Director of Eligibility; John Cramer, Operations Manager, PAS; Becky Bratten, Director, Health Information Management; Haydee Florentino, Case Management; Bob Jaime, ACS Manager; Judy Smith, ACS Manager; Lilly Vallin, Great Lakes; Toby Shelby, ACS Manager; Kathy Kelly, ACS Manager; April Taylor, ACS; Pat Huber, ACS Manager; Barbara Weber, Siemens.

**Absent:** Toby Shelby

**CURRENT BUSINESS:**

✓ Ross began the meeting by telling the group how proud he is of them in regard to the month-end cash collections. The portion which UMC takes credit for, which doesn't include the County, was 28.6M. He was very appreciative of everyone's hard efforts, but said that there is still a lot of work to do. All areas need to concentrate and do everything they can to maximize cash flow.

*ok*  
*Close* Bob was asked to find out from Alyson how much of the October Medicaid monies, deposited in the bank in October, did not get posted. UMC can take credit for that. It would bring the total up to about 32 million as of yesterday.

*ok* *Close* **State Dates:** Ross asked Diane about the status of the account in question. She said it was a First Health account and that it had gotten billed.

*ok* **Backlog and Coding Issues:** Becky said that the backlog as of yesterday was right around 50. She had spoken to a software company about a product for the coders and was told that when it was incorporated elsewhere, there was a 95% increase in productivity in ER coding. **Becky will follow up and call current users to validate this information.** Ross asked about HIP and other staffing alternatives. Becky said that she calculated that the coders alone lose 1.5 FTSs in CAL, not including FMLA. She is planning to meet with her managers this afternoon to redesign processes to make things a little easier for the coders. A full time coder will be recruited as well as a per-diem.

*When  
Becky  
not here  
needs  
Stanley*

*ok* **SSI:** Bob said that they did work Saturday and 1 on Friday. When the new workstations are installed they should work quicker. Ross spoke to either Pam or LaTanya yesterday and was told there were still batches from August 5. The batches post electronically, but the errors have to be fixed manually and none of the batch posts until all of them post. That's where the problem comes in. Ross asked Bob if they'll ever get to a point where all the errors will be fixed. Bob said that they want to get rid of all the errors first. Bob said that once they're down to just a few errors then they can just handle the errors on an exception basis. Ross asked if he could expect that to happen by the end of November. Bob said possibly the first part of December.

*ok* **Case Management:** In regard to surgery, Haydee said that there are issues with physicians' orders not being found. Ross stated that Radiology and the Lab claim that they were not notified that this was going into effect. Ross wants everyone to make sure all appropriate departments are notified. Bob said that he will keep in close contact with them and meet with them. Haydee mentioned that she was having problems with the definition of case management as hers is different than Ron's. She believes that not all patients need a case manager. Uncomplicated cases

do not need one. There will be a meeting today from 2-4 to reconcile these differences. Bob will have a document for Ross on those practices before their meeting with Lacy.

**Women's Center:** A separate area will be set up for 2 EFS specialists. This will ensure patient confidentiality. Renovation should take 4-6 weeks.

**Conference Call with Bob Whipple:** Diane will set it up. Bob Whipple believes that some things can be re-billed.

**Case Management:** Bob and Steve worked on this. It was decided that Nursing Home placement will not be included in Case Management.

**Lied Clinic P/R:** Judy is still waiting to get an opinion from the Compliance Officer. Ross said Judy needs to get a date as to when she can expect the information. If the Compliance Officer has issues, she can call Ross. ✓

**Pro Fee/Facility Billing:** Pat said that they have to meet with all the different clinics and that there will be a lot of issues. They have contract issues that have to be worked out, but there is a priority list in place

**Managers:** An offer should be made today. ✓

**Escapes:** 8 of 238 patients. — John to check

**EFS 24/7:** Coverage is there, for the most part, and when there isn't someone there, patients can talk to someone at the front desk. There was discussion about one of the staff who should be praised for her good work.

**Denials:** Sent out a memo to the staff about addresses. They have compiled 2 reports for Brian to do something at the clinics. Ross said that patient access is his biggest worry right now. He said that we have to get good information, clean bills, and get them out the door. Firmly stated that customer service very important. We are no different than any other retail business. Ross offered to see if we can get a customer service class set up. It was agreed that we have to get people trained to be customer friendly.

**Chain of Command:** Ross told everyone that they are investigating a possible theft by an employee in the business office. He wanted to make it very clear that there is a chain of command that everyone should follow. The person who reported this, when she couldn't find Virginia, went directly to Internal Audit. Ross said that she should have gone through the chain from Mike, to Lacey before she went outside. Virginia instructed her staff about the procedure to follow.

**Training:** Kathy is waiting to hear from Ann to get the materials. Ross will follow up with Ann.

**EMTALA:** Has not heard from Holly as of yet. Will continue to follow-up.

**Early Outs:** Ross said that they're still in negotiation with the company. They'll have to see what happens.



OK  
ABN: John said that they have training 11/17 and 11/18. Ross asked if the PO was signed. Mike Hayes says has everything he needs. **John will follow-up to find out if he's just waiting for Lacey.** The person coming in to do the training is also going to bring in another person from Siemens. This person can do insurance verification on the 16<sup>th</sup>. Another schedule has to be done for that day with who needs to be trained. Discussion followed about how the training can be used in other areas of the hospital and exactly what topics we need him to cover. **Bob asked everyone to send him a list of what additional training they require by Friday.**

OK  
COA's: COA is in place in terms of spouses singing. In terms of the financial document, there's going to be a meeting with Anita and Don Haight about how to deal with that. *Combine*

OK  
Up Front Collections: Ross asked how the collections were going and Nancy said "marginal". Ross said he wants it tracked. John said that he has a report stating the sub-totals on a monthly basis. John said he's a little concerned about the process to collect. Ross told him to tell the staff to ask for the money on every patient. There was discussion about how to ask for money and at what point to do it. **Ross wants a report at each one-stop meeting from every person at the table whose staff does front end collections.** A very brief report stating how much each area collected.

OK  
Inpatient/Outpatient: Some docs are abusing observation status. Haydee told the group what the standards are that have to be followed. Now observation can be up to 48 hours. There was discussion about reports being generated, the AS400 problems, and how to handle these problems. **Haydee will follow-up with IS about her reports and give the Committee an update on Thursday.**

OK  
Eligibility: April said that she did the spreadsheet and e-mailed it. **Kathy will follow-up on it.**

OK  
Embossers: John said that Doug Northcutt has a good prospective on it and that Ross should probably talk to him. John also mentioned that because SAP went live today, the PO will have to be redone and re-keyed into the system.

Minutes approved by: \_\_\_\_\_  
Ross Fidler, Revenue Cycle Director

\_\_\_\_\_  
Date

RA 000506



**ACS Committee Meeting**  
**November 03, 2005**

**Committee Members:**

Ross Fidler, Revenue Cycle Director, Diane Mazzei, Revenue Cycle Assistant Director, Nancy Newman, Operations Manager Patient Financial Services, Virginia Carr, Director of Eligibility, Haydee Florentino, Director of Case Management, John Cramer, Operations Manager, Patient Access Services, Shundra Mosby, ACS Manager, Bob Jaime, ACS Manager, Judy Smith, ACS Manager, Kevin Ellis, Great Lakes, Pat Huber, ACS Manager, Tina Melvin, ACS Manager, Kathy Kelly, ACS Manager, April Taylor, ACS Manager

**Invited Guests:** Barb Weber

**Absent:** Becky Bratten, Director of Medical Records, Toby Shelby, ACS Manager

Ross Fidler opened the meeting.

*Monahan*

**I. Update: Customer Service:**

- Ross Carr Dale McWilliams*
- Janet explained, that the issues and concerns have been identified within Customer Service. The Manager received Symposium late yesterday afternoon. This software will help to monitor the productivity of the staff.

**Action:** Ross and Janet will review month-end reports.

**II. CASH Collections:**

- gk*
- Ross awaits the final decision from Administration in regards to "including County money".
  - \$1.7mil of Medicaid money was not posted for the month of October. A check for 1.3mil was received yesterday.
  - Bob mentioned, IS has 2 more PC's on order.


**Action:** The Cash Posting staff will supply Ross with a report on what is outstanding and what has been posted.

**III. Backlog & Coding Issues:**


- Ross stated the backlog is about \$50mil.
- Diane, Nancy and Ross met with Marlon Neal, Patient Acct. Rep. for County. He stated that the cash collections, have been steadily declining. It is now at 1.9mil. This process will be reviewed. The County is down one (1) FTE that completes this process; therefore the backlog.
- Virginia will began utilizing one of the Per Diem's to work on the submissions. This will help to reach the goal.
- ER Coding:** Marlon had mentioned that ER Coding is an issue. Becky has concerns with the MLA (Contract Coders) and is working on resolving them.

RA 000508


**IV. Case Management:**

- 
- Meetings are held every Wednesday to review concerns and issues. There will be some Policy and Procedures that will be updated, along with processes that need to be changed. Ron and Bob are meeting to spend time with Lab and Ex-Ray.
  - Documents will be written for the Employee News Letter explaining about the pre-surgical testing center. The new process will be reviewed at the next Physician Group meeting.

**V. Women's Center:**


- 
- April is researching the possibility of renovating a room for the EFS Specialists, due the confidentiality aspect.

**VI. Conference Call with Bob Whipple:**

- 
- Diane had questions for Bob Whipple regarding the Doctors orders. She will continue working with him to review concerns.

**Action:** Diane will e-mail Bob asking him to include the date/time the order was written.

**VII. Case Management:**


- 
- As a result of the meeting yesterday, Lacy's vision is different compared to the Physicians. Ross asked Dr. Stewart if the plan they are moving forward with Lacy's needs. It was noted that Steve's plan is financial, where Lacy's vision is clinical.

**Action:** Ross recommends that Steve meet with Lacy and discuss the plans.

**VIII. Lied Clinic P/R:**

- 
- Judy awaits an answer from Corporate Compliance. There is also a review of the numbers of patients to be registered if the change takes place.

**IX. Pro-Fee/Facility Billing:**

- 
- At the Steering Committce, issues and concerns were discussed. Pat's plan is that the nurses will continue with their duties and Coding will continue in the Business Office.

**Action:** There is a meeting scheduled for November 30<sup>th</sup>, regarding the Coding/Billing process. This meeting will include the District Attorney and Administrative staff.

**X. Managers:**

- The Manger positions have been offered and they will begin their new duties in two weeks.

**XI. Escapes:**

- John stated Escapes are at 10. He has identified the problem and continues to research.

**XII. Denials:**

- A meeting has been set up with Dale McWilliams, which should include Janet Howard and Renee Nemchek. Ross will e-mail Janet the time/date of the meeting.

**XIII. Chain of Command:**

- ✓ All Committee members need to inform their staff to follow the chain of command; if an employee has an issue, they are to go to their Manager ▶ Director ▶ Ross Fidler ▶ Mike Walsh.

**XIV. Training Materials:**

- ✓ Kathy received training materials from Ross. She has additional training materials for the manual, which should be arriving next week.

**XV. EMTALA:**

- ✓ Holly expects to have her opinion within two weeks.

**XVI. Early Outs:**

Put on hold.

**XVII. ABN:**

- ✓ The ABN paperwork has been signed by Mike and Blaine and is on Lacy's desk.

**XVIII. COA's:**

- ✓ A meeting is being held today. COA is in place. The financial form will be discussed with the possibility of combining the Financial Assignment of Benefits form with the COA form. This will be suggested at today's meeting.

**XIX. Up Front Collections:**

- John presented a graph to the committee, showing September "Comparison of Collections by Service Code". (See Attachment). This graph gives a break down of cash collections in various UMC departments.

EFC is creating a spreadsheet to show their statistics.

- Action: Ross is requesting a weekly spreadsheet, by department, for ER, EFS, and Inpatient Admitting with names and how much money they collect. Extraordinary

RA 000510

payments collected needs to be presented to Ross and he will send an e-mail to the person.

**XX. Eligibility:**

- Kathy continues to follow-up.
- A meeting was held yesterday to discuss Patient Access and upfront collections. It was determined the staff can go into the Treatment Room's and ask the patient for pay source. The policy will be changed.

**XXI. April Taylor:**

- Ross*
- At the Department Staff Meeting new changes that are being implemented were discussed. April commented the meeting went well. Staff had a few concerns. Union Representation was present at one of the meetings. April called Doug Spring to verify if it was acceptable to have Union Representation present. She has not had a response.

Action: Ross gave a directive, if Union Stewarts show up at Departmental Meetings, they should be asked to leave. John stated this is their practice.

**XXII. Inpatient/Outpatient:**

- OK*
- 833 Report; is being reviewed and the returns are being worked. *Vig*

**XXIII. Tina Melvin:**

*Continued looking for interface*

Continues to identify the revenue levels in the supply area. She will be meeting with Jackie and then set up future meetings for a resolution. (voice low sorry couldn't hear).

**XXV. Janet Howard:**

- all*
- Customer Service received a complaint regarding staying on line for such a long time. The patient was not aware of the on-line bill pay service. Janet will follow up with Elaine Young, Staff Development to include some type of verbiage in the patient handbook.

**XXVI. Patricia:**

- A meeting was held with Becky and Rolanda in Medical Records, regarding the need for physician training about Observation status. It was explained that Rolanda has a Coder in her department, which has a great rapport with all the Physicians and has done physician training in the past, it was suggested that she put together a power point presentation, this person would present it to the Physician staff.


*Greg Fustn*  
Greg Fustn, Director of Trauma, informed her that Admitting is discarding the Trauma Supply tickets.

**Action:** John will follow up with his staff, making sure they are not being discarded and review the processes with them.

- A list showing all patient accts that were out patient status, but had inpatient procedures was sent to Haydee, Patricia has not received a response.

Bob stated, Haydee is aware of the list and he will bring it to her attention once she returns.

Minutes Approved By:

  
Ross, Revenue Cycle Assistant Director

Date

11-9-05





**UMC Committee Meeting  
November 17, 2005**

**Committee Members:** Ross Fidler, Revenue Cycle Director, Diane Mazzei, ACS Manager, Nancy Newman, Operations Manager Patient Financial Services, Virginia Carr, Director of Eligibility, Haydee Florentino, Director of Case Management, John Cramer, Operations Manager, Patient Access Services, Becky Bratten, Director of Medical Records, Shundra Mosby, ACS Manager, Bob Jaime, ACS Manager, Judy Smith, ACS Manager, Kevin Ellis, Great Lakes, Toby Shelby, ACS Manager; Pat Huber, ACS Manager; Tina Melvin, ACS Manager; Kathy Kelly, ACS Manager; April Taylor, ACS Manager.

**Absent:** *Nancy Newman; Virginia Carr; John Cramer; Bob Jaime; Judy Smith; Toby Shelby; Pat Huber; Tina Melvin; Kathy Kelly*

Ross Fidler opened the meeting. Wants the name of the meeting changed to UMC Committee Meeting.

**Customer Service:** Ross mentioned that he owes Dale McWilliams a call. Ross wants him to put together a seminar for the customer service staff and the admissions staff. Janet reported that a voice mail recording will be in place, probably next week, telling patients that they can pay their bills on-line.

- Ross will call Dale McWilliams

**Cash Collections:**

**County money:** Ross reported we're exactly where we were for the whole month of October.

**Insurance Money:** Exactly where we were for the whole month of October.

**Other Insurance:** 3 million shy of last month.

**Medicaid:** Way down.

**Medicare:** Half of last month (down a little).

- Need to look at self-pays.

**Backlog and Coding Issues**

Still have some issues with the county. Virginia gets a report showing claims submitted in dollar amounts. According to the report, since first of the year, only 8 million dollars has been submitted. There is a fund for the hospital set up like a cash advance. The purpose is to allow the hospital to draw against it during the year so we don't come up short of funds for operations. It appears that eight million dollars in claims has been billed and 35 million has been drawn. This is cause for concern.

- Virginia will look into this to see why this is happening
- Diane will make sure the county is not just denying claims to get things off their desks.
- Kevin and Virginia will also look into this.

**Case Management**

Will have a draft next Tuesday describing the reorganization of Case Management. Currently the system is fragmented with case managers under John, Haydee, and PI. The plan is to bring all case managers together, working under Haydee, so that there's a

system. Lacy is concerned that quality of care is being compromised. The new plan will be presented to the Steering Committee on November 29. Lacy wants us to start case managing every patient, not just those that are high risk.

- Haydee will present draft.
- Haydee will also comment on the observation list that Pat gave her.

#### Eligibility

Number of claims submissions is down 4%. Shundra said it looks as if things are going well according to floor person. On the day that she was observing they did 8 patients in 1 hour. She said that it takes longer when people travel from floor to floor. The new system should have a huge impact. Once people are acclimated to the new system, things will flow faster.

#### Women's Center

The only things that need to be ordered now are a computer, 2 desks, and a partition.

- April will talk to IS.

#### Conference Call with Bob Whipple

Becky has the review going well and is sending records to Bob regularly.

#### Lied Clinic

Did get ruling on Corporate Compliance. One of the abbreviations that can't be used is "R".

#### Pro-Fee/Facility Billing

Moving forward. Meeting scheduled for 11/30.

#### Managers

Will leave open until John is present

#### Escapes

Not discussed at this meeting

#### Denials

Not discussed at this meeting

#### Training Materials

Not discussed at this meeting

EMTALA

Not discussed at this meeting

Early Outs

Still major roadblock. Put on hold.

Up Front Collections

Running about 29,000 per week. April said one person collected \$10,000. Ross suggested that something should be done to recognize exceptional work. They will come up with some kind of trophy that can be passed around each month. The department that collects the most up front cash will be treated to pizza, or the like, and get to keep the trophy for the month.

- Diane will follow-up

Inpatient/Outpatient.

The 833 report is a Great Lakes Report. Returns are supposed to be closed. If not, there's a problem.

- Virginia will look into this

Tina

Reported that there is no interface between AS400 and Pyxis. Pyxis is assigning temporary account numbers to patients. She and Bob will talk to the person in IS who handles interfaces so that communication can get going and charges can be applied.

Ross reminded the group that these meetings are standing meetings every Tuesday and Thursday, to please schedule other meetings around them. Very little absenteeism is expected.

Minutes Approved By: \_\_\_\_\_

Ross Fidler, Revenue Cycle Director

\_\_\_\_\_  
Date



*Mike Hayes Contract Great Lakes*

**UMC Committee Meeting  
November 22, 2005**

**Committee Members:** Ross Fidler, Revenue Cycle Director, Diane Mazzei, ACS Manager, Nancy Newman, Operations Manager Patient Financial Services, Virginia Car, Director of Eligibility, Haydee Florentino, Director of Case Management, John Cramer, Operations Manager, Patient Access Services, Becky Bratten, Director of Medical Records, Shundra Mosby, ACS Manager, Bob Jaime, ACS Manager, Judy Smith, ACS Manager, Kevin Ellis, Great Lakes, Toby Shelby, ACS Manager; Pat Huber, ACS Manager; Tina Melvin, ACS Manager; Kathy Kelly, ACS Manager; April Taylor, ACS Manager

**Absent:** Nancy Newman; Shundra Mosby; Kathy Kelly; Kevin Ellis

Ross Fidler opened the meeting.

**Coding Issues (William Wilson):** Ross asked Becky if she was able to do anything regarding William Wilson. She said that the code was legitimate for what he had done. She checked the record and it showed that he came in just for that procedure and it is not covered. John stated that the ABN should catch the medical necessity; also, his proposal is that within Correct Coding Initiatives are files that can be keyed as uncovered. Maybe the codes that are not covered by medicare can be identified and flagged. The physician has been talked to and will not do that procedure again.

**OB Packets:** Ross asked if the OB packets are in place. John said that they will go out by the deadline next week.

**Customer Service:** Ross still has to call Dale McWilliams after the holidays.

**Credit Balances:** Ross directed Diane's attention to a list of credit balances of which the top 11 were wrong contractual adjustments. He wants them to be fixed at some point, but doesn't want it to be counted against cash collections. Toby said that will just be a reversal of a contractual adjustment and will not count against cash collections.

- Ross will give the list to Virginia. She was asked to get together with Cindy and Cindy.
- Toby will check on these and let Ross know next Tuesday.

**Backlog and Coding Issues:** Ross mentioned to Becky that the DNFBs were around 50. Becky said that we have a contract coder coming in this week and one the following. Ross would like to get the number down in the low 40s. Like to get it down to 35 or 40 by the end of the year and hold it. Ross wants to see it down to 35 or 40 every Friday.

**Cash Collections:** As of yesterday – 21 million 176. Ross said that we were a little over a million per calendar day. He is hoping that Monday will be a better than normal day. Ross directed Virginia's attention to the reports Mike was concerned about. Virginia said that every month she gets a report from County (Med Bill Report). It identifies what has been submitted, accepted, ejected, and things that are pending.

- Virginia will talk to Cindy

**Case Management:** Will get a call today.

Toby said he thought it might be a good idea to have Rosemary come to one of the meetings and talk about some of her findings as far as authorizations go. There are a lot of things she's found out since she's been in that role that would be good to tell the group about.

**Conference call with Bob Whipple:** Becky said that she can't agree with Bob Whipple. She and Rosemary went over all the files one by one and can't find the justification.

- Set up another conference call with Bob Whipple, Becky, Rosemary.

**Escapes:** Are being defined as those who walk out without secondary financial registration. There were 10 escapes out of 245 patients seen. Nineteen patients left prior to being seen by a physician. The timing of escapes was discussed. Tardiness affects the turnover process. Break times affect the process. Ross suggested that no one leave until a replacement comes in.

- John and Judy will try to come up with a plan.

**EMTALA:** Ross raised the question: Why can't a person willing to show an insurance ID card, have their insurance information taken. How can we deal with EMTALA and still get a person's insurance information? The hospital directive is that we can't ask. John said that the best thing to do now is to wait until they hear back from Holly which may be some time next week.

**DENIALS:** Haydee met with Rosemary because she wanted to see what kind of denials she is finding.

**Early Outs:** Ross still can't justify cost.

**Up Front Collections:** April said that so far there was \$32,000 last week. Ross wants to make sure that there is no double counting. There was discussion about how to avoid that

- By next Tuesday Ross wants Virginia, April, and Diane to come up with a strategy on how to be consistent and avoid double counting.

**833 Reports:** Virginia got a report of about 17 million returned from Great Lakes. These have to be moved back to in-house bad debt so that the data can be run. Virginia's people can only do about 300/day. Need to come up with a structure of returns

- She and April need to talk about what the plan is going to be to get them off the report.
- Ross asked Virginia to talk to IS (Jim Polous)

**Pyxis:** Tina said that they're meeting today and will have update next week.

**Report from Haydee:** Haydee reported on the list she received from Pat. Spoke to friend at Health Insight. If a procedure is being done on an outpatient basis, and qualifies to be done as an inpatient, physicians must be told to do the inpatient procedure. We don't get paid as a facility otherwise. The physician gets paid, but the hospital doesn't. There was discussion about admission/observation. There are a whole series of problems. Problem starts with scheduling.

- Recommendation: Physician Education
- Vanessa from Health Insight will be contacted to do some physician training
- Rosemary should be asked to get involved with training
- Kim Voss will be contacted to help with scheduling

**Managed Care:** Ross produced a document with current rates and contract expiration dates.

- Toby will give document to Sharon Gibson to copy. Anyone who wants a copy should contact her.

Minutes Approved By: \_\_\_\_\_

Ross Fidler, Revenue Cycle Director

\_\_\_\_\_  
Date





**UMC Committee Minutes**  
**November 29, 2005**

**Committee Members:** Ross Fidler, Revenue Cycle Director; Dianne Mazzei, ACS Manager; Nancy Newman, Operations Manager Patient Financial Services; Virginia Carr, Director of Eligibility; Haydee Florentino, Director of Case Management; John Cramer, Operations Manager, Patient Access Services; Becky Bratten, Director of Medical Records; Shundra Mosby, ACS Manager; Bob Jaime, ACS Manager; Judy Smith, ACS Manager; Kevin Ellis, Great Lakes; Toby Shelby, ACS Manager; Pat Huber, ACS Manager; Tina Melvin, ACS Manager; Kathy Kelly, ACS Manager; April Taylor, ACS Manager.

**Absent:** Diane Mazzei; Kathy Kelly

Ross Fidler opened the meeting.

**Coding Issues:** Ross asked Becky about additional coders. Becky said that she's not sure what's happening with HIP, but another coder will start next week. Some of vital works coders will be moved back next week as well.

**Credit Balances:** Toby will work with Nancy to make the correct contractual adjustments. There was discussion about when contractals are posted and why batch numbers are necessary.

- Toby will get together with Cindy C. next week to come up with a plan. They will find out what adjustments the posting people are doing and what needs to be done. Cindy is in agreement that part of the reason the ARs are up is that the accounts aren't being resolved they way they should be.

Ross mentioned that the number of claims submissions is down about 4,000 accounts over last year in this same period. He said to make sure claims are coded as soon as possible

- Virginia will check to see how resubmissions are counted.

Ross said he needs to get a report on Great Lakes collections.

- Virginia will pull the report together for him.

Ross asked Nancy if she can produce a report, on a weekly basis, on how many bills are going out. He needs to know that bills are going out on a timely basis. Report should be by payer and show how many bills are locked into the system and how many bills go out. An e-mail each Monday for the previous week will do.

Ross distributed a report to the group on incremental cash. He explained that ACS people have weekly meetings and each person has assigned areas they feel could be improved upon. Several weeks ago there was a meeting which identified areas where they felt incremental cash could be improved. There was discussion about the report and the various areas impacted and the dollar amounts. The responsibility category has the ACS member attached to it, but this will have some Committee Members names on it in the future and the departments will be accountable.

**Cash Collections:** Ross needs to know how to keep from double counting.

- Virginia, April, Janet, Kathy, John, Judy will discuss and come up with a solution.

**Bill Taylor, patient accounting consultant:** Will be here week of 12/14. Lacy will set up a dinner to plan strategy. His focus will probably be on the billing office and eligibility. He is being brought out here as a County consultant to review the 48 Deloitte recommendations and see where we are on those. Ross told the group that each department should look and see which items apply to them and make sure that they have been addressed. Ross also made clear that the report is three years old and that there may be reasons that these items have not been addressed as specified in the report.

**Old Business:**

**Customer Service**

**OB Packets**

**Case Management**

**Conference Call with Bob Whipple**

**Eligibility**

**Escapes**

**EMTALA**

**Denials**

**Pyxis**



**UMC Committee Minutes**  
**December 1, 2005**

**Committee Members:** Ross Fidler, Revenue Cycle Director; Dianne Mazzei, ACS Manager; Nancy Newman, Operations Manager Patient Financial Services; Virginia Carr, Director of Eligibility; Haydee Florentino, Director of Case Management; John Cramer, Operations Manager, Patient Access Services; Becky Bratten, Director of Medical Records; Shundra Mosby, ACS Manager; Bob Jaime, ACS Manager; Judy Smith, ACS Manager; Kevin Ellis, Great Lakes; Toby Shelby, ACS Manager; Pat Huber, ACS Manager; Tina Melvin, ACS Manager; Kathy Kelly, ACS Manager; April Taylor, ACS Manager.

**Absent:** Tina Melvin

**Invited Guests:** Rosemary Mervosh, R.N., Chart Auditor

Ross Fidler opened the meeting by saying that he is very happy because the cash report reached the mark of 30 million 889 for the month. NFBs are down to 50 million this morning. Ross got a report from Fortis for October cash. He said that 1.8 million may not be October's and asked Diane to audit the report to see how much of that was really posted in October so the necessary adjustments can be made

- Ross will send the report to Diane for her to verify.
- Diane will follow-up on the Bill Andrews report to see what the status is.

Lacy met with his boss at the County about expenditures. Got approval for using county money for December.

Summary for the month: Clark County money was up \$1.8 million over last month. That was up 1.5 million over the month before. Insurance was up about \$150,000 over October, and up about \$400,000 over September. Insurance/other (managed care) was up about \$500,000. Medicaid came in \$500,000 higher than what the hospital was collecting before. Medicaid/HMO was up about \$700,000 over last month. Medicare was \$500,000 under last month. Insurance payment from the Venetian was approved. Medicare HMOs were down about \$400,000 over last month and several month previous. Other Governmental was down about \$400,000. Self-pay was down about \$300,000. Overall came in about \$100,000 less than last month. Ross thinks that cash collections could be 33-34 million.

*OK* **Coding Issues:** Ross asked Becky about additional coders. Becky said she was looking for another coder from HIP and she is also looking into resources from another company. Ross asked Becky if Pam Scott could work full time for a short time. There was discussion about the huge cost involved. There was also discussion about coders working from home, but that it isn't possible yet. Becky will continue to look at other sources for coders.

Ross asked Becky if she got, and is working on, the information for Chart One. Its on the agenda for the 12/6 Board Meeting.

*OK* **Credit Balances:** Toby has about \$2.5 million worth of contract adjustments done now.

Ross asked Virginia if she had checked to see how resubmissions were being counted. Virginia said that receipts are only counted once. Patient Access is going to fix the problem, so the number should be going down.

Report for Great Lakes: We sent them 76 million. Great Lakes gets paid when we get paid. Virginia has an approved report and a paid report so she can track invoices.

*unclaimed*

RA 000525

57K

**Cash Collections:** April: Collections last week \$34,000. Janet: \$17,000. Judy and John: \$78,000 for the month. RL

Volume at UMC is extremely high, so any increase is considerable.

Trophy will be awarded in the month of December. Ross asked the group to think about what kind of trophy will be purchased.

**Rosemary Mervosh was introduced.** She is the new chart review auditor. Based on her reviews, so far, she believes that we are over utilizing services and that length of stay is too long. She believes that a lot of procedures can be done on an outpatient basis. She's trying to find out where problems lie so that the system can be fixed. If it can be done on an outpatient basis, she believes, it should be. She has noticed that NICU 3 is being over utilized. All patients are coming in to level 3, inpatient status. Physicians are being over cautious.

Has frustration with the County because of length of stay, and also observation beds that are "chest pain" beds. She believes that patients should be admitted as inpatients for chest pain.

Ross would like Rosemary to share the information she's gathering with the appropriate department heads and asked her to attend the One Stop meetings for the next several weeks, so that problems can be identified and solved. Committee members introduced themselves to Rosemary.

**Old Business:**

Customer Service

OB Packets *IAW*

Case Management

Eligibility

Escapes *7*

EMTALA

Denials

Pysix ✓

\_\_\_\_\_  
Ross Fidler, Revenue Cycle Director

\_\_\_\_\_  
Date

RA 000526

RA 000527

**UMC Committee Minutes  
December 6, 2005**

**Committee Members:** Ross Fidler, Revenue Cycle Director; Dianne Mazzei, ACS Manager; Nancy Newman, Operations Manager Patient Financial Services; Virginia Carr, Director of Eligibility; Haydee Florentino, Director of Case Management; John Cramer, Operations Manager, Patient Access Services; Becky Bratten, Director of Medical Records; Shundra Mosby, ACS Manager; Bob Jaime, ACS Manager; Judy Smith, ACS Manager; Kevin Ellis, Great Lakes; Toby Shelby, ACS Manager; Pat Huber, ACS Manager; Tina Melvin, ACS Manager; Kathy Kelly, ACS Manager; April Taylor, ACS Manager.

**Absent:** Tina Melvin, Pat Huber

**Invited Guests:** Rosemary Mervosh, R.N., Chart Auditor

Ross Fidler opened the meeting by saying that the NFBs looked good this morning.

**Cash:** Ross reported that cash this morning was almost \$3,000,000.00 which is a run rate of 23.5. This reflects Thursday, Friday, and Sunday

*Bgt*  
**SSI report:** 16 million for the week ending.

**Status on Venetian case:** Still pending. Diane will stay on top of it. *Still Pending*

*X* **Patient Complaint (Judith Graper):** Will have a response today. Being worked on.

*at* **1011 Billing:** Virginia is working on moving more claims over. Three and a half million has been moved over already. There will be more moved through tomorrow. Virginia said that they should be at 4.5 before it is time to drop them. Ross read a memo from Mike. Mike wants to get these claims ready by next week. Virginia said that they're ready go. Ross asked that this be followed up on.

*at* **Tamara Moss, employee letter to Lacy:** Works in the eligibility department. She recently took over the "discharge desk" stationed in the admitting area. The letter states that she has been told to collect copayments, deductibles, coinsurance, etc. from our patients by visiting the patients in their rooms while they are inpatients. She feels that this is a very tacky and uncaring way to do this. Her suggestion was to have a stationary discharge desk in the admitting area. She says that she has approached the consultants in her area with this suggestion.

Lacy's response was to thank her. He informed her that the system she explained did not work in the past primarily because of the high volume of patients and a great need turn over beds, and that she should follow-up with the consultants again.

Judy and April said that they were approached, but nothing was said in detail. There was discussion about the way Tamara is doing her job now, her suggestions, and how the discharge process was handled in the past. There was also discussion about how the discharge process works in other hospitals and how it can be improved at UMC. Ross would like some communication with Tamara indicating that her concerns are understood and appreciated.

- Shundra will meet with her in a positive way and explain that she shouldn't present herself as a bill collector, but as a financial counselor and explain that her concerns are shared, but the hospital hasn't come up with a better idea yet.

*all*  
**EMTALA:** Ross got the opinion from the District Attorney. It looks like it will be in UMC's favor. New EMTALA regulation says that if a patient offers an insurance card the hospital can take it as long as it has not been asked for. According to her, the new version of EMTALA is more liberal. Her concern is that UMC's CFO will probably be more conservative. Ross said that he will handle that problem.

*all*  
**CODING ISSUES:** Becky said that Pam Scott will be in this week. She has a call in to Precise to see if something can be worked out with them to supply coders. Another contract coder from HIP is working as she can. ERs are in pretty good shape so she was able to turn all but one of the coders in ambulatory back over to the clinics to work on those accounts. She is still working on getting somebody else in to help.

*get Precise name*  
**CREDIT BALANCES:** Toby said there are still small balances.

*all*  
**CASH COLLECTIONS :** April said they had a record week of \$57,000. Janet reported that they did \$6,000 yesterday alone.

*all*  
**ESCAPES:** John reported that there were 7 out of 263 patients.

*ACTS*  
**IS** is still working on it with no completion date yet.

Ross spoke to the group about his meeting in Atlanta yesterday concerning this engagement. He did a presentation there about the 2 biggest challenges from last month.

*all*  
**ACCORDIS** collections. Has set a target of 6.7/month. Ross's intent is to cancel that contract. Ross asked Diane if they are responsible for rebilling.

2. There was a system issue with 72R rule on vital works that resulted in half million dollars in denials on inpatient claims. The system has been fixed and everything has been re-billed.

He explained that the sheer volume of UMC is difficult for people to understand, so predictability is very hard.

**CASE MANAGEMENT:** Joy reported that Haydee talked to First Health about admissions. Haydee will coordinate with Rosemary to prepare physician education.

*today*  
**BAD DEBT:** Nancy reported that she has some preliminary numbers.

**PYXSIS:** Bob reported that they met with IS last week and the interface has been established.

154K  
41K  
29K



Becky reported that Don Haight recommended renewal of the Chart One contract and to finance the interfaces. They will have to do the equipment after the fact. Don recommended going forward.

REPORT FROM ROSEMARY: She has been sharing information with case management about doing an educational piece for physicians. She has been seeing a tremendous amount of discharges and has noticed that the chest pain center is highly underutilized.. She noted that UMC is losing money on observations and by bringing patients in for outpatient procedures. Her recommendation is that this has to be fixed before we lose more.

- Becky will introduce Haydee and Rosemary to Dr. Lenhart of the School of Medicine to initiate physician education.

MINUTES APPROVED BY:

Ross Fidler, Revenue Cycle Director

Date

RA 000530



**UMC Committee Minutes  
December 8, 2005**

**Committee Members:** Ross Fidler, Revenue Cycle Director; Dianne Mazzei, ACS Manager; ~~Nancy Newman, Operations Manager Patient Financial Services; Virginia Carr, Director of Eligibility;~~ Haydee Florentino, Director of Case Management; John Cramer, Operations Manager, Patient Access Services; Becky Bratten, Director of Medical Records; Shundra Mosby, ACS Manager; Bob Jaime, ACS Manager; Judy Smith, ACS Manager; Kevin Ellis, Great Lakes; Toby Shelby, ACS Manager; Pat Huber, ACS Manager; Tina Melvin, ACS Manager; Kathy Kelly, ACS Manager; April Taylor, ACS Manager.

**Invited Guests:** Rosemary Mervosh, R.N., Chart Auditor

Ross Fidler opened the meeting by relating his meeting with United Healthcare. He said that UHC group owns a bank. They are beginning a new program in January whereby they will distribute ID membership cards with a magnetic strip, which when scanned, will give you the benefits the person presenting it qualifies for. If the card has a MasterCard logo on it, a health savings account has been set up that can take the co-pay right off the card. Ross thinks that this could be a great opportunity for UMC. It uses a regular credit card reader. The bank affiliate is Exante Bank. Ross is waiting for material to arrive from them. They will also do an in-service.

*Lucius Tang*  
**Coding Issues:** Ross asked Becky what the status was on the 57 million. Becky said the coders are working on the smaller charts to catch those up before the stale dates. Ross asked again if this can be done offsite. Becky said that she can't even have access to AS 400 offsite. She said that she would be meeting with the people from the feasibility study and will bring it up to them. It will have to be looked at for the future. Becky said that the coders are being pushed very hard, but they can't do any more. Pam from First Class Solutions will begin this week, so the bill-hold will drop considerably. *50/40*

*Chad*  
**Cash this morning:** was at 6.3 million with a run rate of about 27 million. Cash report from Pat yesterday was about 4 million still unposted. Ross wanted to know if the system still hasn't been fixed or if there is another problem. John said that the product is slow. Its not the right product and they're waiting for 2 more machines.

**Venetian insurance payment:** Diane said she hasn't heard as of yesterday, but will follow-up ✓

*10/12/15*  
**Graper Complaint:** Janet said that a response letter will go out today.

*10/12/15*  
**1011 Billing:** ~~3.8~~ <sup>2.4</sup> million has been dropped and ready to go. Virginia said that the deadline will be met. DBE is waiting for a contract. Virginia will contact Mike Hayes. Ross asked if we have more than enough claims to cover the portion we need to get. Diane said that we do. Total for the state is 2.8 million. UMC will get a portion of the 2.8 million after everyone has submitted their claims. Ross mentioned that UMC has to submit as many claims as possible. At the end of each quarter another batch will be sent.

*Policy  
this pm*  
**EMTALA/District Attorney's Opinion:** Ross asked Kathy, John, and Judy to write a Policy and Procedure based on the opinion keeping in mind that UMC wants to be careful with perception. Intent is to keep information historical, don't ask about anything until the patient has been screened. Staff won't ask, but will accept a card if its offered. Ross said that the key is consistency. A script should be written for the registration person and that script should be followed. That way, what was said can be supported beyond a shadow of a doubt.

*Report  
credit  
L 201*  
**Credit Balances:** Toby reported that credit balances are about the same, and got another 500,000 adjustments in yesterday. Ross asked for a credit balance report once its complete. He asked for a summary to show what's out there.

**Cash Collections:**

*86  
133K  
20*  
*239*  
April: Got another \$97,000 yesterday, but check hasn't cleared yet. Patient's son came with a cashier's check, deposited it into the father's account, and wrote a check to UMC. Virginia will deposit the check for payment on Tuesday.  
Judy - 29,000. Last month 9,000

*2 escapes*  
**Escapes:** 10 of 233

Ross mentioned he heard that Deloitte will be doing the feasibility study, because they originally recommended new systems. He said that Med Series 4 is outdated and is not robust enough to handle this type of volume. Siemens does not have anything today that can handle this kind of volume. There was discussion about different systems on the market. Ross said that UMC needs to get all of the processes in place so that when the system is ready to be purchased, we can say, this is what I need. The system needs to be bought according to what the patient accounting needs are.

*✓*  
**ACCORDIS:** Meeting is set for next week. The contract will be cancelled based on the terms of the contract and UMC is giving 90 day notice. Ross said he is not comfortable paying an invoice without the supporting documentation.

**Accounts Receivable:** In October the AR went up 50 million dollars. Ross said that we know that 31 mil was in self-pay. Of the 31 million, 14 was because accounts were brought back from the collection agency because they didn't meet the ERA requirements. The other 18-19 million are accounts that are being held because of ERA requirements. Ross said that according to Cindy C, the other 19 million could be attributed to the contractuals not being posted. Nancy requested that report from Cindy and will follow-up on it.

*BR*  
**Pyxis:** Interface has been established. There will be a meeting with Ron to discuss procedures.

*BR*  
**Case Management:** At the last meeting Joy reported that Haydee spoke to First Health about admissions. Haydee reported that Vanessa from First Health is willing to take part in educational lectures for the physicians. She will work with Rosemary on this project. Ross said that Marlo's recommendation was to start with Dr. Kaiser instead of with Dr. Lenhart. Rosemary said that attendings can do the course on-line, but the noon conference would be the best venue for the residents.

*BR*  
**Nancy:** Discussed problem with the collector code. She said that IS will have to become involved. She'll find out more about it.

**Tina:** Related a story about a patient she met, who came in with extremely high blood pressure, who had to wait in the emergency room for over 6 hours. She was called 4 or 5 times to the desk. They took information from her, but she was not admitted until the next day. There was discussion about the ER, possibility of a new discharge lounge, triage etc.

**Toby:** Meeting with Cindy about the contractual posting process. It appears that contractuals are not being taken at the time of payment the way they should be. Toby said that they're in the process of trying to change that to where they're going to begin posting the contractuals on the outpatient accounts when the payment is received. Its being done upfront on the inpatient accounts right now. He wants to get the collectable people and the follow-up people working together and will meet with them to set up communication.

*BR*  
**Rosemary:** Discussed fine-tuning triage in the ER so patients do not wait so long. Also discussed the liability of patients being allowed to leave on their own.

*BR*  
**Virginia:** Concerned about Peds ER Revenue. Seems like a lot of the patients are registered, but they don't get charged. Peds Revenue should be looked to make sure that the charges are showing up.

Minutes Approved By: \_\_\_\_\_

Ross Fidler, Revenue Cycle Director

\_\_\_\_\_  
Date

RA 000534

RA 000535

**UMC Committee Minutes  
December 13, 2005**

**Committee Members:** Ross Fidler, Revenue Cycle Director; Dianne Mazzei, ACS Manager; Nancy Newman, Operations Manager Patient Financial Services; Virginia Carr, Director of Eligibility; Haydee Florentino, Director of Case Management; John Cramer, Operations Manager, Patient Access Services; Becky Bratten, Director of Medical Records; Shundra Mosby, ACS Manager; Bob Jaime, ACS Manager; Judy Smith, ACS Manager; Kevin Ellis, Great Lakes; Toby Shelby, ACS Manager; Pat Huber, ACS Manager; Tina Melvin, ACS Manager; Kathy Kelly, ACS Manager; April Taylor, ACS Manager.

**Invited Guests:** Rosemary Mervosh, R.N., Chart Auditor; Bill Taylor

Ross Fidler opened the meeting.

**NEW BUSINESS**

Ross went over the report sent to him by Nancy and told her that he would like the bill generation report to be set up so that he can look at it quickly and tell whether UMC is behind or ahead. He would like last month's statistics and then ongoing. He also wants a report indicating the claims that dropped off of SSI, and the corresponding report indicating what went into SSI for that same week.

- Nancy will generate reports with the requested information.

Ross showed Diane an e-mail from Bill Andrews and asked her to make sure that copies go to Diane, Nancy and Virginia. He asked her to read it over quickly and make sure that everything is okay so it can be sent out ASAP.

- Diane will follow up

1011 - Waiting for Ernie.

**Cash** - Ross reported that the hospital had a good day yesterday. So far this month the hospital is at 11.6 million, a run rate of about 31.8. County money was very strong. The hospital collected 3.8 million last month which is up from 2 million the month before and 2.3 the month before that. Ross said that as of today at it was 3.1 million. He's looking for it to be 5 or 6 million dollars this month.

Insurance is down a little bit. Medicaid is okay. Medicare is way down. Other governmentals were down a little bit. Self-pays look about the same. Cash collections since July have steadily gone up.

**Bill Taylor was introduced** - Ross told the group that Bill is joining the UMC Revenue Cycle team to help increase revenue and get processes in place.

**Opinion from District Attorney's Office:** A meeting has been set for tomorrow about the EMTALA regulations. The regulations have changed and the District Attorney is recommending more latitude. This should also eliminate escapes.

- Judy, John, and Kathy will have a policy written for the meeting.

**ABN:** Ross asked Bob how Phase II is going. Bob said that IT is working on getting Phase II up and running. Phase III will not be too far behind. This should resolve problems related to writing off large dollars of medicare non-covered, that the hospital couldn't go after the patient for.

**Cash Posting:** Report from yesterday indicates the hospital still has about 1.1 million in unposted cash in Medicaid money. Most all of November's and December's invoices are caught up.

- Bob will find out how close we are to getting caught up and report next time.

*back*  
**Coding Issues:** Yesterday's bill hold was \$53 million. This morning it is \$50 million. Ross asked Becky if it will break into the 40s this week. Becky said that it will, but not everything being dropped is crossing over, so some of the work being done is not being reflected in the DNFB. She has a ticket in to IS.

**AR:** Dropped about \$5 million from last week. *X*

*off*  
**Case Mangement:**

- Haydee will set up a meeting to include herself, Ross, John, Judy, and Dennis to look at the admission screening process.

*off*  
**Eligibility:** Ross told April that since the process was changed in November collections have been approximately 2.3 million/week, but over the last 2 weeks the numbers have been below 2 million. He said that there can't be slippages like that and asked April to watch this for the next couple of weeks. Things are improving from EFS. Just need to keep a tight rein on it.

*off*  
**Admissions:** Reminder procedure has gone out to make sure case number and date-of-birth are correct on county card, however denials are still high. Ross asked John and Judy to keep an eye on it. Most denials come from wrong case numbers.

Ross told the group that the hospital will use an outside attorney (AI), to help collect on difficult accounts. He has been very successful for other institutions. Not only is he helping with collections, but he is helping to re-write managed care contracts by putting clauses in that protect the hospital.

**OLD BUSINESS**

*James*  
**Coding:** Hospital is full to capacity and coders are getting 400/day. Ross reiterated that we need another contract coder and that the hospital needs to find a way use remote coders.

- Ross will talk to Dough Northcutt about remote capability.

**Venetian Insurance payment:** Will call us as soon as the check comes in. Its been approved by the Venetian and its expected any day. Pat will pick it up.

**Credit Balances:** Toby said he has about another 5 or 6 million to go.

- Nancy will pull reports for any credit balance over \$20,000.

*all*  
**Cash Collections:** Collections for last week were about 130,000 for the week. Janet's group brought in \$85,595. Between the 3 groups there were \$239,000 in up front collections. In the past the whole hospital was only collecting 60,000 a month. There was more discussion about getting a trophy. Ross said to keep up the good work.

*all*  
**Escapes:** 7 of 200

**ACCORDIS:** Ross said that he has a meeting set with them today at 10:00.

*all*  
**Accounts receivable:** In October total AR went up \$50 million. \$31 million of that was self-pay. \$14 million was brought back and \$19 million wasn't sent because it didn't meet the ERA requirements. Most of the rest of the \$50 million increase was contractuals not being posted. In the past Cindy Charyulu was instructed not to take contractuals at the time of payment on certain accounts. As of last Wed. she now is. Some improvement should be seen soon.

*Table*  
**Pyxis:** Tina will be meeting with all of the various areas to make sure they're all on the same page with the new procedures. The only way to run reports at the moment is to compare actual usage to what's



coming out of the charge master, versus what's actually been taken out of the Pyxis system. That's the report she's trying to get.

**Rosemary:** Triage in the ER still has many issues. It is a labor-intensive problem. There are many situations that need to be looked at and she needs input from Dr. Ellerton to help expedite things. Part of the issue is inpatient vs. observation.

**Janet:** Reported a record-breaking week with 88 calls. Abandon rate was down 10%. There was discussion about patient bills only going out in English. People are saying they're not patient friendly.

- Janet will look into this.

**Ross** said 17% of the bills dropped off of MedSeries and into SSI, but the numbers need to go up to 50-60%. When we started 30% of the bills that went out of the hospital got paid on the first shot. The hospital is now running 75-80%. That number needs that to be raised to 90 or 95%.

**Bill Taylor:** Told the group that he has written more detailed RFPs for the collection agencies. And that he anticipates there will be more than one collection agencies. He is looking for very detailed RFPs to specify exactly what the agencies should do.

Minutes Approved By: \_\_\_\_\_  
Ross Fidler, Revenue Cycle Director

RA 000538



*Recruit Bonus*

*given on*

**UMC Committee Minutes  
December 22, 2005**

**Committee Members:** Ross Fidler, Revenue Cycle Director; Dianne Mazzei, ACS Manager; Nancy Newman, Operations Manager Patient Financial Services; Virginia Carr, Director of Eligibility; Haydee Florentino, Director of Case Management; John Cramer, Operations Manager, Patient Access Services; Becky Bratten, Director of Medical Records; Shundra Mosby, ACS Manager; Bob Jaime, ACS Manager; Judy Smith, ACS Manager; Kevin Ellis, Great Lakes; Toby Shelby, ACS Manager; Pat Huber, ACS Manager; Tina Melvin, ACS Manager; Kathy Kelly, ACS Manager; April Taylor, ACS Manager.

**Absent:** Becky Bratten; Tina Melvin; Judy Smith; John Cramer (represented by Linda Hillerby)

**Invited Guests:** Rosemary Mervosh, R.N., Chart Auditor

Ross Fidler opened the meeting.

There was discussion about an attorney's phone call to the business office involving a settlement.

- Diane will have someone call the attorney by the end of the month.

**Stale Dates:** Ross said not to do any 2004 stale date write offs for Nevada Care until the hospital gets the 2004 settlement.

**Bill Taylor:** Ross clarified why Bill Taylor is here. He said that his function is to review and recommend. He told the group that if he wants to change something, the suggestion should be taken positively, but he should be asked to run it by Ross first before anything is changed. If he has a good idea, it should be discussed.

**Interface with Great Lakes System:** Ross wants to go forward with that. Great Lakes is working the accounts and documenting them on their system, but they're not on our system. When the hospital gets the account back, many times, their efforts have to be duplicated. Dennis and Ross left it that the UMC IT department will have to drive the interface. Someone in IT has to contact the IT department at Great Lakes.

- Virginia will respond to our IT department that we are moving forward.

**1011 Billing:** Deadline is January 11. Diane says that the hospital is ready to go. Paula Zappala at Trail Blazer is the contact. Diane spoke to her and Ernie has spoken to her as well. It can only be done through DDE and UMC can't get a Pin number. Once that happens it can be keyed in.

**Cash:** Posted \$2.495 million. \$24,995,000 run rate of 36.6 based on 22 days. Ross said that he's cautiously optimistic we'll have a really good month. Mike said that cash appears to be improving. Its trending the right way.

**Medical Records:** This morning DNFB was \$44,500,000. A little bit high, but better than it has been in the past.

**AR:** Some of the AR is starting to get posted back. Ross said that if the hospital moves forward with the clean-up process, he would like to take the Fourteen Million, brought back from the agency, and use offshore people in India to do the collections. There was discussion about creating additional patient complaints because of the language problems. Ross would like to figure a way to use them with limited patient contact.

**Shundra:** Learned how to run aging reports. Ran a report on accounts that are 60 days or older. Will work to devise a plan to collect on the older accounts.

*all*  
**Ross** also mentioned that, Toby, as part of managed care efforts, should identify the 4 or 5 major local payers and pull a report for each, every 61+days (or whatever time frame is stated in their contract).

**Toby:** Still working on cash posting.

**Kathy:** Policy was approved with a couple of revisions. The hospital will be able to move forward with a full registration after triage.

- Kathy will ask Anette what the next step is in order to move forward.

**Haydee:** Case management meeting will be held on the 28<sup>th</sup>.

**Virginia:** Bank released funds on the check she was holding. She is trying to place patients so there will be room for new patients who will be coming in over the holidays. The hospital is full now. Ross requested someone to cover for him in case of a major disaster since he couldn't get here from Denver. Virginia said she would cover. Linda said that she and John are also on the disaster list.

**Coding:** Ross said that there needs to be more lead time between the time the charts are coded and the time the billing office gets them before the stale date. He thinks the billing office should have them at least 10 days before stale date.

- Ross will talk to Becky about that

**Linda:** Her department had \$10,946 over the counter collections this week. The monthly total is \$63,807.

**Linda** reported that 8 left in EMTALA. One left before registration, and 1 left before bed placement. New managers have started 24/7 coverage. They seem to be doing well and are anxious to get going.

**Bob:** Bob reported that they had the case management demo from Midas and Canopy is scheduled for Wed. 1/4 at 9:30. Ross wanted to make sure that there is a grading sheet of some sort so people can remember which product is which. Bob said that a summary sheet will be distributed. Eclipsis still has to be scheduled. Ross said he doesn't think Eclipsis will work because it only works with Eclipsis clericals, so it might be a waste of time. Orso will be at the hospital on Jan. 5. They're interested in helping with case cards and preference cards. ABN Phase II will go live Jan 9.

- Bob will follow up with Eclipsis

**Janet:** Collections for the group were \$25,000 for the week and \$215,000 to date. The Upfront Collection Trophy has been ordered. Ross recommended some kind of leveling device because the groups vary so much in size. Janet contacted Express Bill about Spanish verbiage on the billing statements. The recommendation was to have Sylvia Vasquez, from interpretive services, work on the translation and then give it to Express Bill.

**Janet** reported that the billing team is adding new people, i.e. charge entry experts to look at errors and knock them out. She has already contacted Vital Works to make a change called rapid edit on one of the biggest errors in that system. Ross said, in response to Janet's e-mail, a year is too long to wait to get things fixed.

**Rosemary:** Rosemary and Becky drafted a letter, with the blessing of Drs. Ellerton and Christianson, to support their cause to educate physicians about inpatient vs. observation procedures. She is in the process of writing a proposal that will go through the various committees to be approved for the education of physicians in general.