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 01:13 p.m. Tracie K. Lindeman Clerk of Supreme Court

CASE NO: 69074

RESPONDENT'S AMENDED APPENDIX Vol. 4

FRANNY FORSMAN, ESQ. Law Office of Franny Forsman PLLC Nevada Bar #000014 P.O. Box 43401 Las Vegas, Nevada 89116 (702) 501-8728

DANIEL J. ALBREGTS, ESQ. Daniel J. Albregts, LTD. Nevada Bar #004435 601 S. Tenth Street, Ste. 202 Las Vegas, Nevada 89101 (702) 474-4004

STEVEN B. WOLFSON Clark County District Attorney Nevada Bar # 001565 Regional Justice Center 200 Lewis Avenue Post Office Box 552212 Las Vegas, Nevada 89155-2212 (702) 671-2500 State of Nevada

ADAM PAUL LAXALT Nevada Attorney General Nevada Bar #012426 100 North Carson Street Carson City, Nevada 89701-4717 (775) 684-1265

Counsel for Appellant

Counsel for Respondent

INDEX

<u>Document</u>	<u>Vol.</u>	Page No.
Answering Brief filed in Sup. Ct. Case No. 58833 on 2/2/12	Vol. I	73-114
Decision on Motion to Dismiss in Case No. 08C241569, filed 6/3/11	Vol. 1	28-34
Minutes from Court Date 3/8/10 In Case No. 08C241569	Vol. 1	16-17
Minutes from Court Date 7/31/14	Vol. 1	122-123
Motion to Dismiss in Case No. 08C241569 Filed 2/11/11	Vol. 1	18-27
Opening Brief filed in Sup. Ct. Case No. 58833 On 6/8/12	Vol. 1	35-72
Register of Actions for Case No. 08C241569 State of Nevada v. Lacy L. Thomas	Vol. 1	1-15
Transcripts in Case No/ 08C241569 from 5/6/14	Vol. 1	115-121
Defense Exhibit G Binder Part 1	Vol. 2	124-332
Defense Exhibit G Binder Part 2	Vol. 3	333-541
Defense Exhibit G Binder Part 3.	Vol. 4	542-751

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:

ADAM PAUL LAXALT Nevada Attorney General

FRANNY FORSMAN, ESQ. DANIEL J. ALBREGTS, ESQ. Counsels for Appellant

OFELIA L. MONJE Deputy District Attorney

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

Cash Collections: Ross said he thinks most of the improvement on the cash is on the billing side that includes billing, eligibility, etc. He told the group that the hospital needs to concentrate on getting the revenue fixed and getting the front end fixed. New cash has to come in from observation, CDM, all the other different revenue-producing items. These are the areas that have to be concentrated on for the next year.

Coding Issues: Hold for Becky

Pyxsis: Hold for Tina

Ross asked Janet about calls this week. She said that they were down. Opinion was that this could partially be attributed to the holidays. Janet is working with communications to change the phone system. She wants it to be set up with the option of pressing 1 for English and 2 for Spanish. Virginia said maybe there should be some education offered to the operators so they can direct calls to the right place.

Minutes Approved By:	D. E. H. D. Crois Director	Date
	Ross Fidler, Revenue Cycle Director	Date

UMC Committee Minutes December 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; Lilly Vallin, 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

Abssent: Janet Howard; Diane Mazzei; Haydee Florentino; Bob Jaime; Judy Smith; Tina Melvin; Kathy Kelly; Rosemary Mervosh

Ross Fidler opened the meeting.



Cash: Cash yesterday was \$1.9 million, a run rate of \$34.1 based on 21 working days. Comparisons between this month and last month - Clark County last month was 3.8 which was the highest it has been since July. July was 5.4 but most of those were year end from the previous year. As of this morning the hospital was close to \$7.1 Twenty four million was posted. The hospital has to bill at least 55 million.

Insurance is about 300,000 light from last month. Insurance other (PPOs etc.) was \$10 million 1. Runs about 10 million. Medicaid is at 5.7 million it was at 6.7 million last month. Average is about 6.2.

Virginia got a report yesterday from old approvals. Probably about 2 or 3 million out there in old out of state approvals.

-Nancy will pull a report on National Access AR to see what can be re-billed.

Medicare is at 3.6 which is down from 4.8. HMOs were okay. Other governmentals were okay. Self pays were okay. Overall the hospital is in pretty good shape.

Ross did some analysis on HFRI vs. UMC billing and follow-up. Ross asked for a report on invoices and collections from HFRI from the last invoice they sent, back six months. They were running just on Insurance, Insurance/other, madicaid and HMOs. Their average was \$10.7 million. The UMC average is \$11.4 million.

Medical Records: DNFB 53 million today. Becky told the group Medical Records lost a coder and a replacement is waiting, someone who worked here before. Replacing the inpatient coder will be more difficult.

-Becky will talk to John Espinoza about offering an incentive bonus. Ross told Becky that the stale date time frame has to be backed up from 10 or 15 days. Billing is not getting them in enough time to process. Becky will have Rolande clean up everything in the 0-14 days and concentrate on keeping everything out there which will give billing more time to process.

Caroline Stewart will start on the 15th of January to help Becky's department. She will stay as long as necessary.

Admissions Area: 29% of claims submitted were rejected. In most every case they had Title 19 restrictions. The information is in CACTUS. John asked for a sampling of some of those so he can see what the pattern is and try to identify where the problem is.

-John will work on rejects

Managers have started and are helping to allocate staff and resources. They're also going to spend time making sure that data is entered correctly and retrain staff when necessary. Next target is all insurance carriers that require insurance override. Ross said that the error rate was 12% and that is must be better. John said his staff will do their part. John recommended a staff education standards committee or group to establish standards across the corporate entity. Brian's group has to be involved.

April said that they were up in applications. She said that they were getting good applications. Virginia said that she is hearing otherwise, but the new 2005 contract should give them a little boost. Ross asked April and Virginia to get together and get the together.

Field Reps: April said that the field reps. are not bringing anything in. There was discussion about field reps., their function, hours, success rate. Ross asked what they could do, as a group, to validate what the field reps. are doing. There was additional discussion about whether or not field reps. should be brought in-house. Maybe bring in one to do things like nursing home placements, and leave the other in the field. If that were done, job classifications would have to be changed. Ross asked for statistics over the last 60 days and then mentioned that there should be a meeting with the reps. Ross, Virginia and April to hear their side of the story.

1011 Billing: Nancy e-mailed Ernie. He said he'll have the modem ready on Tuesday. He knows the tech. side and has been working on it. Ross said that these have to be in Trail Blazers hands by next Friday.

- Nancy will follow-up again.

Great Lakes Interface: Virginia is waiting for a response from IS

HFRI: Nancy will give Ross a report by next Tuesday or Wednesday on how many people the hospital has interviewed from HFRI.

Virginia reported that when she was at the County offices there was discussion about Medicare Part D. County is requiring patients to sign up for Medicare Part D and will be canceling Clark County cards as of 12/31. If the patients come in, how will they be billed? If the patients are on a regular commercial plan, they will be self pay.

Toby is meeting with First Health. He's working on the list of the top 5-7 payers and trying to get the cash report done.



There was discussion about how high the census has been. It was close to capacity last week.

Pat will start looking into the charge capture issues.

Shundra will be giving some of the insurance companies FEDEX ID numbers to try to collect more efficiently.

Ross Fidler, Revenue Cycle Director

Date

Minutes Approved By:

UMC Committee Minutes January 3, 2006

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; Lilly Vallin, Great Lakes; Toby Shelby, ACS Manager; Pat Huber, ACS Manager; Tina Melvin, ACS Manager; Kathy Kelly, ACS Manager; April Taylor, ACS Manager, Janet Howard, ACS Manager

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

Absent: Janet Howard; Nancy Newman, Bob Jaime; Judy Smith; Kathy Kelly;

Ross Fidler opened the meeting.

I. CASH:

Ross announced the Monthly Total for December is 35,529,422.06. The biggest impact was county money, which was 8.1 Mil. Insurance for December is 12.1, Medicaid was up about 400,000, Medicaid HMO was down about 400,000, and Medicare is down about 700,000. Medicare HMO, was up about 300,000. Self-Pay was up approximately 200,000. At the end of the year we were at 49.9Mil.in Medical Records. Becky is working with staff on 1-15, and if the days get to 15, she will be made aware.

II. John Cramer:

 After reviewing the accounts, the volumes on the denials were proportionate to the amount performed by Great Lakes. Many of the accounts were back to 2002, 2003 so there is big "push" by Great Lakes.

The process issues were:

1). UMC is limited to 26 connections with Clark County Social Services, but is not longer the case. Then a back up system for the weekly updates for Clark County was created. This update allowed files to be loaded into a file, for UMC to have access so no one had to physically go to County. The problem was the system did not have the limitations on it, making this the root cause.

Now we do have access to CCSS. We have to make sure that we all can go thru the ports. We need to determine from Ernie how many ports we have.

2). Pharmacy's Policy & Procedures stated if they were pending Medicaid and they had a slip, they were permitted to receive medication and were billed to county. This procedure then changed in August 2004. And it stated; you no longer just bill county if they have a pending.

3). Because limitations weren't available on CCSS through our system, the staff was not reviewing the card for pending Medicaid, therefore, not putting these accounts in a pending Medicaid status.

John sent out an email to his staff stating, anything that has limitation with pending Medicaid to make sure they put a 0024 code which is a Self-Pay classification. This will make the account roll over to Clark County if pending. John has informed Brian Walsh as the majority of the groups that need to be made aware are from the clinics.

Action: John will meet with the Pharmacy Director, as many accounts are from the Pharmacy.

III. <u>Field Reps:</u>

Virginia is setting up a meeting this week to meet with staff and reallocate
if necessary. She will give an update at the next meeting.

<u> 1011 Bill:</u>

 Due to Nancy's absence this morning she was unable to give the Committee an update on the installation of the modem for Trail Blazers.

<u>Action</u>: Diane will inform Nancy this information needs to be given to Ross as soon as possible, upon her return.

Great Lakes Interface:

Virginia continues to follow-up with IS.

VI. Medical Records:

 Becky was asked to supply information regarding patient charts that have received a retro authorization. Medical Records delivers these charts to the First Health Nurse for purposes of obtaining an authorization. She will send Diane the information.

Tina Melvin:

• Tina continues to review the OR area regarding quantities of supplies.

Action: Pat and Tina will work together to identify reimbursable supplies.

VIII. Lilly Vallin:

Great Lakes continue receiving their accounts.

IX. Toby Shelby:

W/

Toby and Cindy Spallitta will begin working together with setting up training for the PPO/HMO and Cash Posting Units. This training will help both areas have a better understanding of each other's processes. Toby continues to work with Contract Management.

X. <u>Diane Mazzei:</u>

Diane commented, temporarily in Self Pay there is 3 staff working the phones and 1 person clerical.

<u>Action</u>: Diane will obtain information from Lee Myers on the status of the Self Pay project.

XI. Rosemary Mervosh

 Rosemary is currently working on the Physician Education in regards to observation status of patients.

Minutes Approved By: // //

Diane Mazzei, Revenue C√¢le

RA 000550

	Vergener (Berger 1)				
		The Control of the Co		anderski Stational Stational Vantonia	
	A CONTROL METALONICA (MARCONICA) TO A CONTROL OF CONTRO				
			F.Laf		
	e pareza den da eroldo do dello eroldo dello eroldo dello eroldo dello				
100 mg (100 mg) 110 mg (100 mg)					
participation of the participa			of the Special Control	erene erene Legende erene Legende erene Legende erene	
on the standard and state of			est and any ending		
and the state of t			Monte (

UMC Committee Minutes January 10, 2006

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, Janet Howard, ACS Manager

<u>Invited Guests</u>: Rosemary Mervosh, R.N., Chart Auditor, Bill Taylor, Employee Assistance Coordinator, Bob Mills, ACS Healthcare Solutions

Absent: Becky Bratten, Director of Medical Records

Ross Fidler opened the meeting.

Per the direction of Ross, if your going to be absent from the "One Stop Meetings" you must send a Representative from your department to attend this meeting.

I. <u>CASH</u>:



- Ross announced we have 55Mil dollars in DNFB's.
- Cash looks good, based on the past 5 working days, based on 25 working days this month, the run rate is 36.1M. County is great. Nancy commented, one of the batches faulted within the County computer system.

Based on Collections yesterday, County is at 3.2M this month, which is a run rate of 13 M. The entire month of October was 2M, 3.8M in November and December 8.1M. This is a positive sign. Commercial insurance run rate is 12.3M. Medicaid is down. Selfpay run rate is 1.8M.

- Ross reviewed a "Cash Collections Graph" with the committee that will be presented at the Senior Administrative Meeting today. Last month the total /cash was at 35M. Ross appreciates everyone's efforts.
 - Ross announced that yesterday Mike Walsh, & Blain Claypool extended their resignations and Lacy accepted them.
 - Ross has been appointed to the Executive Committee Team and will be serving on this Committee with Lacy Thomas and his Team.
- It was brought to Ross's attention, that he made a statement in a December meeting that cash took precedence over QA. And was in the past. We have to get the errors under control. And we won't get them fixed without a good QA System. Ross reinstated his comment; Cash Collections are important and QA is important, so manage to that.

II. Review of the January 3rd Minutes:

Denials:

• John received a listing from Virginia to review the causal factors for the denials and review of the County's batch. The findings were that the accounts were very old, 2002-2003 and the reason there were so many denials is because Great Lakes was pushing them through. John is working on a management action plan to complete a corrective action, which will include updating processes and Policies and Procedures.

One of the issues found involved Prior Insurance. Apps were being initiated on patients who did have a prior resource. It was not discovered at this time, not discovered by the front-end in Admitting and not through the Emergency Services. The EFC's did discover it when they went up to the Units. This has resulted in policy and procedure changes. John has spoken to Brian regarding the Medicaid pending issues

Action Plan: A meeting needs to be scheduled between Brian and John to discuss the Management Action Plan by next Tuesday.

Field Reps:

rginia met with the Field Reps and reorganized. One of the Reps has been appointed specifically to County, which is making a difference.

MABD has been set back to 45 days. The Acute Medicaid days, will be backed up to 45 days, therefore on the 46 day they will go on the report. This will bring us 30 days on the EOB's and 45 days on the Acutes.

911/Bill:

Sign-On's and access to Trail Blazers is complete. Data can be entered and can be verified that they were accepted. Training starts today at 10:00am. Ross would like to have the 82 accounts completed by today or tomorrow.

Action: Toby will check with Cindy Charyulu to confirm availability to accept payments electronically..

Great Lakes Interface:

• Great Lakes IS department is working with UMC's IS department. A time-frame has not been given.

Medical Records:

Becky is out on vacation.

<u> Tina Melvin:</u>

Tina continues to review the OR area regarding quantities of supplies. She hopes to have an answer by Thursday. Ron has submitted a report to the Pyxis staff.

Toby Shelby:

Once PECON Training ends, Toby and Cyndie Spallitta will begin focusing on the Cash Posting Training.

Diane Mazzei:

• The Self Pay Project continues to have 3 staff working the phones and 1 person clerical.

Bill Andrews got the County ERA issue resolved which will reduce this workload. This needs to be approved by Lacy Thomas.

12 M of the 14M has been resubmitted.

Rosemary Mervosh

Rosemary met with Bonnie S, Director of Medical Education Staff regarding on the proposed approval of CME's for inpatient/observation status. The proposal was presented and will go to the Committee on January 17th. Will try to get this on February schedule. She is proposing that we present this to the Residents. She will need the presenter's resumes and will need them to sign the conflict of interest statement.

III. New Business:

April Taylor:

 Submission's were not received this week. Ross reviewed the Month End Reports for December and commented we were 1.7 Mil. behind on the unaccepted, and 2 Mil submissions "unaccepted".

Action: Continue working on action plans. Awaiting feedback to move forward.

Shundra Mosby:

 Follow-Up has no pressing issues. Currently working on 'Action Plan' for Eligibility.

Kathy Silver has been contacted regarding sensitive payor's. If contractors are not paid in 30 days they have to pay total charges. This needs to be forced. Pat awaits a list from Kathy Silvers on sensitive payors, then she will formulate a report.

• Cash collections is at 34,000. She awaits cash reports from two people, to obtain \$150,000 per month. She is approximately \$2,000 dollars under.

Judy Smith:

 Cash collections are currently running at \$22,000. \$615 from the Emergency Department.

Phase II ABN project went live yesterday. MedSeries 4's ABN is installed and Vital Works innerface is being implemented. A date has not been given. The last phase, is Primary Care, UrgentCare/QC. Brian is obtaining names to move forward on training.



de

Bob Jamie reviewed reports deemed as not medically necessary. These reports show the doctors, numbers and description but do not show the amounts. Jonathan in IS is going to match it up with the price. If this does not work this process will be completed manually.

John Cramer:

- The bidding process within Admitting has been grieved by an employee. As a result, there will be a full department re-bid of all of the positions within their department, which was recommended by the Union and concurred by HR.
 - Action: John will schedule a meeting with Ross Fidler, Doug Spring, John Espinosa and Vicki Hedderman and Judy Smith, to make sure this is the right decision. The concern is the impact this change will make.

We are moving forward in all area. The Teams are doing very well.

Rosemary Mervosh:

Shall have the state of the sta

It was found when the UR Nurses have charts for observation and they are put in in-patient status, conversions are not being completed. This will impact the cash flow. Rosemary is not aware of any system in place, if so how accurate it is and how the process is communicated.

Haydee has made the Directors and Managers of the Nursing Leadership Team aware of the new process, explaining they need to fax status change or it to the patient placement center, prior to Admitting.

 County is current. She continues working with the Eligibility staff, retrieving necessary copies of charts.

<u>Action:</u> Virginia will check on services and the cost for the copying of Medical Records.

Diane Mazzei:

Medicare is down; Nancy and Diane will be meeting with Sue Kemper today at 1:00.

Nancy discussed the Senor Applications Analyst that was moved to Cost Center 8510, Finance. Ross instructed her to contact HR and rescind this move.

Janet:

Customer Service:

• Collections for last week was \$41,000

December upfront collections champion is Customer Service, The trophy was passed around for all to review. Bob and Ross will recognize Customer Service today at 2:00 p.m.

Admitting collected \$84K, Eligibility collected \$236K Customer Service collected \$239K (an incremental cash increase of 114% (\$169K)) since October 05.

Call volume is down from an average of 785 in Nov. to 693 in Dec. Call abandonment rate is down 8.9%; Nov. was 46.78% and Dec. was 37.88%

Average talk time per patient per Rep is down. November was at 5 minutes 13 seconds. December was at 4 minutes 33 seconds resulting in the ability to answer more calls.

Post call processing time is down: Nov. 2 hrs and 6 seconds; Dec. 1 hour and 45 minutes meaning more time on the phones

Average phone calls per Rep is up: Nov. 51; Dec. 56. Standard is 72 by March 30th.

The Customer Service area will be fully staffed with 7-customer service Reps on 1/23.

Billing

- Valid (clean claims) rates: MS4 Dec. 12.47%; Jan. 10.92%
- VW Dec. 41.42%; Jan. 37.04%
- Validation rates will increase as changes are made
- First "official" Billing Team meeting is Wednesday, January 11th.
- Assignments have been made and responses are expected by 1/11 for the top 7 errors in MS4 and VW
- High percentage of errors are related to statement from/thru dates which are the result of the Revenue Master and miscellaneous charges

Bob Jamie:

Bob asked if MedSeries has additional editing. John explained, in certain fields of the MedSeries 4, there are editing capabilities. The edits that do have the capabilities are turned on, but there are approximately 14.

Action: Bob and John will review the 14 edits to see which ones would benefit his needs.

Pat Huber:

The ProFee billing follow-up meeting will take place tomorrow. Peter Tibone, Larry Trilops and Brian Walsh will compare the report with Peter's findings and compile accurate numbers. The goal is to make a decision by the end of the week.

The focus for the CDM Team is Charge Entry and Charge Capture. An action plan has been put together and they will begin with the OR, next Cath Lab then Pharmacy.

The Trauma Activation Meeting is today.

Haydee Florentino:

• The old is on UMC property. They approached Haydee's staff and began asking questions regarding Transplant. The staff asked them to talk with their Director/Manager. They did not want to speak with the Director; they wanted to speak directly with the staff.

Haydee did call Risk Management but could not reach anyone. Pat noted employees do have the right to have their managers present during an interview.

Action: Haydee will contact Don Haight in regards to the protocol to follow when the AR arrives, and ask him to send out an email to all staff.

Kathy Kelly:

Yesterday she informed Ross she was told that some people that had escaped. This needs to be validated, and the specific person needs to be held accountable.

Collections were \$615 in the first week of January. The goal is \$200 a day.

Tina Melvin:

Continues working on the snap shot of the before picture in terms of supplies. Between the end of July and November, out of the OR alone there was 3.5Mil billed to miscellaneous. A large majority of this is due to implant's.

She is in the process of working with Ron and Representatives from all the departments to formalize a process for these products. The products need to go through the proper channels to be priced, billed accurately, and to have charge master numbers assigned to them.

In regards to the Reconciliation process, the interface is up and operational. The actual account number is coming through. There are a few glitches in the Ambulatory area, which is stopping some of the charges. Soon they should be at 100%.

CDM Clean up is definitely in good shape. Several of the revenue codes are completed and will be in place.

After researching the problem with supplies, it was found all Nurses have access to supply stations. This allows them to pull up any supply they need. The problem is they are only punching the button (1) one time but may need 10 of these items. What they need to do is push the button 10 times, once for each item. This was documented. Ron has spoken with Vicki.

<u>Action:</u> Ron will be assigning 1 or two people responsible for pulling supplies.

Bob Jamie:

Case management is ready to go new reorganization. They are awaiting the approval of the Steering Committee.

In ACS, Admitting is pre-admitting 100% of the patients, but Nursing is performing clinical preadmitting of only 50% of patients. Ron will assist with addressing this issue. Therefore, caseload will not increase until this is resolved.

Action: A work plan has been put together on how the physicians will be contacted, which will bring up the caseload. Bob will need Administrations help with communicating the physicians.

SSI sent out the schedule for Electronic Remittance advice processing, and what is available.

Midas & Canopy demos were reviewed.



Nancy:

The Out Patient Medicaid reports were sent to Toby and Ross via email. Nancy contacted First Health notifying them there are Accounts that needs to be authorized.

Bob Mills:

Congratulations to everyone for last month. Mr. Thomas would like us at 35M every month through the Fiscal Year. We all need to pull together and move to next level. Bob thanked the Committee for their hours they have put in and for getting us where we are today.

Mr. Thomas said if there is anything we need to let him know.



Toby:

- There are still roadblocks in Contract Management.
- He continues working with Ross on First Health and will be meeting with them this Friday to discuss dollars.

Approved By:

Diane Mazzei, Revenue Cycle Manage

Date

UMC Committee Minutes January 12, 2006

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, Janet Howard, ACS Manager, Bill Taylor, Employee Assistance Coordinator

Invited Guests: Rosemary Mervosh, R.N., Chart Auditor, Absent: Becky Bratten, Director of Medical Records

Ross Fidler opened the meeting.

I. Ross Fidler:

Sampling: Ross forwarded an email to Diane and Nancy from the State regarding sampling of the inpatients. These need recipient numbers and ICN numbers.

Action: Diane and Nancy's will send the additional information...

- <u>CASH</u>: Cash collections as of yesterday, one at 34.1M run rate and the commitment to Lacy is 35M a month.
- State Advance: The State will review RA's paid to us on provider groups 10, 11 & 12. They will possibly advance us 4 weeks of the determined amount.

II. Review of the January 3rd Minutes:

<u>Denials:</u> After further research the registration problem is with ID of Prior Resource.

Action: John will be meeting with Brian, April, Judy, Admitting Staff and some Billing staff.

<u>Field Reps:</u> 1 Field Rep remains on the street using scheduled appointments. High dollar accounts are being pursued. Liability is the concern.

Action: Reclassification will be taking place.

Accounts: All but 2 accounts awaiting charge corrections are implete.

Toby spoke with Cindy Charyulu regarding EFT. Peter and Cindy are working on the process flow and it is ready to move forward.

Great Lakes Interface:

Great Lakes IS department continues working with UMC's IS department. A time-frame has not been given.

Medical Records:

Becky is out on vacation.

Tina Melvin:

Tina continues to have problems retrieving reports from the OR regarding quantities of supplies. She did verify that Pyxsis and Cardinal are working on the reports.

Toby Shelby:

 PECON Training continues. Once it has ended, Toby and Cyndie Spallitta will begin focusing on the Cash Posting Training.

Training will involve review of Cash Posting/Recon processes. Then this information will be brought to the Follow-Up staff. This information will give everyone has a better understanding.

Posting of contractual's is currently processed manually; because there is no system to support this process.

Action: Bob Jamie will give Toby the contact information to bring in Steve Anderson.

Medicaid Follow-Up Staffing:

• Applications for staff are being reviewed.

Staff may need to be re-arranged to get a Team in place for Medicaid Follow-Up.

Action: Ross would like an Action Plan from Diane by next Thursday.

Rosemary Mervosh

Rosemary continues moving forward on the proposed approval of CME's for inpatient/observation status.

April Taylor:

Submission's posted last week was 3.7M. County submission's were 1.8M, but the goal is 2.4M.

 April & Emma are reviewing high dollar accounts where applications have not been completed.

<u>Action:</u> Emma and April will go out on the floor, work with staff and review the process.

Back in January, 2005, due to work schedules/work loads, it was determined that staff would work each floor. This process is not working so EFS will be going back to the Alpha-Split. Staff was working each floor

Action: Bill Taylor is currently working on a plan.

• Cash is \$35,000 for the week. Her goal is \$150,000.

July Smith:

Kathy Silver has been contacted regarding sensitive payor's list.

Action: Diane follow-up with Kathy via e-mail.

Cash Collections are over 43,000K. Last month was 84K, this month she hopes to collect 94K A baseline was set at 80K, then each month try to reach 10K more.

Phase II ABN project is live and going good. Everything is up and running.

Bob Jamie spoke with Jonathan and Bob regarding the amounts not appearing on the "ABN Reports" and they are working on the problem. Bob will look up the prices and complete an excel schedule.

John Cramer:

John met with the Admitting Team regarding the re-bids. And received authorization from HR to move forward. This will involve bidding on the "shift's only", not the job.

Rosemary Mervosh:

• The UR Nurses Observation Chart process in the Patient Placement is currently being reviewed in the patient placement center team.

<u>Djane Mazzei:</u>

Nancy extended the offer for the Senor Applications Analyst.

RA 000562

Janet:

Customer Service:

Collected \$41,000 for last week.

67K 113,000 175 90AL

 One Collector collected \$9700.00. A special thank-you needs to be sent from Ross. A letter was received from a patient, thanking Renee Nemchek, Customer Service Manager, for the improvements in Customer Service.

Action: Ross will send a thank you to the CS Collector. Janet will send a copy of Renee's letter to Lacy and Ross.

Billing:

Janet met with the Billing Team yesterday and changes will be occurring. By today, should see an increase in our validation rate. Sue made several changes to the Revenue Master File and set a flag so that the date of service will come across on the claims.

Statement from and through dates (Effie's working on)
Assignments have been given to the Committee Members for research and follow-up.

 Bob, Diane, Nancy, Janet will be meeting next week to review System Profiles. They will review the general flow of the system.

ob Jamie:

 Bob will meet with Diane & Ross to review the 14 edits within MedSeries4 to see what will be beneficial.

Budgeted Positions: Ross brought to the attention of the committee, unless you have a budgeted position there will be no new staff added anywhere.

The Budget process will begin soon; Ross encouraged the team to begin thinking about needs.

PROFEE's: Pat's Profee email was discussed. The outstanding issues around Profee's are Customer Service Calls, working with insurance companies, additional work by the Billers, pulling additional EOB's etc.

OIG Clairification: The OIG was not here, it was Medicare Auditor's. Ross spoke with Don Haight if any Auditor request an interview with an employee, the employee has the right to ask that a Supervisor be present. The Supervisor cannot interfere and influence the employee's answers.

• OR Through-Put:

Action: Ross asked Bob to work with Greg and put a report together regarding issues with the OR, through-put.

 There were concerns from Kim Voss regarding no mention of the UR Nurses in Haydee's action plan.

Ol/

Action: Need an action plan from Steve by the middle of next week regarding the plan for the Case Management Group.

Pob will schedule a meeting with Ross to go over the work plan, objectives, detail work plan, project structure etc.

• <u>Surgery:</u> Bob does have a work plan on how to increase the volume. Ambulatory Services processes are being reviewed and Ron is supportive. One group is at 100% and 1 group is at 23%. They have met with this group for the last two months but they have not improved.

<u>Action</u>: Vicki Huber will be invited to the meetings with this group.

Kathy Kelly

ER is collecting money daily. \$450 dollars in Peds yesterday. A reminder was sent out to the Clinical staff to direct the patients to the check out desk for payment.

 Sent follow-up emails to Maintenance regarding the follow-up desk, which has not received a response.

Toby Shelby:

Pizza Party for Cash Posting and Accounting due to their hard work with posting.

Rosemary Mervosh:

The review of the conversion processes has begun. She plans on spending a full day with the Nurses next week.

Bill Taylor:

- A draft will be given to Ross regarding the Eligibility Department.
 Recommendations and changes will occur and full cooperation is appreciated.
- Kathy asked if they could have EFS participation with collecting cash in the ED.

<u>Bob Jamie</u>

In regards to Surgery, net revenue has gone up per case. Waiting for actual net revenues from Finance. Using the 20% real reimbursement, the net revenue per case is 2302. Increase of 30 is about 6900K. We need at least 15 more cases a day.

Bob gave Ross a copy of the work plan. Bob Jamie will request that Vicki Huber join them in increasing physician involvement.

Haydee Florentino:

A copy of the Analog Report for Case Management was given to Ross.

April Taylor:

The renovations that took place in the PACU Unit is a discharge lounge.
 The committee confirmed this would not have any effect with moving staff.

<u>Tina Melvin:</u>

Continues working on retrieving information.

Nancy Newman:

• It was confirmed that Jonathan sent the same BD Files to the (3) companies that are interested in working the old BD accounts. These accounts are 3-7 years old accounts.

Action: Ross spoke with Don Haight and he stated the Statues of limitations in Nevada are 4 years. Diane will confirm the statues.

Janet Howard:

On-line payments need to increase. Marketing will begin to communicate this option. There will be a meeting this afternoon regarding 'Spanish statements'. The Spanish voicemail message is a great success.

Diane Mazzei:

We have verified that Medicare verification Icons have been placed on all terminals in Admitting.

Judy Smith:

A copy of their QA Focus was given to Ross. They are focusing on the areas the that have been identified from Patient Accounting.

Virginia Carr:

Vital Works training has begun. The finished with Susan McCarver. The 1011 function is not happening on the Vital Works side, so codes were entered. Clinic staff will learn how to update their accounts in Vital Works within the next wee.

A long discussion ensued around Nursing Home Placement. On going discussion will continue to facilitate resolution of the issues.

Action: The Nursing Home Placement needs to be rescheduled. This meeting will continue. Ross, Bill Taylor, Marlo, Virginia, April, Jeri, Haydee needs to attend.

Pat Huber

UMC has obtained a DME license for Medicare Billing.

Implementing Profee Billing and OR levels for outpatient procedures.

Shundra Mosby:

Implementing QA for the Follow-Up Team. If an account is \$10,000K or more a follow up call will be schedule within the next 7-10 days. This area does not do Follow-Up on Worker's Comp.

Action: Shundra will identify AHC needs for Workers Comp and work with them.

Approved By: Diane Mazzei, Revenue Cycle Manager Date

UMC Committee Minutes January 17, 2006

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, Janet Howard, ACS Manager, Bill Taylor, Employee Assistance Coordinator, Becky Bratten, Director of Medical Records

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

Ross Fidler opened the meeting.

I. Ross Fidler:

New Team Additions: (2) Two new additions will be joining the Revenue Cycle Team Medical Records, and OR working with Tina and Pat.

CASH: Cash collections are at a run rate of 32.9. County posted 4.3M, Insurance 5M, Medicaid HMO is ok, Medicare is ok and Selpay's are ok.

Medicaid: Medicaid is at 1.1M.

Action: Diane will follow up on the Medicaid status with Accordis.

Medical Records: Currently 49M, need-to get down to 30M. Ross is reviewing companies interested in performing UMC's HIM Coding.

<u>Diane Mazzei:</u> Ross would like Diane to begin an action plan to clean up the Medicaid Inpatient A/R. Overtime can be offered.

High Dollar: Shundra will pull the ATB to review our carriers.

Enture Dollar Advance: Ross explained the First Health dollaradvance and if necessary will be reviewing the possibility of another advancement of 10M.

Denials: John, April, Judy and Brian had their meeting on denials and gave Ross a copy of their "Action-Plan".

Field Reps: 1 Field Rep is completing appointments and other duties, and will not be going out in the field unless they have appointments. Currently working on an efficient way to get accounts to Great Lakes

Great Lakes Interface: Great Lakes IS department continues working with UMC's IS department. Virginia continues working on a time-frame.

Toby Shelby: Toby will be meeting with Cyndie Spallitta & Cindy Charyulu to begin the work plan for the Cash Posting Training.

Medical Records: All records have been given to the First Health Rep. to determine authorization. If any problems occur with the process Becky needs to contact Ross.

Action: Ross received a procedure from Jeff Shaw in regards to the First Health position. Ross will give a copy to Becky.

<u>Tina Melvin:</u> Pyxis came in yesterday and Tina retrieved the necessary information. She will have a report on Thursday.

Bob Jamie: Phase II is complete, Phase III will move forward once information is received from our IS department.

Discussion of the ABN Reports ensued. It was made aware that the ABN Report shows 1,184 charges failed for Medical Necessity.

Action: Bob will send a copy of the ABN report to Judy for her review.

<u>Nancy Newman</u>: Nancy is waiting for a response from HR in regards to the Analyst offer.

Rosemary Mervosh: Rosemary is moving forward on physician education.

Judy Smith: New Baseline was set at 60K.

Janet Howard: Customer Service
Last week (ending 1/13) cash collected was \$67K. The first week of
January was approximately \$47K resulting in a total of \$113K, for

January. The goal is 175K.

Billing: The Team continues to work on researching and resolving billing errors. They meet every Wednesday. The validation rate is not coming up as anticipated, even though changes have been made to correct specific errors. The changes for those specific errors have had a positive increase; however, new errors are occurring which is keeping the validation rate at about the same. Janet will know more by Thursday's meeting on what the new errors represent.

Bob Jamie: Med Series 4 Edits, Bob received that necessary document from Premier Software. Will forward to the committee members for their review.

Pat Huber The Profee

The Profee Billing meeting is tomorrow afternoon regarding billing applications. Problems/issues will be discussed to move forward.

It was noted Vicki Huber would be attending future meetings.

Re-Bids will take place in the OR next month to help resolve staffing issues.

• Kathy Kelly: ER Collections was \$3,700 for the month. The target date was \$6K Goal for next month is \$9K.

The EFS staff has been trained on the night shift to collect money. Cash box has been installed. Continue waiting for computer to be installed.

Bad Debt:

Ross continues reviewing companies interested in working the old BD accounts. He has a meeting scheduled with RevCare.

• John Cramer: The new managers are making progress.

<u>Virginia Carr:</u> Nursing Home placement meetings will continue to meet weekly.

Approved By:

Diane Mazzei, Revenue Cycle Manager

· · · · · · · · · · · · · · · · · · ·
特には内が

UMC Committee Minutes January 19, 2006

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, Janet Howard, ACS Manager, Bill Taylor, Employee Assistance Coordinator, Becky Bratten, Director of Medical Records, Caroline Stuart, ACS Manager

Ross Fidler opened the meeting.

I. Ross Fidler:

There are 400+ claims that need to go to First Health to be used in the consideration of a large prepayment. Patient Accounts staff is working on sending these claims by 12:00 today.

Action: Robyn will send Ross a report everyday of what accounts are out there.

Great Lakes: Lilly has been excused from the meeting.

CASH: Through yesterday, our run-rate is \$32.4M, which is down. County looks good we are at \$4.5M, approximately \$9.5M is the run rate. Insurance looks good. Self-Pay is at \$1.4M, which is due to the up front collections.

Medicaid: Is very low, we are at \$1.9M. Last month we were at \$7M. A meeting has been scheduled next week with Noel Copping from Accordis. Ross does not expect any drop in their efforts. We plan on using them for the old accounts. They may or may not be interested. RCR process could also be offered.

Medical Records: Has dropped to \$47M, down \$6M.Ultimate goal for Medical Records is 5 days. Daily Average Revenue is at \$4M. Need another \$27M. The file cabinet should be in tomorrow.

Patient Access: Judy's cash collections looks good. Judy states they are principle of the states that are principle of the states that are principle of the states are pri

Introduction of Caroline Stuart: Ross introduced Caroline Stuart to the committee members. She will be working with Becky in Medical Records. Welcome Caroline. Deb Betcher will begin work on Monday. She will be assisting Pat with the CDM's. Her schedule will be every other week.

PASC: Will move forward once Bob receives a VPN. PASC has been made aware of the needs. This is a "High Priority". Self Pay and Self Pay after insurance are the accounts they will be working.



High Dollar: Shundra received all the necessary reports and has completed the Aging report of all Managed Care and Commercial payers that the F/U team is responsible for. She will present in ACS meeting scheduled for today. Copies of the Contract were received by Diane, and Shundra understands what the timely "time payments" are.

Future Dollar Advance: Continue moving forward with the Advance payment from First Health. Yesterday, in a conference call, it was learned there is a State requirement that indicates that before they can make any type of advance the claims have to be in the system to justify the advance. Since 10:30 yesterday, these claims are being urgently billed. All 400 failed the edits due to PA's not completed. They have to be complete by noon today. Once the State reviews and approves, the advancement will be received.

Denials: Regarding the Mis-Identified payers that were billed, it was found that 75% came from the Quick Care and Primary Cares and 25% from Outpatient Ambulatory Services. An Action Plan has been developed. This plan will help improve our processes with upfront verifications. A worksheet has been created that will formally show what has been billed and what should be billed. This form is 90% done. Rebill will begin Monday.

54% of these accounts are Vital Works. It was noted that Patient Access Services does not have Vital Works access and they would need training.

eld

Action: Diane will take these claims and work them and will discuss the possibility of Vital Works training in the future.

<u>Field Reps:</u> Human Resources requested a meeting to discuss the outline of duties and functions for the EFS staff. Ross will be included in this meeting.

Great Lakes Interface: Virginia has not received any status from IS. She will send and email again and cc Ross.

Medical Records: The file cabinet will be received tomorrow. Jackie from Sunrise will be joining Robyn to help her with the workload. Robyn is working the 43 denials and Jackie will work the remaining accounts. Becky has instructed her staff, as soon as the list is received, to pull all the charts and give them to Robyn. Becky will continue tracking.

Action: Ross, Becky and Caroline will begin to develop a procedure to insure that we will focus on "not going over 30 days".

Becky will be moving the two ER Coders, giving this space to Robyn and Jackie.

Diane and Nancy need to observe the Retros, making sure the denials don't increase. If they see an increase they are to notify Ross immediately.

Ross commented, "he was happy with Nancy's and Diane's staff in regards to the First Health project (Financial class 371). The accomplishments were phenomenal. They did an extraordinary job.

Nancy Newman: Status on the Analyst; HR offer the position Monday. Due to the rate of pay the applicant will get back to HR. The next step may be salary re-consideration.

Alanet Howard: Family emergency.

Bob Jamie: Bob handed out an updated MedSeries4 report for Ross and Becky's review.

Pat Huber: They are moving forward with the ProFee Billing. She met with Diane and Nancy yesterday to discuss system issues and the impact on the billing staff. Action items were distributed, and continue moving forward.

Kathy Kelly: ER Collections; They are \$100 over \$6K. She was very proud they met their goal by mid-week.

Bad Debt: (Ross Fidler) RevCare will be making an offer today at the 2:30 meeting. Ross received a verbal offer by West Asset Management. A meeting will take place next week. Collect America had a few questions; therefore a meeting has been set. Ross explained, there is approximately 600M of old BD, greater than 3-7 years old. Accounts 7 years old can be collected on, but a suit cannot be filed after 4 years. This may or may not have an effect on their bid.

• Nursing Home Placement Meeting: (Ross Fidler)

There are 35 patients in acute beds that should be placed in Nursing Homes. These patients have no funding; therefore the Nursing Homes will not take them. Virginia is working on getting funding for these patients.

Marlo Hodges will be training the Administrators on call. Also he is in the process of creating a "Transfer Back" Policy

Updates:

<u>Tina</u>: Everything is going good and will give Ross her report in the afternoon.

<u>Mancy Newman</u>: The billing Team validated the claims with the goal of having them completed by noon.

April Taylor: Working on Bill Taylor's recommendation list for EFS.

<u>Becky Bratten</u>: Under the Medical Records Cost Center 2 Coding positions have been filled, and an offer has been made on the 3rd. Under the Rancho Cost Center 8580, 3 out of 6 positions have been filled. Interviewing continues on the 3 open positions.

and some of the second



Bob Jamie: Bob handed out a spreadsheet on Net Revenue for Surgery. Net Revenue for outpatient cases has gone up, however the cases for the month are averaging at 41.

• Haydee Florentine: Paul Maine, the Dialysis Manager, will be reviewing the Davita contract, which we are spending approximately 2.5M, for patients referred to Davita.

The last directive Haydee received from Blain was to stop and cease referrals to Davita. Ross stated Lacy has deferred this to Vicki.

Kathy Kelly: Per IS the equipment moves and installations were to be completed by noon yesterday. This has not happened. Will follow up.

A workstation has been created for Debra on the 4th floor in EFS.

<u>Virginia Carr:</u> Working on flights for patients.

<u>John Cramer</u>: Making a lot of progress in all areas, and understand we have a lot to do. John understands this area does need a lot of improvements.

Judy Smith: Shift-Bids begin next week.

Shundra Mosby: Will begin working on February Cash, with the possibly of having staff coming in over the weekend.

Ross has authorized overtime for all areas to help bring cash in.

Diane Mazzei: The main focus in on First Health.

<u>Toby Shelby</u>: Working on First Health. PECON is supposed to go live next Monday, then training will begin.

<u>Caroline Stuart</u>: Working on initial assessments and will have more information by this afternoon.

Approved By:

Diane Mazzei, Revenue Cycle Manager

UMC Committee Minutes January 24, 2006

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, Janet Howard, ACS Manager, Bill Taylor, Employee Assistance Coordinator, Becky Bratten, Director of Medical Records, Caroline Stuart, ACS Manager, Debra Vetscher, ACS Manager

Ross Fidler opened the meeting.

13

I. Ross Fidler:

- CASH: Month to date, we are at \$22.5M, run rate of about \$31.7M
- <u>Medicaid:</u> Toby is working with Cindy to assure Medicaid checks are posted. He will also address Medicare issues. \$2.9M has been posted, but should be \$4M. Toby will follow-up and report to Ross his findings.
- Medical Records: First Health brought in additional staff to work the Retro claims. It was noted that Patient Accounting is seeing an increase of Auths.

At the meeting with First Health, there was discussion of an advance for \$4-5M. Lacy and Mike Wilden are working through the details. The RA's will be offset once the accounts are worked.

Action: Toby will monitor the RA's.

Becky is researching outside companies to outsource scanning.

- Patient Access: Judy's ER collections are at; \$74,120K. Her baseline is at 70K.
- PASC: The VPN has been set-up. PASC is requesting a conference call with the persons who will be working on this project. The next step will be automation.
- <u>High Dollar:</u> Shundra is contacting "promise to pays" and insurance carriers to verify that a check has been sent. She has identified the Managed Care payers and forwarded her report to Ross.
- <u>Denials:</u> (Tabled; will discuss upon Diane Mazzei's return)

- <u>Field Reps:</u> Virginia received an email from Human Resources requesting Ross attend the next Union Meeting. This email was sent to Ross and he will acknowledge.
- Great Lakes Interface: An email was sent from IS stating that they are waiting on a time-frame from Great Lakes. It was mentioned there is a meeting this afternoon regarding the 833's, but due to the system down, Virginia was unable to read the entire email.

Action: Virginia will call Kevin to verify what their specific needs are.

 Nancy Newman: The applicant for the Analyst position declined due to salary. Nancy will place a call to the applicant to see if we can meet her needs. There are no other candidates at this time.

Action: Nancy will email Becky the 371 report log for to compare with Robyn's list to assure that they have been pulled.

- Janet Howard: (Family emergency.) Ross updated the Committee.
- <u>Bob Jaime:</u> Ross and Becky did not get a chance to review the MedSeries4 report.

Bob spoke with Steve Anderson regarding the Outpatient codes for Outpatient procedures. Bob will place a call to Steve regarding insurance verification.

- Pat Huber: They are moving forward with the ProFee Billing. A meeting with IS has been scheduled for next week.
- <u>Kathy Kelly:</u> ER Collections are at \$7,090K, and they exceeded their goal. She will apprise her staff and the nursing staff of the progress they are making. The Managers have been asked to track collections. A log was created for how many patients are coming through discharge and sticker's are being used.

Action: Send email outlining steps that were taken.

- Bad Debt: Ross met with RevCare regarding the \$683M in old Bad Debt,
 3-7 years old. We have received 2 Bids and 1 commitment from RevCare,
 America Collect & West Asset Management. Ross will be meeting with
 RevCare Thursday night and Thursday afternoon with Collect America.
- Nursing Home Placement Meeting: Nursing Home Patients are down to 25 patients from 35. Nancy will give Virginia, Al Speiceman's information so she can call him regarding a difficult account.
- <u>Tina Melvin:</u> Has discovered \$.5M in missing charges. Ron is in the process of re-organizing staff and she will follow-up with him for a projected date. Bob asked Ron, how many charges are not being recognized, Ron stated 40%.

The possibility of having a Charge Auditor identify loss of charges was discussed. Nancy suggested using Ginny Kochan, Integra Solutions.

<u>Action:</u> Becky and Caroline will meet with Ginny Kochan to see if she can assist with an audit of identifying loss charges.

- April Taylor: Will email Ross her recommended changes for EFS.
- <u>Becky Bratten</u>: Carrie Ayala continues interviewing for Coding positions. She is having a hard time finding qualified persons.

At the HIM Counsel, it was announced that Health Insight is applying a new initiative activity called "Roadblocks" in Utah and Nevada. They review up to 48hr inpatient admissions that do not include elective surgery, to see if they were meeting criteria. They will be asking that charts be copied and send to them for short stay Medicare's. They will begin at Sunrise and UMC.

Bob Jaime: Ron is inviting the Surgery Scheduler staff to tomorrow's meeting to help them understand the process for calling Physicians to make them aware of available surgery times. Bob is reviewing the possibility of opening one endo room and one surgery suite.

• Haydee Florentine:

Haydee is not referring any dialysis patients to Davita unless she receives approval from Ross

John stated in the past, County had funds to support dialysis for indigent patients who are non-residents. John suggested talking with Vicki Huber as she is aware of the program.

- Judy Smith: Shift-Bids begin Friday.
- <u>Toby Shelby</u>: PECON has not been implemented. The goal for this project is to be a reliable tool for Contract Management.
- April Taylor: Collected \$61,000, currently at \$125,000, needs \$25,000 more to meet their goal.
- **Bob Jaime:** Invited Ross to attend the meeting in OR regarding the opening of additional rooms.
- Haydee Florentino: Waiting for approval on the proposal on Case
 Management. Ross gave it to Lacy Thomas for review, but Kim Voss had
 some concerns and has requested to meet with Ross.
- Kathy Kelly: Bob and Kathy met with Vicki Huber regarding the Triage/ED Registration re-design. She wants to present it to the Steering Committee and indicated her approval.

Action: Attach the Cost Benefit Analysis for the Architect to the Budget request and give it to Dusty to move forward.

- <u>Judy Smith</u>: All accounts that have Medicare as the primary care source has been corrected. A process is in place to eliminate future errors, and training has been set-up.
- Nancy Newman: This Thursday at 9:00am, a representative from First Health will be at the Rancho location. She will be training on upfront Eligibility, Admitting and Billing processes. John, Virginia and Haydee will send staff from their areas to participate in this training.
- <u>Shundra Mosby:</u> Working on previous "Promise to Pay". They have 600,000 that have already been processed through the mail. Today they are going to work the ATB. Some of the staff will pick-up checks from our local carriers if necessary.
- <u>Caroline Stuart:</u> She finished her assessment this weekend and will review the workbook with Becky this weekend.
- <u>Virginia Carr:</u> Received clarification on the 1011's, they can submit claims on the cases pending Medicaid. The problem is this would cause a significant refund issue. If Medicaid is approved, we would have to reimburse CMS. This process needs to be reviewed.

Continues to work on changing of the IAF funds and the supplemental funds.

Virginia was invited to attend sessions regarding the state wide pilot project called SOAR. This relates to the delays in getting SSI approvals. They are trying to improve this process to avoid delinquent time frames.

- **John Cramer**: Reminder, they are notifying Great lakes of 'Out of State Medicaid for notification purposes, so they can begin notification. This process is working well.
- Introduction of Deb Vetscher: She will be working with Pat Huber and Tina with the CDM charging reviews. She will be here every other week.
- <u>Toby Shelby:</u> Reviewing First Health and PECON. Ross asked that Toby also review Blue Cross/Blue Shield.
- Pat Huber: She is working with Deb this week on charge corrections.
- Deb Vetscher: Peter gave Deb a report that shows what charges are being put through. Will be meeting with the Charge Entry staff regarding charge capture review. She will also be meeting with Ron. She will be interviewing different departments to find out their charge processes.

Emails with an attached interview sheet, will be sent out to each Department Manager, with instructions to have their 'Charge Entry' staff complete the form. This will help to better understand their processes.

• <u>Tina Melvin:</u> She will be attending the meeting today with Ron regarding implants. Moving forward with this particular project, which will eliminate many of the miscellaneous charges out.

Ross announced, beginning next week, the Revenue Cycle Meeting will continue, however, the Monday One on One meeting's will be eliminated and "Group" meetings will begin.

Approved By: Rane Wazei Lay

Diane Mazzei, Revenue Cycle Manager

Date

UMC Committee Minutes January 31, 2006

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, Janet Howard, ACS Manager, Bill Taylor, Employee Assistance Coordinator, Becky Bratten, Director of Medical Records, Caroline Stuart, ACS Manager, Debra Vetscher, ACS Manager

Absent: Toby Shelby, Janet Howard, Caroline Stuart, Debra Vetscher

Ross Fidler opened the meeting.

I. New Business:

<u>CASH</u>: Is at \$29.684M, \$184K over the base line. For the first 30 days of the month, the average is at \$1.5M. We should be at \$31M for the month.

<u>County Money</u>: Ross reviewed the County RA process. The RA's come in every day and are posted every day as received. Yesterday we were at \$7M, last month was \$8.1M last month.

Commercial: Shundra placed one full FTE in Commercial to work the Self-Pay follow-up. The other staff has been instructed to work their Commercial as 2ndary to their primary. Because of non-aggressive collections, she ran a report of all the 1000 series, which is commercial payers for all the 61 days and out. Staff will begin working this list on Friday.

Ross commented the Team is off \$2M dollars in "Insurance Other". Shundra will review the 5000 Series.

Action: An Aging Report will be prepared for Sierra, which shows exactly what is due to UMC. This information will be given to Diane.

Medicaid: Medicaid Collections is at \$3.3M, but is down approximately \$4.M.

Self Pay Collections: Ross commented about a great job. The average is about \$1.6M and today it is \$2.2M.

• Medicare: Medicare is at \$4.4M, we have exceeded last month.

• <u>Tuesdays & Wednesday Meeting:</u> Team meetings will be placed on calendars. Ross dismissed UMC Staff from the One Stop Meeting on February 7th. This meeting will be for ACS staff only.

ACS Staff needs to prepare for Bruce. The discussion will be around incremental cash. Ross indicated that ACS Staff know what their incremental cash targets are, where they stand, what they did in January and February to achieve their goals and what their goal was, and what their goals are for February.

<u>Charge Master Approval</u>: Charge Master approval will be completed by Floyd Stevens, UMC Controller.

John Cramer: 1 Per Diem has been hired into a full-time position and will be effective on Monday. The other two will be termed until they are open positions. The Re-Bid is completed and the final confirmation from the Union has been received. Today and tomorrow jobs will be assigned then posted. A two-week notice will be given after posting.

<u>April Taylor</u>: Ross received April's recommended changes for Eligibility, but has not had a chance to review.

Virginia Carr: (Tabled, not present)

Medicare Cash: (Tabled)

Medicaid: Ross did meet with Accordis last week. Their contract ends March 15th. Noel has been asked to present a proposal on "Cross-Overs".

Accordis also provides RCR service, which is a process of reviewing all Selfpay accounts through a database to determine if the patient could be eligible. Noel will get information for Ross on this program.

 <u>Cash Posting</u>: Sandy, at Medicaid, stated she would provide free inservices on completing eligibility applications.

<u>PASC</u>: The PASC meeting begins today at 10:30am. Discussion will be around the operations, policies and procedures and the ER requirements.

<u>Migh Dollar:</u> Shundra's identified the top (5) five Payers. She ran special reports on each of them according to F/C and will have the staff begin working the reports. The Top 5 Payers are: Medicaid Smart Choice, HPN, Nevada Check Up, Anthem Blue Cross/Blue Shield and Sierra.

Denials: \$600K is the goal and they are at \$680K for the month.

Field Reps: (Tabled, not present)

Great Lakes Interface: UMC Senior Consultant and Great Lake staff continues working on the Great Lakes Interface.

Nancy Newman: Nancy continues working with the applicant for the Senior Analyst position.

Becky Bratten: Becky has been out of the office. Thursday Medical Records was at \$45M. Caroline is at Oz Training today.

Ross directed Becky to call Chris Hottinger to discuss Contract Coding. Jody Wesell may want to use own VPN for remote coding, but this will not be possible with County.

Donna Reicht, Medical Records Director at Kern Medical Center. This facility is utilizing Perse.

<u>Bad Debt</u>: Ross and Bob met with RevCare & Collect America. They continue working on finding ways to get the bids higher. The Lien process will also change the paperwork.

Janet Howard: (Expects to be back Monday).

First Health Training: The First Health Training went well, and the Biller's received good information. The Reps gave direct telephone numbers and the web-site for Medicaid and Medicare, for the up front staff to call if there is a concern. The Reps will be able to help with questions relating to; Medicaid card, coverage or eligibility. This will help resolve any issues UMC Front-End staff may have.

April Taylor: They are at \$171K, but missing reports. Last month was \$236K. Goal for this month 150K.

Nancy Newman: Nancy verified the Team Meetings with Ross.

Bob Jaime: Bob and Nancy met with SSI regarding ERA. SSI will be giving us a proposal to begin with Aetna, Blue Cross/Blue Shield second, NEIC United Health Care third, Medicare B fourth, and Medicare part A 5th, for ERA-Remittance. They will give a cost and time frame. The Reps we are working with are Kyle Cole, Regional Sales Executive and Susan Tsacanes. Ross will be reviewing options of two other companies.

Ron and Bob continue working on opening other operating suites. Currently, they are 50% open. Shift rebids are being reviewed.

<u>Judy Smith</u>: Cash Report shows \$112,160K but there is a question on the report. Continues working on Surgery and getting the shifts assigned. **Praining Office Techs with paper-flow**.

Kathy Kelly: Cash is at \$10,505.

The sign has been hung. IS is installing the new computer and aware the best time is in the morning. The face-sheet printer will be moved from Medical Records to the front. Tubing is contingent.



Haydee Florentino: Haydee attended the JOC meeting last week. Concerns were discussed about converting patients from an inpatient to observation, with the IPN Groups. Samples were given. Dr. Plamento is requesting a meeting and would like to include Dr. Carrison, Dr. Stewart and Becky to discuss this concern. Kathy Silvers is initiating the meeting.

Diane Mazzei: Will be meeting with PASC this morning.

SSI Reps met Monday afternoon to discuss issues. They will research and respond.

Pat Huber: A spreadsheet has been prepared preparation for their group meeting which outlines all the issue, projects, and goals.

John Cramer: There have been infrequent problems with notification from Great Lakes but have worked out a back-up process.

Becky Bratten: Inquired about the Budgets. They can be picked up in Ross's office after the meeting. If there are any questions, Floyd has asked that they be directed to Pat Cramer in Finance.

Shundra Mosby: Will be meeting with the Follow-Up Team and handing out the 100 Series and their assigned duties. Overtime will be happen this weekend and Shundra will be present. The Staff is using the ACTS system.

April Taylor: April needs a copy of the Clark County Agreement. Mike Hayes should be able to assist her.

April noted they still are not receiving verification from the Field Reps. Numerous patients don't want to make appointments.

Approved By:

Diane Mazzei, Revenue Cycle Manager

1/31/06_ Date

UMC Committee Minutes February 16, 2006

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; Toby Shelby, ACS Manager; Pat Huber, ACS Manager; Tina Melvin, ACS Manager; Kathy Kelly, ACS Manager; April Taylor, ACS Manager, Janet Howard, ACS Manager, Bill Taylor, Employee Assistance Coordinator, Becky Bratten, Director of Medical Records, Caroline Stuart, ACS Manager, Debra Vetscher, ACS Manager

Absent: Virginia Carr

Diane opened the meeting for Ross as he was in a meeting with Don Hight.

I. Review of Minutes:

• CASH: 18.8M it's looking good. Run rate is \$34.5M. Medicare is good and County is good.



<u>April Taylor</u>: There were approximately 1,400 accounts that were not submitted. She is only sending 500 inpatients to Great Lakes. April did talk with Bill Taylor regarding this issue

- Insurance Run Rate is at \$5.8M.
- Medicaid: Posted another \$600K yesterday.
- Medicare: \$3.5M for the month.
- First Health Rep: At the First Health meeting they discussed the modifier 51 issues, which were brought to the Compliance Officer yesterday. Colleen Lawrence is locating the instructions they received from CMS for the 51's.

The original protocol was that revenue codes would be modified to match what is in the Medicaid system. At the First Health Conference call; they have new rules which are, continue billing the same way by changing revenue codes and send them electronically and they will pay or bill the claims as deemed appropriate, and send them a hard copy by mail for them to review and pay.

First Health made a comment that we are behind on posting and Diane made them aware we are not behind on posting.

Diane mentioned the next meeting will be during the week of March 6th. If necessary he will contact the State with issues or problems.

Caroline spoke with Jeff and he is willing to come to the meeting next week to work through the process with Robyn.

<u>Mane Mazzei</u>: Ross gave Diane an example of a Workers Comp for her to review. Ross would like a follow-up before he leaves on vacation.

<u>Budgets:</u> Ross has not been given a date for the Budget meeting. Diane will attend in his place. She needs to meet with Patient Access, Patient Accounting, Medical Records and Case Management to go over their Budgets. Ross needs all Departments second time budgets today.

Ross's Absence-Coverage: Diane will be responsible for Ross' role. If anyone has questions or concerns they need to contact Diane and she will assist. Diane will retrieve the "Cash Report" every morning during Ross' absence.

<u>PARA:</u> Peter A. Ripper Associates, met with Pat and it was determined this company has a good database. Peter will be contracted through ACS. The proposal from PARA will be given to Ross and Bob by next week. Kathy Silver is going through negations with Pacific Care and is definitely interested in this new database.

<u>Eligibility Recommendations:</u> April left a message for Bill Taylor asking if he had any changes to the recommendations for their department, she did not receive a call back.

PASC: Continues to move forward.

<u>Field Reps</u>: April emailed Ross her recommendations regarding the Field Reps not receiving appointments/verification and obtaining verification while the patient is still in-house vs sending the Reps out to the families.

<u>Great Lakes Interface</u>: (Tabled) Great Lakes has the capability to send an electronic files of notes describing actions on accounts. Virginia will follow up with Jim at Great Lakes.

Bad Debt: Ross and Don Haight met with the District Attorney and he has made the determination that the receivables have to be split. Therefore, a sealed bid process will be sent to the same 3 companies. It will be posted in the newspaper and the highest bid will be accepted.

Anytime files are sent out there should not be any patient information on them. Please delete any patient specific information.

<u>Demo's:</u> Xactimed demo was Tuesday and Emdeon is on Friday. Xactimed will send Diane pricing.

Action: Ross asked that the contract for SSI be reviewed to determine the cancellation clause. And also review what is paid out.

Becky Bratten: Becky has completed the 'letter of clarification' and will ake it over tomorrow.

Questionnaire for PASC: The ATB is the only item left on the questionnaire to complete. Nancy asked for permission to send the ATB Summary, Ross approved.

Shundra Mosby: Shundra has the contractual spreadsheet ready for Ross. She does have (6) six where she needs to obtain Medicare APC Rates. These

are billed accounts that dates of service are in 05. It was noted if they are outpatient services, they are paying at the Medicare APC Rates. Tina does have the hard copies. Once the adjustments have been taken, the ATB on Sierra Code will be correct. JOC meeting is March 2nd. Ross wants the entire A/R reviewed.

Authorization Process: Nancy did forward the (4) denied accounts to Becky, Caroline and Haydee. Caroline pulled the charts and one account did not exist, this will be researched. One chart could not be found and the other two, only one is a true observation and the other is missing documentation.

Haydee explained that the one chart does exist, the numbers were transposed, and the other is off site at Iron-Mountain. Caroline will continue pulling the other accounts. Caroline continues to research observation. A Task Force is being created.

<u>Toby Shelby:</u> Toby spoke with Steve Anderson and was determined he needed to speak with UMC's IS Programmer, Bob Perdu. Bob has been assigned to this project. Steve and Bob will work together to create the necessary query Toby needs. Toby will call Steve today to make sure he was able to contact Bob.

Bob Jaime: Block time is still being released. The average cases for 5 days are 66. Gray's analysis was based on 5 days, Bob Jaime will confirm.

Pat Huber: Pat is creating a spreadsheet, based on the Managed Care contract to see what our reimbursement is. Pat needs IS to pull a volume report on the actual implants.

<u>Haydee Florentino</u>: One of PI Review Nurses returned today. Kim has informed Haydee that they have been short staffed for 3 months.

Responses from Partners In Leadership: Ross will review the responses.

RA 000590

UMC Committee Minutes February 16, 2006

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; Toby Shelby, ACS Manager; Pat Huber, ACS Manager; Tina Melvin, ACS Manager; Kathy Kelly, ACS Manager; April Taylor, ACS Manager, Janet Howard, ACS Manager, Bill Taylor, Employee Assistance Coordinator, Becky Bratten, Director of Medical Records, Caroline Stuart, ACS Manager, Debra Vetscher, ACS Manager

Absent: Virginia Carr

Diane opened the meeting for Ross as he was in a meeting with Don Hight.

I. Review of Minutes:

• <u>CASH:</u> 18.8M it's looking good. Run rate is \$34.5M. Medicare is good and County is good.

<u>April Taylor</u>: There were approximately 1,400 accounts that were not submitted. She is only sending 500 inpatients to Great Lakes. April did talk with Bill Taylor regarding this issue

- Insurance Run Rate is at \$5.8M.
- Medicaid: Posted another \$600K yesterday.
- Medicare: \$3.5M for the month.
- First Health Rep: At the First Health meeting they discussed the modifier 51 issues, which were brought to the Compliance Officer yesterday. Colleen Lawrence is locating the instructions they received from CMS for the 51's.

The original protocol was that revenue codes would be modified to match what is in the Medicaid system. At the First Health Conference call; they have new rules which are, continue billing the same way by changing revenue codes and send them electronically and they will pay or bill the claims as deemed appropriate, and send them a hard copy by mail for them to review and pay.

First Health made a comment that we are behind on posting and Diane made them aware we are not behind on posting.

Diane mentioned the next meeting will be during the week of March 6th. If necessary he will contact the State with issues or problems.

Caroline spoke with Jeff and he is willing to come to the meeting next week to work through the process with Robyn.

 <u>Diane Mazzei</u>: Ross gave Diane an example of a Workers Comp for her to review. Ross would like a follow-up before he leaves on vacation.

- <u>Budgets:</u> Ross has not been given a date for the Budget meeting. Diane will attend in his place. She needs to meet with Patient Access, Patient Accounting, Medical Records and Case Management to go over their Budgets. Ross needs all Departments second time budgets today.
- Ross's Absence-Coverage: Diane will be responsible for Ross' role. If anyone has questions or concerns they need to contact Diane and she will assist. Diane will retrieve the "Cash Report" every morning during Ross' absence.
- PARA: Peter A. Ripper Associates, met with Pat and it was determined this
 company has a good database. Peter will be contracted through ACS. The
 proposal from PARA will be given to Ross and Bob by next week. Kathy
 Silver is going through negations with Pacific Care and is definitely
 interested in this new database.
- <u>Eligibility Recommendations:</u> April left a message for Bill Taylor asking
 if he had any changes to the recommendations for their department, she did
 not receive a call back.
- PASC: Continues to move forward.
- <u>Field Reps</u>: April emailed Ross her recommendations regarding the Field Reps not receiving appointments/verification and obtaining verification while the patient is still in-house vs sending the Reps out to the families.
- Great Lakes Interface: (Tabled) Great Lakes has the capability to send an electronic files of notes describing actions on accounts. Virginia will follow up with Jim at Great Lakes.
- <u>Bad Debt</u>: Ross and Don Haight met with the District Attorney and he has made the determination that the receivables have to be split. Therefore, a sealed bid process will be sent to the same 3 companies. It will be posted in the newspaper and the highest bid will be accepted.

Anytime files are sent out there should not be any patient information on them. Please delete any patient specific information.

• <u>Demo's:</u> Xactimed demo was Tuesday and Emdeon is on Friday. Xactimed will send Diane pricing.

Action: Ross asked that the contract for SSI be reviewed to determine the cancellation clause. And also review what is paid out.

- **Becky Bratten:** Becky has completed the 'letter of clarification' and will take it over tomorrow.
- Questionnaire for PASC: The ATB is the only item left on the questionnaire to complete. Nancy asked for permission to send the ATB Summary, Ross approved.
- Shundra Mosby: Shundra has the contractual spreadsheet ready for Ross. She does have (6) six where she needs to obtain Medicare APC Rates. These

are billed accounts that dates of service are in 05. It was noted if they are outpatient services, they are paying at the Medicare APC Rates. Tina does have the hard copies. Once the adjustments have been taken, the ATB on Sierra Code will be correct. JOC meeting is March 2nd. Ross wants the entire A/R reviewed.

 <u>Authorization Process:</u> Nancy did forward the (4) denied accounts to Becky, Caroline and Haydee. Caroline pulled the charts and one account did not exist, this will be researched. One chart could not be found and the other two, only one is a true observation and the other is missing documentation.

Haydee explained that the one chart does exist, the numbers were transposed, and the other is off site at Iron-Mountain. Caroline will continue pulling the other accounts. Caroline continues to research observation. A Task Force is being created.

- <u>Toby Shelby:</u> Toby spoke with Steve Anderson and was determined he needed to speak with UMC's IS Programmer, Bob Perdu. Bob has been assigned to this project. Steve and Bob will work together to create the necessary query Toby needs. Toby will call Steve today to make sure he was able to contact Bob.
- Bob Jaime: Block time is still being released. The average cases for 5 days are 66. Gray's analysis was based on 5 days, Bob Jaime will confirm.
- Pat Huber: Pat is creating a spreadsheet, based on the Managed Care contract to see what our reimbursement is. Pat needs IS to pull a volume report on the actual implants.
- <u>Haydee Florentino</u>: One of PI Review Nurses returned today. Kim has informed Haydee that they have been short staffed for 3 months.

• Responses from Partners In Leadership: Ross will review the responses.

Approved By:

Diane Mazzei, Revenue Cycle Ma

UMC Committee Minutes March 7, 2006

Committee Members: Ross Fidler, Revenue Cycle Director; Diane Mazzei, ACS Manager; Janet Howard, ACS Sr. Consultant, 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; Toby Shelby, ACS Manager; Pat Huber, ACS Manager; Tina Melvin, ACS Manager; Kathy Kelly, ACS Manager; April Taylor, ACS Manager, Bill Taylor, Employee Assistance Coordinator, Caroline Stuart, ACS Manager, Debra Vetscher, ACS Manager

All meetings this afternoon 3/7 and tomorrow 3/8 have been cancelled; Ross will be out of town.

I. Review of Minutes:

<u>CASH</u>: Diane, Toby and Nancy to tighten up on cash collections. The base lines may be lowered; we can no longer count on the county monies. Baseline last year was 26.5.

<u>April Taylor</u>: Regarding Great Lakes, we will run 3 separate reports which will show how Great Lakes is actually doing.

Regarding the EFS team, our numbers are impeccable, we have had 2 solid weeks; there will always be issues.

Insurance Good shape. We are 4-5M ahead of last year.

<u>Medicaid</u>: Not Good. We are running about 4M.

Medicare: \$3.5M for the month.

<u>First Health Rep</u>: Diane reported that the billings were submitted incorrectly. Will put emphasis on Medicaid. Ross suggested to Nancy that they go back to prior to June and do the same, as they were doing them right.

<u>Diane Mazzei</u>: Will follow up on Workers Comp, whether resolved.

Budgets: John had budgeted 10 FTE's; Diane had budgeted 7 FTE's. These will be cut from the budget. We will redesign positions to fill these slots. The budgets are moving forward. If your budget contained licensing or software, these items will be moved to IS, Doug Northcutt's budget. Supplies to stay in the department budget.

PARA: The contract looks good.

PASC: Continues to move forward. Push hard.

<u>Great Lakes Interface:</u> Virginia spoke to Karen in IS. It sounds like they can do the download. Will continue to follow.

M/

<u>Bad Debt</u>: A decision has been made. As required, will need to go out to bid. There will be 3 sealed bids, and will go to the highest bidder.

Demo's: Diane has received the proposals from Xactimed and Emdeon. She will review them.

Becky Bratten: Becky said they are back on track.

<u>Shundra Mosby</u>: Regarding the contractual spreadsheet, Shundra said that she will run another report to see where they are. Everything should be in place and ready prior to the next JOC meeting. Shundra said that there are a number of small balance accounts that need attention. Ross asked her to concentrate on the high dollar accounts.

Authorization Process: Accounts have been posted. Ross stated that accounts after 3/5, you need to look at the provider codes.

<u>Toby Shelby:</u> Toby spoke to Steve, work is still in process. There has been some progress made.

Bob Jaime: Block time is still being released. The average cases for 5 days are 66. Gray's analysis was based on 5 days, Bob Jaime will confirm.

Pat Huber: Pat said that the spreadsheet is done and has been sent to Toby. Toby will get with Cindy Spallitta regarding this.

Maydee Florentino: One of PI Review Nurses returned today. Kim has informed Haydee that they have been short staffed for 3 months.

Responses from Partners In Leadership: Reviewing the feedback from the OZ updated classes, most feelings are good, and most managers have attended. There was one statement that felt that since Superior came, that the communication between the business office and other departments has deteriorated. This needs to be communicated to Diane so that she can follow up with this.

A meeting needs to be held to finalize plans to meet the objectives, self sufficiency, satisfaction and being the hospital of choice. We want to have 25% less employee dissatisfaction, 25% less patient dissatisfaction, and to borrow no more than 15M from the county.

Date

Approved By:

Ross Fidler, Revenue Cycle Director

RA 000598

John form

UMC Committee Minutes

March 9, 2006

Committee Members: Ross Fidler, Revenue Cycle Director; Diane Mazzei, ACS Manager; Janet Howard, ACS Sr. Consultant, 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; Judy Smith, ACS Manager; Toby Shelby, ACS Manager; Pat Huber, ACS Manager; Tina Melvin, ACS Manager; Kathy Kelly, ACS Manager; April Taylor, ACS Manager, Bill Taylor, Employee Assistance Coordinator, Caroline Stuart, ACS Manager, Debra Vetscher, ACS Manager, Kevin Ellis, Director Great Lakes Medicaid

Meeting opened at 9:03am

- Medical Records at 29.8 this morning; which is OK. Our daily revenue rate is at 4M; we still need 8-9M. We need to shoot for 20M. Ross asked Becky to work with IS to obtain a report that would track the physicians that are constant lates.
- Ross would like to see the holding in the ER changed from 10 days to 5 days, and the holding for in patient DRG based and per diem based patients changed from 5 days to 3.

Action: Becky and/or Pat and maybe Diane to get with Connie and the Care Centers to discuss making this change.

Review of Minutes:

- <u>CASH</u>: It appears that the baseline will be lowered, from 29.5 to 26.5, and a fee will be charged for billing the county. At this time, we are not counting the money from the county until we receive a clarification. This needs to be resolved by tomorrow, so that we can get this on the agenda for the board meeting on Tuesday. As of this morning, we were at 32.3; not counting the county, our target is 32-33M per month.
- Insurance Good shape.
- Medicaid: OK. 1.3 posted. Would like to get back to 6.5 for the month.
- Medicare: OK. 1.6 posted.
- Other: Looks pretty good. About 700,000, run rate about a million, which is about 34 of the way there.

or gund

<u>Self Pay:</u> Self pay is a little light, was down last month also. Nothing is being done differently; statements are out.

First Health Rep: First Health said that they are sent a box of claims; Ross asked if were would be resubmitting them. Diane reported that the boxes received were actually crossovers, old, already paid. There is an 11am meeting today.

Diane Mazzei: Will follow up on Workers Comp, whether resolved.

<u>Budgets:</u> John had budgeted 10 FTE's; Diane had budgeted 7 FTE's.
 The budgets have been submitted, the FTE's were cut. Ross has a plan in place to deal with the cuts.

<u>PARA:</u> Checked with ACS accounting, we need to have a purchase order approved through ACS to contract with them.

PASC: Móving forward.

• Great Lakes: Kevin Ellis, Great Lakes will again be attending these meetings. G/L has separated the accounts into 3 categories: 1 being the accounts originally received; 2 the newer referrals, 14 days, no coop; 3 the accounts in process, 365 days or older.

Great Lakes met with Nevada State Welfare regarding denials. NSW is being bombarded with accounts where we may not have a notice of decision. NSW is wondering why we are contacting them since the decisions are being sent to UMC. April reported that the accounts initially sent over was almost 1400, and from 2/10, we have transferred 1200 accounts.

Action: We need communication between UMC and Great Lakes that gives them the notice of decision so that they are not bombarded. Concern is that NSW will not give Great Lakes the information requested, or that they will take the NOMADS access away. Virginia, Kevin and April to work on implementing a procedure to help alleviate these problems.

<u>Bad Debt</u>: As required, will need to go out to bid. Will be posted in the newspaper. We currently have 3 sealed bids, and any others that come in, will go to the highest bidder. The goal is to have a decision made by the 1st of April.

• <u>Becky Bratten:</u> Becky said that they started a full time coder and has moved a contract employee over to help Carrie.

Shundra Mosby: Regarding the contractual spreadsheet, Shundra said they are moving forward.

Toby Shelby: Bob Purdue has returned after being out all last week. Toby has a call in to him regarding the contract management reports.

Pat Huber: Toby spoke with Cindy Spallitta regarding the spreadsheet. They decided it was not as useful as first thought. It is actually more for Managed Care, Kathy Silvers' group. Cindy will review report, make sure that proper prices are being negotiated, will forward to Kathy Silver.

Haydee Florentino: There is a meeting today at 11am. Steve will also be attending the meeting. Kim has informed Haydee that they have been short staffed for 3 months; is ongoing.

Responses from Partners In Leadership: Reviewing the feedback from the OZ updated classes, most feelings are good, and most managers have attended. There was one statement that felt that since Superior came, that the communication between the business office and other departments has deteriorated. This has been communicated to Diane and she will follow up.

Kathy said that they have collected \$12,219.00 as of the 8th of March \$16.76. Nancy said that she is aware of a conversation to put the Lied Clinic under Vital Works, but yesterday had heard that they were also thinking of putting the Oncology clinic under Vital Works. It was apparently suggested that they bill daily. Ross suggested looking at the directive.

Judy said that collections, when you take the ER out, are \$8,295.00.

Becky would like to get together with Pat regarding issues with HCPCS and CPT codes. Pat said that there had been a lot of issues this week and feels that they may be coming from the charge master. A meeting has been set up for Tuesday

April said that cash collections for last week were \$68,000 which is good considering that her goal is \$175,000 for the month. \$84000 200,000

Janet said that customer service collections last week were at \$43,000, however for February they were \$217,000. Concerning billing validation rates we are heading in the right direction; calculating manually at 68%. Revenue codes are where the biggest billing errors seem to be occurring. We need to discuss accounts coming in on a "Wait Status".

Caroline, we are move going to look into our plan.	ring along; have been focusing on inpatients tpatient issues. Becky and she are working	s, but are now on a strategic
Approved By:	Ross Fidler, Revenue Cycle Director	Date

UMC Committee Minutes March 14, 2006

Committee Members: Ross Fidler, Revenue Cycle Director; Diane Mazzei, ACS Manager; Janet Howard, ACS Sr. Consultant, 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; Judy Smith, ACS Manager; Toby Shelby, ACS Manager; Pat Huber, ACS Manager; Tina Melvin, ACS Manager; Kathy Kelly, ACS Manager; April Taylor, ACS Manager

Absent: Bill Taylor, Employee Assistance Coordinator, Caroline Stuart, ACS Manager, Debra Vetscher, ACS Manager, Kevin Ellis, Director Great Lakes Medicaid

Meeting opened at 8:15 am.

- Ross would like to see the holding in the ER changed from 10 days to 5 days, and the holding for in patient DRG based and per diem based patients changed from 5 days to 3.
 - Action: Becky and/or Pat and maybe Diane to get with Connie and the Care Centers to discuss making this change.

I. Review of Minutes:

CASH: Run rate this morning, 35.1, does not include the county. We have posted 13.7M without the county.

Insurance Good shape.

Medicaid: Looks good. We are at 4.2M. Last month we were at 4.4M, and the month prior was at 3.3M. Medicaid HMO was at 6.81 this morning.

Medicare: OK.

Other: Looks pretty good; 8.95 this morning.

Self Pay: Self pay is still a little light, at 6.4.

First Health Rep: Effective tomorrow, we will not be sending any further accounts. We do want to discuss their continuing to work. There will be a meeting with Accordis on Thursday.

Diane Mazzei: Diane to contact Prabha Cox regarding Workman's Comp. Will follow up.

癫

Budgets: John had budgeted 10 FTE's; Diane had budgeted 7 FTE's. The budgets have been submitted, the FTE's were cut. Ross has a plan in place to deal with the cuts.

<u>PARA:</u> ACS has an agreement for sub-contractors, which needs to be signed. We are delaying this at the moment until we find out the status of the County.

PASC: Should be operational the 27th. Ross would like the date pushed up if possible. Diane will check into this. Double check with Floyd to make certain that all is in place.

Virginia was concerned about when the staff would be given information on PASC, as to impact on their positions, reallocating of staff to different duties. We can move forward with this.

Great Lakes: April to contact Kevin, Great Lakes regarding the report on the 3 categories of accounts; when we might have this report.

Action: April feels that EFS should be able to print the Notice of Decision from NOMADS and add it to the folders for Great Lakes. We need to have permission to print out the NOMADS. April and Virginia are meeting with Sandee from Nevada State Welfare and will discuss this with her.

Bad Debt: Ran in the paper Saturday and Sunday. We did receive 3 responses of interest from 3 local companies, in addition to the 3 that we currently have. There is a bidders conference next Wednesday the 22nd; Bob Mills will attend to answer their questions. Bidders have until 3:00pm on 3/30/06 to place their bid. As required, it will go to the highest bidder. They will be notified shortly after bidding closes at 3:00 pm.

Shundra Mosby: Regarding the contractual spreadsheet, Ross signed, and has been sent to Floyd. Shundra has run Blue Cross, will review all accounts. Al Spizeman feels that he can go back to Blue Cross and get additional monies even though they have already sent monies directly to the patient, not the hospital.

<u>Toby Shelby:</u> Spoke to Bob Purdue; he has about a days worth of work. We will meet tomorrow morning to discuss and go over the program.

Pat Huber: Shelley is reviewing the charge codes to make sure that they are
correct on the spreadsheet. She should be done with that this morning, and
will then send over to Kathy Silver.

3 3 17	
Haydee Florentino: There is a union meeting tomorrow. After getting the OK, we can replace the 2-3 employees where short. Haydee will contact HR to get the process started. There should be applications from the last time the job was posted.	*
Responses from Partners In Leadership: There was a statement that felt that since Superior came, that communication between the business office and other departments had deteriorated. Diane will communicate this to her department. OPEN DISCUSSION:	1
Kathy said that they have collected \$16,716, with a target of \$20,000 for the month.	
After last weeks meeting, Nancy spoke to several people regarding Oncology being under Vital	se
Northcutt.	100
goal is \$175,000 for the month.	r \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Manet said that customer service collections last week were at \$84,000. Varoline, we are moving along; have been focusing on inpatients, but are now going to look in outpatient issues. Becky and she are working on a strategic plan.	ito "
Toby brought up a couple of case scenarios: A baby was in the hospital for 69 days. We had authorization, but we were paid at a nursery rate. Expected reimbursement was \$128,000, we were paid \$18,000. We do not have a PEDS Case Manager, which is a problem. Toby to get information to Robert, and he will research further.	46
The redesign of Case Management, is in process. The policies and procedures have been write. The holdup is the union. Some of the nursing roles are not union; they are exempt due to 24/ The union wants to make all union, and that can't happen.	
Kathy to start training. Ross received an approval from Annette. Would like to implement be the end of April.	у
	#
Approved By: Ross Fidler, Revenue Cycle Director Date	ez

UMC Committee Minutes March 16, 2006

Committee Members: Ross Fidler, Revenue Cycle Director; Diane Mazzei, ACS Manager; Janet Howard, ACS Sr. Consultant; 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, ASC Manager; Judy Smith, ACS Manager; Toby Shelby, ACS Manager; Pat Huber, ACS Manager; Tina Melvin, ACS Manager; Kathy Kelly, ACS Manager; April Taylor; ACS Manager

Absent: Becky Bratten, Pat Huber, Virginia Carr, Kathy Kelly

Meeting opened at 1:10 p.m.

Amnouncements:

March of Dimes Walk: April 29, 2006. Registration is at 8:00 a.m. Starts at 9:00 a.m, at Fremont Street. Ross asked everyone to donate. Ross asked everyone to do their part and announced that the Business Office committed to \$1,000. The Race for the Cure is scheduled shortly thereafter.

New policy and procedure for requisition of personnel. Ross will e-mail it to everyone.

Ross asked Dianne/Nancy what was the outcome of notifications that were sent to Robin on accounts that were approved. Batch of 03/10 showed date of decision 1/21. Medicaid collections are looking to go up this month. As of this morning they were 5.5. Last month finished at 4.4. The month before was 3.3. Ross asked Diane to keep track of this. Caroline said that the process will be tightened up.

Review of Minutes:

DNFB: 32 this morning down 1M from yesterday, but up 3M from Friday. Need to keep track of that.

Cash: This morning at 17M with a run rate of 35.7

Insurance: Down a little bit. 789 last month, 216 this morning

Other Insurance: Looks good

Medicaid: Looks great. Medicaid HMO looks good

Medicare: 5M last month, 5M month before. At 2.8 halfway through the month

HMO: OK

• Other: Great

• Self-Pay: 800,000 half way through. Looking good

North

Accordis: UMC is no longer placing accounts with them. Accounts that have already been placed with them will be worked out to zero. It will take about 4 or 5 months to do that. The hospital is also looking for them to continue to do the Medi/Medi (Medical/Medicaid) billings. They are preparing a proposal and gave a marketing slick on their RCR products. The Medi/Medi will fall into that. ACCORDIS admitted the mistake they made about the First Health requirements that changed on 2/24. They admitted their error and are going to fix it. They are working to get everything done, at least the inpatients. There is only one more Medicaid check this month.

Nancy will place a call to Jeff Shaw at First Health. Medicaid has a
requirement that only 2 or 3 accounts can be asked about at a time. Nancy
will call Jeff to see if he can waive that, for this one episode.

Caroline (dropping hold date on ERs from 10 to 5 days): Said she would follow up with Becky

Diane (Workers Comp): Pat will look at the account first before it goes to Prabha.

Will be resolved by Tuesday

PARA – has a subcontractor agreement. Getting everything put together to get it signed. Waiting for final status from the County.

PASC – Met with them this morning. Looks like we will be operational by the 27th, maybe sooner. Ross is hoping to be operational by next Thursday or Friday, the 24th.

with the s.

Great Lakes: April said that everything is in place. They've back dated the live date to the 13th of this month. All of the current accounts will keep the same requirements, but as of the discharge date of the 13th, they will be going on 14 days from point of discharge.

April will talk to Virginia about receiving a copy of the report.

Bad Debt: Bid forms were finalized this morning. There will be a bidders' conference on the 22nd. Ross has asked Diane and Nancy to run a new file and have it burned on 10 CDs so that it can be passed out at the bidders' conference so that all 6 bidders have the same information. There are now 6 potential bidders.

%

Spreadsheets from Blue Cross (Shundra Mosby): Shundra said that she's done working on them. Will work all the high dollar accounts from \$20,000 and up. Once that's done, they'll start working on the other dollar amounts.

Toby Shelby: Still being put off. Bob is still not done. Butch has been enlisted to help.

• Haydee: Ross asked about the Union meeting. She said that everyone is in agreement and clear. They let her explain the process from Human Resources. Will meet with employees, probably on Tuesday or Wednesday of next week.



There was some discussion about a group of nurses (25-30) who showed up at HR to deliver a letter last Friday. Although they were on their lunch break, Ross said that this was illegal congregating and not to be tolerated. He told the group that if a group shows up at anyone's department, before they are allowed in, HR should be called to find out if they've been authorized. If they have not been authorized, HR will send security over to escort them out.

OPEN DISCUSSION:

Ross wanted to emphasize that everyone should know the OZ principle and that everyone is practicing it. The latest OZ class that some of the group attended was more about customizing OZ to UMC (what UMC objectives are, what UMC goals are, and how we plan to apply the OZ principles to these goals and objectives). The three main objectives are: Reduce employee grievances, improve employee satisfaction by 25%, eliminate having to borrow more than 15M dollars a year from the County.

Kathy's Collections: \$22,000 - 24, 252 52

Judy's Collections: \$28,000 - 31,000

Oncology Billing: Ross talked to Doug. He said it was something they were looking at. John said that when VitalWorks was first set up, Oncology was included because they thought it would be helpful for its scheduling component. The billing component was more difficult because it required a new visit for each patient. MedSeries 4 is doing the billing now. Recurring visits cannot be done on VitalWorks.

- Ross asked Diane/Caroline to contact Doug's office to set up a meeting.

April: \$111,000 as of last Friday (\$200,000 goal) 153,000

Janet: \$84,000 as of last Friday, (\$250,000 goal) /27,000

now focusing on outpatients. Ross reminded her not to forget the inpatients. She said that they are doing are that as well. They now have a coding committee and they are working on developing lists to identify some of the problem areas. Ross wanted to know if it would be reasonable to expect to be at 20M by the end of the month. Caroline said they'll work on it. Ross said it would be a nice goal.

Toby (Peds cases paid at nursery rates): Got the information to Robert about the two babies on Tuesday. He doesn't know if he actually called up on it or not. He said they did resubmit one claim back to Sierra, and they said they were going to reprocess it, but he's not sure exactly what that means. He is going to get in touch with <u>Kay Harthrow</u> and see what her opinions are. Diane recommended that Rosemary submit an appeal.

/ - Ross asked Nancy to pull a report based on whether or not it's a NICU baby and get it to Rosemary for an audit and appeal.

RA 000611

Ross asked Haydee if they're moving towards having a case worker in PEDS. Haydee said that because of the involvement of HR and the union, it can't happen. Ross wanted to know how Lacy's goal can be met of having a case manager for every patient, if there is none in Peds.

Ross asked April how many ETE's work on purging home placement have many dealighting.

Ross asked April how many FTE's work on nursing home placement, how many do eligibility, and how many are outside of the hospital. Working the numbers Ross figured that there are 3 FTE positions available after restructuring the fourth floor staff, and as attrition takes place, he may be able to move FTEs to case management to allow Haydee to hire for Peds. A lot of money is being lost on these Peds and NICU babies.

-Nancy will generate a report based on payments in the last 30 days where there's still a balance. If any are found that weren't paid properly, they will go to Rosemary for audit.

Toby wanted to know if the business office has access to documentation whereby they can find out what the length of stay and authorization period is. There are no case management notes in the AS400 now. John said that the concurrent review screen would give that information. Concurrent Review hasn't been used, but it exists and can be used for case management purposes.

-John offered to give Haydee a walk through of the system.

-Caroline has used it before and offered to get a group together to look at the system (Toby, John, Haydee).

Caroline: Has an observation group going. Working on list of accounts.

John: Completed training. Gave new supervisors additional goals and focus to work on. Going to be modifying the schedule for productivity. Ross will be looking very closely at what is being dropped off the system.

Janet: MedSeries up 17%; VitalWorks up to 49.77; VitalWorks1500s up to 68.2. Everything has gone up. There will be a dramatic improvement over the next couple of weeks. Every step has been documented. Who will take it over needs to be determined.

Haydee (carotid stint): Given to Floyd. Checked with Peter to find out what the notification process is. Peter will report back to the committee. Dr. Ellerton feels that it is very high risk and doesn't want to do it. Haydee also had comments about the Tuesday Meeting on discharge process. UMC is still being underpaid by MediCal.

Approved by:	
Ross Fidler, Revenue Cycle Director	Date

UMC Committee Minutes March 21, 2006

Committee Members: Ross Fidler, Revenue Cycle Director; Janet Howard, ACS Sr. Consultant; Nancy Newman, Operations Manager Patient Financial Services; Virginia Carr, Director of Eligibility; Haydee Florentino, Director of Case Management; Becky Bratten, Director of Medical Records; Shundra Mosby, ASC Manager; Judy Smith, ACS Manager; Toby Shelby, ACS Manager; Pat Huber, ACS Manager; Tina Melvin, ACS Manager; Kathy Kelly, ACS Manager; April Taylor; ACS Manager; Caroline Stuart, ACS Manager; Debra Vetscher, ACS Manager; Robert Donnert, ACS Manager; Kevin Absents Director Manager; Nature 10 Manager

Absent: Diane Mazzei, John Cramer, Tina Melvin, Bill Taylor

Announcements:

Kevin Ellis, Great Lakes, introduced Kevin Mathews, Operations Manager, for the Great Lakes Las Vegas office; he will also be attending the One Stop meetings. Lillie will remain in the same capacity.

Regarding the Date of Decision, Becky has some examples, will get them to Caroline and Nancy. Dates are for November and December and there are several from January. Ross asked what would cause a date of decision to be that stale. If EFS receives the date of decision, an e-mail is sent out stating the approval. We can also run the auto EVS. Anything sitting in the pending financial class should be pinged. Nancy asked that we start sending the approvals to Rhonda Davis as well as the hard copies. Lets make sure that we have a strategy in place to avoid this happening in the future.

Review of Minutes:

- Cash: Run rate this morning is 32.6; actually collected 19M not counting the County money.
- Insurance: Looks OK.
- Medicaid: Looks good.
- Medicare: Looks OK.
- Other: Looks OK
- Self-Pay: Looks good. We are at 1.2M this morning; we should be close to our 2M mark this month.
- Medicare/Medicaid: Do we know how much was in the 440 accounts retro originally? We collected 2.9M money received; Nancy to get the total amount for Ross. Would like to take a one days sample of bills to see what we are collecting. We know that when they come off of Med Series, they are 12%; but we don't know what percent we are getting paid without intervention, denials, etc. Nancy feels that this can be done.

Lung Synth

Becky: Suspense for the ER. To phase in change, will set a date to go to 7 days first, and then to 5. Will work with Lynn Scott to get in place. Recurring is at 5 days, can change but will put a heavy burden on Medical Records.

- Diane (Workers Comp): Tabled: Pat Stone will look at the account first before it goes to Prabha.
- PARA Had a meeting yesterday, fairly positive. Waiting for final status from the County, needs some renegotiating.
- PASC Waiting for approval from Floyd to write off the accounts. MDR's will take 4-5 days to modify program. Janet said that they had 5000 calls last week. Vital Works to go at the same time; the interface is done. Payment arrangements to be phased. Looking to hire temporary employee, will check with John Espinoza.

Great Lakes: April said that everything is in place; Great Lakes is receiving the accounts. Virginia will get the monthly status report to April.

Bad Debt: Bid forms have been finalized. There will be a bidders' conference tomorrow the 22nd. Ross has asked Diane and Nancy to run a new file and have it burned on 10 CDs. These are to be passed out at the bidders' conference. This way all 6 bidders have the same information. An agreement is being drafted and will need to be signed before receiving the CD's.

Spreadsheets from Blue Cross (Shundra Mosby): The Blue Cross system is having technical difficulties. The stale date range should all be scanned and converted. Sierra is done; adjustments have taken place. Make sure there are no rollovers.

Toby Shelby: Bob is still not done, has other priorities. We can still do the work, but without Bob's part, need to do a little more manipulation of the spreadsheets. Will get with Butch today.

Haydee: Union meeting is still set for the 29th. She said that everyone is in agreement and clear. They let her explain the process from Human Resources. Will meet with employees, probably on Tuesday or Wednesday of next week.

There was some discussion about a group of nurses (25-30) who showed up at HR to deliver a letter last Friday. Although they were on their lunch break, Ross said that this was illegal congregating and not to be tolerated. He told the group that if a group shows up at anyone's department, before they are allowed in, HR should be called to find out if they've been authorized. If they have not been authorized, HR will send security over to escort them out.

Robert: Was asked to explain the "Dash Board" report. This is a monthly report that breaks down information received from the ER on a daily basis. Running at 57.2 last week, Monday thru Friday. For the month we are 48, Monday thru Sunday. Ross wants to look at Monday thru Friday. Robert will send to Ross every Monday morning. Ross would like to see the average net case amount added to the report

ply

W.

Mr.

W

Mary.

San Market

OPEN DISCUSSION:

2768252

Kathy's Collections: \$24,252.52. Expects to go up significantly this morning, from the weekend.

Judy's Collections: \$31,000, goal is \$100,000. #38087

Oncology Billing: Ross talked to Doug. He said it was something they were looking at. John said that when VitalWorks was first set up, Oncology was included because they thought it would be helpful for its scheduling component. The billing component was more difficult because it required a new visit for each patient. MedSeries 4 is doing the billing now. Recurring visits cannot be done on VitalWorks.

- Ross asked Diane/Caroline to contact Doug's office to set up a meeting.

April: \$153,000 as of last Friday (\$200,000 goal)

Janet: \$127,000 as of last Friday, (\$250,000 goal). \$61,000 last week alone. 142,000

Caroline (DNFBs): Caroline said that the whole team has developed a strategic plan and are now focusing on outpatients. Ross reminded her not to forget the inpatients. They now have a coding committee and are working on developing lists to identify some of the problem areas. Ross wanted to know if it would be reasonable to expect to be at 20M by the end of the month. Working on it.

Toby (Peds cases paid at nursery rates): Got the information to Robert about the two babies on Tuesday. He doesn't know if he actually called up on it or not. He said they did resubmit one claim back to Sierra, and they said they were going to reprocess it, but he's not sure exactly what that means. He is going to get in touch with Kay Harthrow and see what her opinions are. Diane recommended that Rosemary submit an appeal. Ross asked Nancy to pull a report based on whether or not it's a NICU baby and get it to Rosemary for an audit and appeal.

- Ross met Monday with Haydee and Dr. Stewart about Case Management in the NICU. The docs have been untouchable at UMC in the past, but we are looking to turn this around. We have Lacy' blessing that all patients will be case managed. Nancy will work on the report. Toby will speak with Kay Harthrow.

Ross asked how many FTE's needed to work on nursing home placement, how many to do eligibility, and how many are outside of the hospital. Working the numbers Ross figured that there are 3 FTE positions available after restructuring the fourth floor staff, he may be able to move FTEs to case management. Once we determine the number of persons, John Espinoza recommends that we offer them the option to transfer.

Toby wanted to know if the business office has access to documentation whereby they can find out what the length of stay and authorization period is. There are no case management notes in the AS400 now. John said that the concurrent review screen would give that information. Concurrent Review hasn't been used, but it exists and can be used for case management purposes.

- -John offered to give Haydee a walk through of the system.
- -Caroline has used it before and offered to get a group together to look at the system (Toby, John, Haydee).

Caroline: Has an observation group going. Working on list of accounts. Meeting conflicts with the Cost Center Manager meeting. We will not cancel, but pull together the pieces we are able to work on.

1900 69	21
John: Completed training. Gave new supervisors additional goals and focus to work on. Goi modifying the schedule for productivity. Ross will be looking very closely at what is being droff the system.	ing to be opped
Janet: MedSeries up 17%; VitalWorks up to 49.77; VitalWorks1500s up to 68.2. Everything gone up. There will be a dramatic improvement over the next couple of weeks. Every step has documented. Sue should be here to help with the transition. It is getting better.	has s been
Haydee (carotid stint): Will begin the Certification application with Medicare, and that meet occur next week. Pat to write a procedure that part of the process that Shelley uses to setup a record CDM code, to make sure that the process has been approved by Medicare. After going to the website, Shelley to notify Peter Tibone of the requirements necessary.	ing will lew CMS
April: Needs a plan to facilitate all of the accounts going to Great Lakes. Will send a list to Mecords on Mondays. We also need a consistent notification process of accounts that have just approved. Continue to send manually, train people what to do and what to look for, eventually to automation.	fedical t been move
Shundra: Regarding Blue Cross claims for the month of November, didn't go. We need to fin why they didn't go. Shundra to get the total accounts in dollars for Ross. Nancy to address with Diane, and get with Pat as to why her people didn't catch this. Also mentioned letters that are sautomatically, some of those didn't go.	th
\	

Approved by:

Ross Fidler, Revenue Cycle Director

Date

UMC Committee Minutes March 14, 2006

Committee Members: Ross Fidler, Revenue Cycle Director; Diane Mazzei, ACS Manager; Janet Howard, ACS Sr. Consultant, 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; Judy Smith, ACS Manager; Toby Shelby, ACS Manager; Pat Huber, ACS Manager; Tina Melvin, ACS Manager; Kathy Kelly, ACS Manager; April Taylor, ACS Manager

Absent: Bill Taylor, Employee Assistance Coordinator, Caroline Stuart, ACS Manager, Debra Vetscher, ACS Manager, Kevin Ellis, Director Great Lakes Medicaid

Meeting opened at 8:15 am.

- Ross would like to see the holding in the ER changed from 10 days to 5 days, and the holding for in patient DRG based and per diem based patients changed from 5 days to 3.
 - Action: Becky and/or Pat and maybe Diane to get with Connie and the Care Centers to discuss making this change.

I. Review of Minutes:

- <u>CASH</u>: Run rate this morning, 35.1, does not include the county. We have posted 13.7M without the county.
- Insurance Good shape.
- <u>Medicaid</u>: Looks good. We are at 4.2M. Last month we were at 4.4M, and the month prior was at 3.3M. Medicaid HMO was at 6.81 this morning.
- Medicare: OK.
- Other: Looks pretty good; 8.95 this morning.
- Self Pay: Self pay is still a little light, at 6.4.
- First Health Rep: Effective tomorrow, we will not be sending any further accounts. We do want to discuss their continuing to work. There will be a meeting with Accordis on Thursday.
- <u>Diane Mazzei</u>: Diane to contact Prabha Cox regarding Workman's Comp. Will follow up.

- <u>Budgets:</u> John had budgeted 10 FTE's; Diane had budgeted 7 FTE's. The budgets have been submitted, the FTE's were cut. Ross has a plan in place to deal with the cuts.
- PARA: ACS has an agreement for sub-contractors, which needs to be signed. We are delaying this at the moment until we find out the status of the County.
- <u>PASC</u>: Should be operational the 27th. Ross would like the date pushed up if possible. Diane will check into this. Double check with Floyd to make certain that all is in place.

Virginia was concerned about when the staff would be given information on PASC, as to impact on their positions, reallocating of staff to different duties. We can move forward with this.

- Great Lakes: April to contact Kevin, Great Lakes regarding the report on the
 3 categories of accounts; when we might have this report.
 - Action: April feels that EFS should be able to print the Notice of Decision from NOMADS and add it to the folders for Great Lakes.
 We need to have permission to print out the NOMADS. April and Virginia are meeting with Sandee from Nevada State Welfare and will discuss this with her.
- Bad Debt: Ran in the paper Saturday and Sunday. We did receive 3 responses of interest from 3 local companies, in addition to the 3 that we currently have. There is a bidders conference next Wednesday the 22nd; Bob Mills will attend to answer their questions. Bidders have until 3:00pm on 3/30/06 to place their bid. As required, it will go to the highest bidder. They will be notified shortly after bidding closes at 3:00 pm.
- <u>Shundra Mosby</u>: Regarding the contractual spreadsheet, Ross signed, and has been sent to Floyd. Shundra has run Blue Cross, will review all accounts. Al Spizeman feels that he can go back to Blue Cross and get additional monies even though they have already sent monies directly to the patient, not the hospital.
- <u>Toby Shelby:</u> Spoke to Bob Purdue; he has about a days worth of work. We will meet tomorrow morning to discuss and go over the program.
- Pat Huber: Shelley is reviewing the charge codes to make sure that they are
 correct on the spreadsheet. She should be done with that this morning, and
 will then send over to Kathy Silver.

- Havdee Florentino: There is a union meeting tomorrow. After getting the
 OK, we can replace the 2-3 employees where short. Haydee will contact HR
 to get the process started. There should be applications from the last time the
 job was posted.
- Responses from Partners In Leadership: There was a statement that felt
 that since Superior came, that communication between the business office and
 other departments had deteriorated. Diane will communicate this to her
 department.

OPEN DISCUSSION:

Kathy said that they have collected \$16,716, with a target of \$20,000 for the month.

After last weeks meeting, Nancy spoke to several people regarding Oncology being under Vital Works. No one knew about this. Brian will look into this. Ross will discuss with Doug Northcutt.

Judy said that collections, when you take the ER out, are \$18,000.

April said that cash collections for last week were \$108,000, which is good considering that her goal is \$175,000 for the month.

Janet said that customer service collections last week were at \$84,000.

Caroline, we are moving along; have been focusing on inpatients, but are now going to look into outpatient issues. Becky and she are working on a strategic plan.

Toby brought up a couple of case scenarios: A baby was in the hospital for 69 days. We had an authorization, but we were paid at a nursery rate. Expected reimbursement was \$128,000, we were paid \$18,000. We do not have a PEDS Case Manager, which is a problem. Toby to get information to Robert, and he will research further.

The redesign of Case Management, is in process. The policies and procedures have been written. The holdup is the union. Some of the nursing roles are not union; they are exempt due to 24/7. The union wants to make all union, and that can't happen.

Kathy to start training. Ross received an approval from Annette. Would like to implement by the end of April.

Approved By: Ro	ss Fidler, Revenue Cycle Director	Date
-----------------	-----------------------------------	------

UMC Committee Minutes March 23, 2006

Committee Members: Ross Fidler, Revenue Cycle Director; Janet Howard, ACS Sr. Consultant; 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, ASC Manager; Judy Smith, ACS Manager; Toby Shelby, ACS Manager; Pat Huber, ACS Manager; Tina Melvin, ACS Manager; Kathy Kelly, ACS Manager; April Taylor; ACS Manager; Caroline Stuart, ACS Manager; Robert Donnert, ACS Manager; Kevin Mathews, Great Lakes Absent: Diane Mazzei, Bill Taylor, Debra Vetscher

Announcements:

Next week will be Janet's last week here. We need to look into transitioning a person in her role.

Review of Minutes:

Cash: Run rate this morning is 30.3M, not counting the County money. It is dropping everyday, we have only posted about 800,000.

Insurance: Is down.

Medicaid: Looks good, is up.

Medicare: Is down.

Other: Looks OK

NFB: Is down.

Self-Pay: Looks good. We are at 1.2M this morning; we should be close to our 2M mark this month.

Medicare/Medicaid: We collected 2.9M money received; Nancy to get the total amount for Ross. Would like to take a one days sample of bills to see what we are collecting. We know that when they come off of Med Series, they are 12%; but we don't know what percent we are getting paid without intervention, denials, etc. Nancy feels that this can be done.

Becky: Suspense for the ER. Will follow up with Lynn today.

Diane (Workers Comp): Tabled: Pat Stone will look at the account first before it goes to Prabha.

PARA – Had a meeting yesterday, fairly positive. Waiting for final status from the County, needs some renegotiating.

North Control of the Control of the

PASC – Waiting for approval from Floyd to write off the accounts. Looking to hire temporary employee, will check with John Espinoza.

Bad Debt: The bidders' conference was held yesterday, was told that all went well. They each have the CD's and now have until the 30th to submit bid.

Spreadsheets from Blue Cross (Shundra Mosby): The accounts over 120 days that Shundra is looking at; monies are there to be collected. Any of those accounts, patients not cooperative, change to self pay and give to PASC.

Toby Shelby: Still trying to get together with Bob. Sent Butch 3 spreadsheets to begin working on.

Peds cases paid at nursery rates: Had good news from Sierra about the NICU babies. They will be reprocessing the claims, at least partially which means that we should be paid more money. Nancy has requested from IT, a download of all NICU babies that are zero pay or cash pay within the last 60 days. Will then step up efforts to review these accounts.

Haydee: Union meeting is still set for the 29th. She said that everyone is in agreement and clear.

Robert: Cases are holding at around 59. Will be adding Case Management to the Dash Board. Robert will send to Ross every Monday morning.

OPEN DISCUSSION:

Kathy's Collections: \$27,687.52. Expects to go up significantly this morning, from the weekend.

Judy's Collections: \$38,082.

ncology Billing: Ross spoke to Doug about Oncology. He said that there was someone coming in from Vital Works to access whether or not this could be handled.

April: \$153,000 as of last Friday (\$200,000 goal). Reports are received weekly. Ross suggested that April put in a follow up process to track on a daily basis

Janet: \$142,000 (250,000 goal). Working on a big account for \$74,000. Ross said that if he pays \$30,000 lump sum by the 31st, we can settle; but if he wants to pay in terms, we want \$6400 a month...

Caroline (DNFBs): Continuing to work. Caroline said that the whole team has developed a strategic plan and are now focusing on outpatients. Ross reminded her not to forget the inpatients. They now have a coding committee and are working on developing lists to identify some of the problem areas. Ross wanted to know if it would be reasonable to expect to be at 20M by the end of the month.

Ross met with Haydee and Dr. Stewart about Case Management in the NICU. The docs have been untouchable at UMC in the past, but we are looking to turn this around. We have Lacy' blessing that all patients will be case managed. Nancy will work on the report. Toby will speak with Kay Harthrow

The state of the s

Caroline: Is coming along, this week is a little slim, but will focus on some other things. Med Staff observation for Chest Pain Center goes into effect the 7th as long as the documentation is there. One focus of the Ops group is to get all of the departments the correct documentation. This is thru Bylaws; going to the Medical Executive Committee for approval; an exception will be made for the Chest Pain Center, Emergency Room Physicians. If a Cardiologist has been assigned to them, we then need to make sure that we have clarity to go on the billing cycle. Pat will put together a report for Ross of the incremental cash.

John: Completed training in Patient Access. Gave new supervisors additional goals and focus to work on. Going to be modifying the schedule for productivity. Ross will be looking very closely at what is being dropped off the system.

Janet: MedSeries up 19%, VitalWorks up to 69.21; VitalWorks1500s up to 49. We have a report coming from IT for the Units of Service (1300 pages). A conference call will be held with First Health at 11a. Nancy will contact Sue to help with the transition.

Haydee (carotid stint): Peter sent an e-mail requesting codes. Spoke to the Coding Managers, and they will be taking a more active role in the CDM process. Pat to meet with Caroline to write a process for this.

April: April sending Medical Records list every Monday. Caroline to meet with April to work on a process to better manage.

Shundra: November claims have gone through. Janet stated that there is a process in place to check daily, and if followed, feels that this will not happen again.

Virginia has been working with a committee at Social Services looking at the RFP to replace CACTUS. Will take the draft to Doug Northcutt to pursue. The functionality is different, but we should explore this system.

Regarding PASC, Ross talked to Christen yesterday; the order has been written for the telephone numbers to be changed. He would prefer the accounts be written off before he gets them, but he would rather have them now before the phone number hits, then they can be written off. If they have a list, they will separate them, not work them until written off. If we don't hear from Floyd today, send the files over to them.

April and Virginia met with the Managers yesterday. It was determined that the EFS workers have 14 days to get the information needed to get the patient eligible. If they do, they move it to 833 and it goes to Great Lakes, if they don't it goes to PASC and to self pay. We need to check with Bobbie and see if they can hold the 0007's until 14 days after discharge and then send.

Janet met with the architect yesterday regarding the Fast Track redesign, going very well. EMTALA, we can start training and will begin on April 3rd. Will implement immediately after the training is completed.

Haydee said that we have a new AC in place and will start on 4/3. She feels that we need to meet with the administrators to let them know that the "gate keepers" are the Case Managers.

comes into Medical Records with a routine request, does she need to go she obtain information as in the past.	through this process, or can
Shundra to work with Caroline on process for denials to simplify obtaini	ng Medical Records process.
Approved by: Ross Fidler, Revenue Cycle Director	Date

UMC Committee Minutes March 28, 2006

Committee Members: Ross Fidler, Revenue Cycle Director; Janet Howard, ACS Sr. Consultant; 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, ASC Manager; Judy Smith, ACS Manager; Toby Shelby, ACS Manager; Pat Huber, ACS Manager; Tina Melvin, ACS Manager; April Taylor; ACS Manager; Caroline Stuart, ACS Manager; Kevin Matthews, Great Lakes

Absent: Diane Mazzei, Becky Bratten, Kathy Kelley, Bill Taylor, Robert Donnert, Debra Vetscher

Review of Minutes:

Cash: Total cash yesterday was 1.2M. Cash less county was a 1.186M; need to run about 1.5M a day; we are at 25.7 for the month without the county. Run rate this morning is 31.1M, would like it at 33.

Insurance: Is down. Running about \$400,000 behind. HMO/PPO about 1.5M behind last month.

Medicaid: Running about 1.5M over. HMO about 1/2M over.

Medicare: Is down. About 1M shy. HMO, OK

Other: Looks OK

NFB: Still hovering around 30-33. 32.9 yesterday. On the 6-7-8-10th of the month, we were at 29, has not been at 29 since then.

Self-Pay: Looks good. 1.8M; we are ahead of last month.

• Medicare/Medicaid: So far this month, we have had 73.5M drop off of Med Series. We are running about a 7M backlog in SSI. Would like to take a one days sample of bills to see what we are collecting. Nancy feels that this can be done.

Becky. Suspense for the ER. To phase in change, will set a date to go to 7 days first, and then to 5. Continuing to work; will go into effect when Becky gives OK.

Diane (Workers Comp): Tabled: Pat Stone will look at the account first before it goes to Prabha.

PARA – Waiting for final status from the County, needs some renegotiating on terms. Moving forward, meeting is setup for Thursday or Friday.

/PASC - Waiting for Floyd to write off accounts. Ross spoke to Floyd; he will take care of this and send a note to Nancy. Will let IS know that we will be doing this all in one bulk.

Bad Debt: The bidders' conference was held yesterday, was told that all went well. They each have the CD's and now have until the 30th to submit bid. One stipulation is that they need to be prepared to write us a check on the day they are told that the bid is approved.

Spreadsheets from Blue Cross (Shundra Mosby): In going through the accounts, and identifying that we were not paid according to the contract, Shundra is trying to get them to reprocess the claim. Once identified, notify Toby. These are not accounts where Blue Cross paid the patient directly instead of us. If this is found to be the case, we need to get those accounts to Al.

Toby Shelby: Making progress on spreadsheet which is to merge the 2 runs together for revenue code information, for easier calculations, making downloading quicker.

Peds cases paid at nursery rates: Received a run from Jonathan, approximately 209 accounts. We need to look at each, account by account, to see if we were paid correctly. Toby believes that this is big dollars and in some cases, we can go back and collect. He also believes that we are not authorizing properly and are not documenting properly. Toby will summarize his findings and forward to Ross.

There are 2 issues:
#1 Old cases. We need a special project to address the NICU.
#2 We need to re-educate and develop policies so that this doesn't continue.

 Haydee will go to the Office Tech meeting this month and discuss the changing of accommodation codes.

• Robert: OR Cases have picked up, average about 61.

OPEN DISCUSSION:

Kathy's Collections: \$27,687.52. No Change today.

Judy's Collections: \$38,082, No Change today.

Oncology Billing: The consultant from Vital Works will be out. We need to address this with him. Ross doesn't feel that it is possible, that we can handle the volume of billing on a daily basis.

April: \$172,000 as of last Friday (\$200,000 goal). \(\frac{1}{2}\)

Janet: The \$142,000 from last week was low, more like 180,000. We had a great week and are up to 259,263. (250,000 goal).

Caroline: Caroline to send Ross information on the Chest Pain Center. A meeting will be set up regarding dollars lost. Pat has put together a spreadsheet on figures for observation hours, cardio. The Bylaws are changing to allow the ER Docs to admit to the Chest Pain Center. We do not have a cardiologist in the ER at all times; we have a contracted outside group available 24/7. Another problems is that patients are being admitted directly to a room and the Chest Pain Center is not being utilized.

(0)

Med Staff observation for the Chest Pain Center goes into effect the 7th as long as the documentation is there. One focus of the Ops group is to get all of the departments the correct documentation. If a Cardiologist has been assigned to them, we then need to make sure that we have clarity to go on the billing cycle. Pat will put together a report for Ross of the incremental cash. Tohn: Completed training in Patient Access. Going to be modifying the schedule for productivity. Ross will be looking very closely at what is being dropped off the system. Janet: MedSeries up 19%; VitalWorks up to 69.21; VitalWorks1500s up to 49. We have a report coming from IT for the Units of Service (1300 pages). Sue is back. 10 April and Virginia met with the Managers yesterday. It was determined that the EFS workers have 14 days to get the information needed to get the patient eligible. If they do, they move it to 833 and it goes to Great Lakes, if they don't it goes to PASC and to self pay. We need to check with Bobbie and see if they can hold the 0007's until 14 days after discharge and then send. Ticket is out, but not done as yet. Kathy met with the architect yesterday regarding the Fast Track redesign, going very well. EMTALA, we/can start training and will begin on April 3rd. Will implement immediately after the training is completed. TABLED Shundra to work with Caroline on process for denials to simplify obtaining Medical Records. Working on. Pat said that the Pro Fees will not be ready to go into effect in July as thought. Cerner has Vitalworks resources available if needed. Should have meeting with Doug Northcutt and Jim Poulus to get this resolved. We will be out of compliance with Medicare by not billing.

Approved by:

Ross Fidler, Revenue Cycle Director

Date

UMC Committee Minutes March 31, 2006

Committee Members: Ross Fidler, Revenue Cycle Director; Diane Mazzei, ACS Manager, Virginia Carr, Director of Eligibility; Haydee Florentino, Director of Case Management; John Cramer, Operations Manager, Patient Access Services; Becky Bratten, Director Health Information Management; Judy Smith, ACS Manager; Pat Huber, ACS Manager; April Taylor; ACS Manager; Lilie Vallin, Great Lakes

Absent: Janet Howard, Nancy Newman, Shundra Mosby, Toby Shelby, Tina Melvin, Kathy Kelley, Bill Taylor, Caroline Stuart, Debra Vetscher, Robert Donnert

Guest: Richard Powell, CFO was introduced.

Meeting began 9:10am

Review of Minutes:

Cash: Having some problems with down loads; has call into Jonathan. Total cash this morning is 31M; run rate of 32.5, with a monthly projection of 32.5.

Insurance: Down, about \$300,000 for the month. HMO/PPO about 1.5M behind last month.

Medicaid: Is up, running about 3M this month. HMO up about 600,000.

Medicare: At 4.5 this morning. HMO is way up.

Other: Up.

NFB: Still hovering around 30-33. 32.9 yesterday. On the 6-7-8-10th of the month, we were at 29, has not been at 29 since then.

Self-Pay: Is way up. Looks good. 2.078M, the average is 1.6.

Medicare/Medicaid: So far this month, we have had 73.5M drop off of Med Series. We are running about a 7M backlog in SSI. Would like to take a one days sample of bills to see what we are collecting. Nancy feels that this can be done.

Becky: Discharge at 30.6M, we need to start getting into the 20's fairly consistently. We took EMSTAT live; we have a number of corrections that need to be made. Once we get this clean, it will really speed things up. Working with Scott to get these issues cleaned up.

Suspense for the ER. Hold off until EMSTAT issues are cleared up. Shooting for April 10th for 1st phase change to 7 days.

prane (Workers Comp): A meeting is scheduled with Tori and Pat for next week.

Master, look at Managed Care Contracts, make recommendations. Hoping to have results by the end of April. We are negotiating a contract with them.

PASC – The old accounts should have been written off last night. We found old accounts from 02 that had not been sent to collections, these will be written off, and sent to a collection agency. PASC will be working the early outs and self pays accounts. The target is Monday morning. We need to make this as seamless to the patients as possible.

Bad Debt: The bidders' conference was held last week and all went well. They each were given the CD's. They came back and asked for social security numbers to be added. We have given this to Steve to add info. The CD's will be reissued and they will have until April 4th.

Spreadsheets from Blue Cross (Shundra Mosby): Tabled. In going through the accounts, and identifying that we were not paid according to the contract, Shundra is trying to get them to reprocess the claim. Once identified, notify Toby. These are not accounts where Blue Cross paid the patient directly instead of us. If this is found to be the case, we need to get those accounts to Al.

Yoby Shelby: Tabled. Making progress on spreadsheet which is to merge the 2 runs together for revenue code information, for easier calculations, making downloading quicker.

Peds cases paid at nursery rates: Tabled. Received a run from Jonathan, approximately 209 accounts. We need to look at each, account by account, to see if we were paid correctly. Toby believes that this is big dollars and in some cases, we can go back and collect. He also believes that we are not authorizing properly and are not documenting properly. Toby will summarize his findings and forward to Ross.

There are 2 issues:
#1 Old cases. We need a special project to address the NICU.
#2 We need to re-educate and develop policies so that this doesn't continue.

 Haydee will go to the Office Tech meeting this month and discuss the changing of accommodation codes.

• Robert: OR Cases have picked up, average about 61.

OPEN DISCUSSION:

Kathy's Collections: ER Collections at \$33,032.50. Great job.

Judy's Collections: \$53,904.92, goal \$80,000.

April: \$197,000, but have not received all of the reports. (\$200,000 goal).

Janet: We had a great week, \$259,263 in collections. (250,000 goal).

Oncology Billing: The consultant from Vital Works will be out. We need to address this with him. Ross doesn't feel that it is possible, that we can handle the volume of billing on a daily basis.

Caroline: Caroline to send Ross information on the Chest Pain Center. A meeting will be set up regarding dollars lost. Pat has put together a spreadsheet on figures for observation hours, cardio. The Bylaws are changing to allow the ER Docs to admit to the Chest Pain Center. We do not have a cardiologist in the ER at all times; we have a contracted outside group available 24/7. Another problems is that patients are being admitted directly to a room and the Chest Pain Center is not being utilized.

Med Staff observation for the Chest Pain Center goes into effect the 7th as long as the documentation is there. One focus of the Ops group is to get all of the departments the correct documentation. If a Cardiologist has been assigned to them, we then need to make sure that we have clarity to go on the billing cycle. Pat will put together a report for Ross of the incremental cash.

John: EMTALA training will begin next week. Policy and procedures verbally approved; on Lacys' desk for signature. We need to retrofit for the Quick Cares. Larry to adopt.

Diane: Once a week you will need to provide numbers of claims that are dropping off of Med Series into SSI. Yesterday we were at 70% clean runs. We need to take one day and sample one big volume payor, do a study of claims that go from SSI to the payor to find out the percentage paid that was without human intervention.

April and Virginia: Ross explained that Nursing Home Placement will move under Social Services. A meeting has been set for Monday to discuss transition.

It was determined that the EFS workers have 14 days to get the information needed to get the patient eligible. If they do, they move it to 833 and it goes to Great Lakes, if they don't it goes to PASC and to self pay. We need to check with Bobbie and see if they can hold the 0007's until 14 days after discharge and then send. Ticket is out, but not done as yet.

Kathy met with the architect yesterday regarding the Fast Track redesign, going very well. EMTALA, we can start training and will begin on April 3rd. Will implement immediately after the training is completed. **TABLED**

Shundra to work with Caroline on process for denials to simplify obtaining Medical Records. Working on. TABLED

Pat said that the Pro Fees will not be ready to go into effect in July as thought. Cerner has Vitalworks resources available if needed. Should have meeting with Doug Northcutt and Jim Poulus to get this resolved. We will be out of compliance with Medicare by not billing.

Approved by:	
Ross Fidler, Revenue Cycle Director	Date

UMC Committee Minutes April 6, 2006

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; Shundra Mosby, ACS Manager, Judy Smith, ACS Manager; Toby Shelby, ACS Manager, Pat Huber, ACS Manager; Tina Melvin, ACS Manager, Kathy Kelley, ACS Manager, April Taylor; ACS Manager; Caroline Stuart, ACS Manager, Debra Vetscher, ACS Manager, Robert Donnert, ACS Manager, Kevin Ellis, Great Lakes, Kevin Matthews, Great Lakes

Absent: Janet Howard, Becky Bratten, Bill Taylor

Meeting began 2:35pm

Review of Minutes:

Cash: Cash this morning is 4.6M, at a run rate 30.874M. It is early in the month.

- Insurance:
- Medicaid:
- Medicare:

•/ Other:

NFB: At 36M this morning, jumped about 4M yesterday due to recurring.

- Self-Pay:
- Medicare/Medicaid:

Becky: TABLED: Discharge at 30.6M, we need to start getting into the 20's fairly consistently. We took EMSTAT live; we have a number of corrections that need to be made. Once we get this clean, it will really speed things up. Working with Scott to get these issues cleaned up.

 Suspense for the ER. Hold off until EMSTAT issues are cleared up. Shooting for April 10th for 1st phase change to 7 days.

PARA — Pat to contact Peter from Peter A. Ripper and Assoc. to see what it is that he needs, and where we stand. They are coming in to do a sensitivity study; review the Charge Master, look at Managed Care Contracts, make recommendations. Hoping to have results by the end of April.

PASC: Med Series started taking calls yesterday. Diane, will research to find some means to track productivity. Diane will talk to Kristen to see what kind of reports they can supply us with on a weekly basis. Kristen will be here on the 17th or 18th. We do have people single number were forwarded to the PASC phone number. signed up for Orientation and they are ready to go. As of Monday, the EFS calls to the

Last Thursday Lacy held a conference with the EFS workers, heard complaints from the workers. Lacy made a decision that we go back to the old policy of 31 days for OB and 45 days for MAABD, until Richard has a chance to meet with Bill.

Bad Debt: The bidders' conference is being held today at 3pm. We have only received 2 bids, although the other 4 could bring them in person. If a bid is accepted, it will go to the highest bidder, but we do have the option not to accept any of the bids.

Spreadsheets from Blue Cross (Shundra Mosby): A spreadsheet has been created for Al and 2 accounts have been submitted to him to begin working.. Nothing has been escalated at this time. There are 1000's of accounts and it will take at least 2 months to get through these reports.

Toby: Peds cases paid at nursery rates: The spreadsheet shows how much that we have been underpaid and continue to be. Someone is needed to evaluate the accounts to see whether or not the charges were medically necessary at that specific level of care. Toby will send spreadsheet to Haydee for review. We are in the process of developing a procedure so that this does not continue. Haydee will be going to the Office Tech meeting and again remind them how important it is that they change the accommodation codes. Let's get the work plan in progress.

Robert: OR Cases have picked up, at 64 last week. January we were at about 54, 59 February 56, March 59, Monday thru Friday averages, so were are going up.

Judy's Collections: ER Collections: too early in the month.

April: \$254,000 for the month of March. (\$200,000 goal).

Janet: Collections: Out 3501000

Oncology Billing: Regarding daily billing in Oncology. The consultant from Vital Works will be out the end of April. We need to ask the consultant if they can even do it on a daily basis. There could be charging issues, training, etc. Need to develop plans if goes daily.

Caroline: Caroline to send Ross information on the Chest Pain Center. A meeting is being held today. Pat has put together a spreadsheet on figures for observation hours, cardio. The Bylaws are changing to allow the ER Docs to admit to the Chest Pain Center. What actually happened, was that the physician H/P will be accepted; at least they can be admitting. We need to take it back to the Med Staff Committee again.

RA 000637

Med Staff observation for the Chest Pain Center goes into effect the 7th as long as the documentation is there. One focus of the Ops group is to get all of the departments the correct documentation. If a Cardiologist has been assigned to them, we then need to make sure that we have clarity to go on the billing cycle. Pat will put together a report for Ross of the incremental cash. Radiology would like to be included in the activation group so that they could speak of their issues.

John: EMTALA training is in process. We plan to go live on the 17th. Interim policy and procedures have been sent to Lacy for his signature. John to send out a copy of the procedures to Virginia and Nancy.

Diane: TABLED: Once a week you will need to provide numbers of claims that are dropping off of Med Series into SSI. Yesterday we were at 70% clean runs. We need to take one day and sample one big volume payor, do a study of claims that go from SSI to the payor to find out the percentage paid that was without human intervention.

April and Virginia: Jeri White, Ross, John Espinoza and Virginia met with the NHP staff regarding the transition to Social Services. It was relayed to the staff that we would like their participation in this move.

Kathy: The Fast Track Committee Meeting is scheduled for next Wednesday. Hopefully we will have the architects bid by then. The EMTALA launch will be Monday 4/17.

Shundra and Caroline are working on improving the process for denials to simplify obtaining Medical Records. There is a meeting at 3pm on Tuesday. Caroline would like Shundra to be at the meeting so that she can see and talk thru the process, write a procedure and send to staff to prioritize.

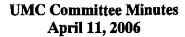
Pat: Implementation meeting was held last week. Our hope is to change the implementation date from the end of December to July 1st. Caroline offered to work on project plan for us. Vital works needs to come on site and identify regulation changes to get the remaining clinics up on Vital works.

Caroline: Observation: We need to have access to the Patient Account screen to compare what was really billed, with what was really coded. This would help to identify regulation changes. Also, the coding staff doesn't have access to utilization notes.

Approved by:

Ross Fidler, Revenue Cycle Director

Date





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 Health Information Management, Shundra Mosby, ACS Manager, Judy Smith, ACS Manager; Toby Shelby, ACS Manager, Pat Huber, ACS Manager; Tina Melvin, ACS Manager, Kathy Kelley, ACS Manager, April Taylor; ACS Manager; Caroline Stuart, ACS Manager, Robert Donnert, ACS Manager, Kevin Ellis, Great Lakes, Kevin Matthews, Great Lakes, Bill Taylor, Employee Assistance Coordinator

Absent: Debra Vetscher

Meeting began 8:05am

Review of Minutes:

Cash: Cash this morning is way down, 454,000. Run rate at 28M; would like to keep at about 32M.

• Insurance:

Medicaid: Down, posted about 1M.

Medicare: OK

Other:

NFB: Hovering around 34-35. Everybody is ready to go with moving the suspense days. Becky and Carolyn have put a plan together and will have another meeting with EMSTAT. Becky to meet tomorrow to get the 3 vacant positions filled. Running about 15-20 above budget, most of it on the PEDS side.

Self-Pay:

Medicare/Medicaid:

Becky: We took EMSTAT live. There are a number of corrections that need to be made. Once we get this clean, it will really speed things up. A meeting was held last week with EMSTAT, and another is scheduled. Becky will be at the next meeting to discuss these issues with Scott. Carolyn to sit down with the coders to see what the issues are before the meeting.

PARA — Pat called and left message for Peter from Peter A. Ripper & Associates to contact her. Hopefully she will speak to him today to see what it is that he needs, and where we stand. They are coming in to do a sensitivity study, review the Charge Master, look at Managed Care Contracts and to make recommendations. Hoping to have results by the end of April.

PASC: Med Series started taking calls last week. Diane will talk to Kristen to see what kind of reports they can supply us with on a weekly basis. Diane is tracking calls for productivity. Kristen will be here on the 17th or 18th. Vital Works may be ready to go as soon as this week. We do have people signed up for Orientation and they are ready to go. As of Monday, the EFS calls to the single number were forwarded to the PASC phone number.

Last Thursday Lacy held a conference with the EFS workers, heard complaints from the workers. Lacy made a decision that we go back to the old policy of 31 days for OB and 45 days for MAABD, until Richard has a chance to meet with Bill.

Great Lakes: April receives a productivity report for Great Lakes monthly. Last month there were 1M in approved accounts that came back from Great Lakes. There are \$40M in accounts pending approval. Ross asked that Virginia go back to August 05 and create a graph by month of what was actually approved, and another graph by month to trend what our invoices are.

Bad Debt: Received the bids. The highest bidder was Orien, our current collection agency. The package will go to the board on Tuesday for approval. Orien will need to submit their check at 10:01am on Tuesday.

Spreadsheets from Blue Cross (Shundra Mosby): Shundra has a meeting scheduled with Diane for tomorrow. Diane wants Shundra to concentrate on \$1000 and up; below \$1000 to leave specifically for Diane. We will forward the dollar amounts once we have our numbers together. There are 1000's of accounts and it will take at least 2 months to get through these reports.

Toby: Peds cases paid at nursery rates: There are about 121 accounts on the spreadsheet, underpayment and no pay, 70-75% are retros. An account has been forwarded to Haydee to research and to verify our records. We need to set up a meeting with Robin to review cases and make sure that they were authorized properly. Haydee is working with IS to get the Intregral criteria done by the 17th. This will allow Robin to review medical records through the Integral system without pulling the medical records. We need to set up meeting with Haydee, Toby, Evelyn McGuckin and Lorraine Noonan. Believes it is a matter of verifying that we should have been authorized at a particular level, that we were charged properly, and to go back and try to appeal the cases with First Health.

Robert: OR Cases were at 59 last week. Running at about 57 for the month.

OPEN DISCUSSION:

Kathy's Collections: ER Collections at 5940. (Goal for the month is \$25,000.)

Judy's Collections: Collections at 52,411. (Goal for the month is \$100,000.)

April: Collections: No Report (Goal for the month is \$200,000.)

RA 000641

24298

Janet: Collections: Out (Goal at \$250,000.)

Oncology Billing: The consultant from Vital Works will be out the 27th or 28th of April. Ross wants to have Nancy, Pat, Carrie from Medical Records and Lynda from Admitting to stay with the consultant, to ask all necessary questions regarding the Oncology billing and whether this can be done on a daily basis.

Caroline: A meeting is being held today at 3pm. The Medical Executive Cmte. passed the By Laws to allow the ER Docs to admit to the Chest Pain Center from 3/7 forward. Pat will put together a report for Ross showing the incremental cash from 3/7.

John: EMTALA training is in process. We plan to go live on the 17th. Interim policy and procedures have been sent to Lacy for his signature and a copy to be sent to Virginia and Nancy. John will send out a memo to Nursing Directors, ER Clinicians and all personnel that need to be aware.

Diane: Yesterday we were at 22% clean runs; Vital Works at 77%. We need to take one day and sample one big volume payor, do a study of claims that go from SSI to the payor to find out the percentage paid that was without human intervention.

April and Virginia: Virginia to sit down with Jeri White when she returns to work out how this transition will take place. It has been relayed to the staff and noted that we would like their participation with this move.

Kathy: The Fast Track Committee Meeting is scheduled for tomorrow. We did receive the architects proposed layout and sent it to the committee members for review. We don't have the bid, or what the estimated costs will be, or whether it will be done internally or be outsourced. It was suggested that we walk thru to make sure that it is functional as the architect proposed it.

Shundra and Caroline are working on improving the process for denials to simplify obtaining Medical Records. There is a meeting today at 3pm. Caroline would like Shundra to be at the meeting so that she can see and talk thru the process, write a procedure and send to staff to prioritize. Some progress has been made April and Shundra. Becky has begun to write the procedures.

Pat: Implementation meeting was held last week. Our hope is to change the implementation date from the end of December to July 1st. Caroline offered to work on project plan for us. Vital works needs to come on site and identify regulation changes to get the remaining clinics up on Vital works.

Caroline: Observation: We need to have access to the Patient Account screen to compare what was really billed, with what was really coded. This would help to identify regulation changes. Also, the coding staff doesn't have access to utilization notes.

Approved by: Ross Fidler, Revenue Cycle I	rector Date	_

UMC Committee Minutes April 18, 2006

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 Health Information Management, Shundra Mosby, ACS Manager, Judy Smith, ACS Manager; Toby Shelby, ACS Manager, Pat Huber, ACS Manager; Tina Melvin, ACS Manager, Kathy Kelley, ACS Manager, April Taylor; ACS Manager; Caroline Stuart, ACS Manager, Debra Vetscher, ACS Manager, Robert Donnert, ACS Manager, Kevin Matthews, Great Lakes, David Graham, ACS Manager, Jaqna Zawedi

Absent: Bill Taylor

Meeting began 8:03am

Ross introduced David Graham and Jagna Zawedi. David will take Janet's place doing Customer Service and SSI. Jagna is here on a temporary assignment and will be working on Med Series. Last week she worked on Medicaid, this week on Medicare.

Review of Minutes:

Cash: Cash this morning is way down. Run rate at 25.7M. Cash in general is down.

Insurance: OK

Medicaid: About 1.6M posted. **Medicaid HMO** is light; we were at 1.6 last month; we are at 483 this morning.

Medicare: OK. Medicare HMO is light, we were at 1.3 last month; we are at 500,000 this morning.

Other is light; we were at 2.5 last month, we are at 695,000 this morning.

Self-Pay is really light, we were at 2.2, today we are at 795. We need to get it back up above 28M.

DNFB: At 35 this morning.

Becky: Another meeting is scheduled with EMSTAT for this afternoon with the Business Office, Compliance and EMSTAT. The first meeting with EMSTAT did not go well as they do not want to make changes. They feel that the determinations were made based on their formulas and are correct. If we cannot get their cooperation, we will then need to meet with Ross. The leveling needs to be fixed before we can clean anything else up. Garolyn did sit down with the coders regarding their issues.

February 4/28 17,30

PARA – Pat has set up a phone conference with Ross and Peter for Tuesday Ales to see what his needs are and where we stand. Peter, Peter A. Ripper & Associates are coming in to do a sensitivity study, review the Charge Master, look at Managed Care Contracts and to make recommendations. Hoping to have results by the end of April.

PASC: Two employees have been hired and are going through Orientation. Vital Works should hopefully be up by the end of the week. Med Series started taking calls last week. We did have some issues with this; they were not answering the phones. Diane was disappointed to find that they only had 11 employees. Diane to find out their average hit rate, this way we can track calls. Diane will talk to Kristen to see what kind of reports they can supply us with on a weekly basis.

Lacy held a conference with the EFS workers, heard complaints from the workers. A decision was made to go back to the old policy of 31 days for OB and 45 days for MAABD, until Richard has had a chance to meet with Bill. We are waiting for Richard. He should be here the 24th.

Great Lakes: Virginia working on productivity report. Ross had asked Virginia to create a graph by month of what was actually approved, and another graph by month to trend what our invoices are. It was determined that she should use calculations from March 06 going forward.

Bad Debt: Is on the agenda for the Board Meeting this morning and is expected this will go through for approval. The highest bidder was Orien, our current collection agency. They will need to be prepared to submit their check at 10:01am Tuesday.

Spreadsheets from Blue Cross (Shundra Mosby): Shundra met with Diane and it was determined that it will not take 2 months to go through these accounts. Shundra anticipates completion by the end of April. Diane wants Shundra to concentrate on \$1000 and up; below \$1000 to leave specifically for Diane.

Toby: Peds cases paid at nursery rates: A meeting is scheduled for 2pm today with First Health, Evelyn, Lorraine and a couple of follow up nurses. Toby feels we are at a point that we should be able to go back to Acordis to begin back payment on some accounts. There are about 121 accounts on the spreadsheet, underpayment and no pay, 70-75% are retros. An account has been forwarded to Haydee to research and to verify our records. Set up a meeting with Robin to review cases and to make sure that they were authorized properly. Include levels of care for discussion in this meeting. Becky or Caroline should attend this meeting. Haydee is working with IS to get the Intregral criteria done by the 17th.

Robert: OR Cases were at 56 last week. A meeting is scheduled with Rhonda today at 11a.

OPEN DISCUSSION:

Kathy's Collections: ER Collections at \$10,100. (Goal for the month is \$25,000.)

Judy's Collections: Collections at approximately \$60,000. (Goal for the month is \$100,000.)

April: Collections at \$40,000. (Goal for the month is \$200,000.) Collections are down due to changes in staff duties. Ross asked that we revisit QC clinics to see if EFS workers are actually needed there. Have Bill Taylor address this. Diane: Collections at \$24,298. (Goal at \$250,000.) Oncology Billing: Meeting to be held on the 28th. Ross would like Nancy, Pat, Carrie from Medical Records and Lynda from Admitting to stay with the consultant, to ask all necessary questions regarding the Oncology billing and whether this can be done on a daily basis. Ross met with Brian yesterday, it was decided that the Oncology daily billing should not happen. Caroline: A meeting is being held today at 3pm. The Medical Executive Cmte. passed the By Laws to allow the ER Docs to admit to the Chest Pain Center from 3/7 forward. Pat will put together a report for Ross showing the incremental cash from 3/7. Caroline to facilitate policy and procedure so that everything is in place prior to billing. Processes will be in place from Med Staff on down. John: All in place. EMTALA training is in process. Interim policy and procedures have been sent to Lacy for his signature and a copy to be sent to Virginia and Nancy. John will send out a memo to Nursing Directors, ER Clinicians and all personnel that need to be aware. Diane: Yesterday we were at 27% clean runs; Vital Works at 78%. We need to take one day and sample one big volume payor, do a study of claims that go from SSI to the payor to find out the percentage paid that was without human intervention. April and Virginia: Virginia to sit down with Jeri White when she returns next week to work out how this transition will take place. It has been relayed to the staff and noted that we would like their participation with this move. Kathy: The Fast Track Committee Meeting is scheduled for tomorrow. We did receive the architects proposed layout and it was sent to the committee members for review. Vicki Huber is not happy with the layout, there are too many offices. Shundra and Caroline are working on improving the process for denials to simplify obtaining Medical Records. Trying to get the Managers to do the writing. Talked to April about isolating and getting the process down. We are working on this. Pat: Implementation meeting was held last week. Our hope is to change the implementation date from the end of December to July 1st. Caroline offered to work on project plan for us. Vital works /needs to come on site and identify regulation changes to get the remaining clinics up on Vital works. Caroline: Observation: We need to have access to the Patient Account screen to compare what was really billed, with what was really coded. This will help to identify regulation changes. Also, the coding staff doesn't have access to utilization notes. We did resolve some admitting issues. Approved by: Ross Fidler, Revenue Cycle Director Date

UMC Committee Minutes April 25, 2006

Committee Members: Ross Fidler, Revenue Cycle Director; Diane Mazzei, ACS Manager, Nancy Newman, Operations Manager Patient Financial Services, Virginia Carr, Director of Eligibility; Grace Gregory, Case Management; John Cramer, Operations Manager, Patient Access Services, Becky Bratten, Director Health Information Management, Shundra Mosby, ACS Manager, Judy Smith, ACS Manager; Toby Shelby, ACS Manager, Pat Huber, ACS Manager; Tina Melvin, ACS Manager, Kathy Kelly, ACS Manager, April Taylor; ACS Manager; Caroline Stuart, ACS Manager, Robert Donnert, ACS Manager, Kevin Matthews, Great Lakes, David Graham, ACS Manager

Absent: Bill Taylor, Deb Vetscher.

Meeting opened at 8:05am.

New Business:

Ross reiterated his concerns for computer access. He stressed that emails not be sent out containing patient information. Ross is meeting with Hope Hammond, HIPAA Manager regarding possible violations and how to prevent them in the future.

Review of Minutes:

- Cash as of Sunday, actually posted, 18.819M. If you consider the cash of \$990,000 that is not posted and Medicaid of 1.2M that is not posted, together, it would put us at 21M, with a run rate of 28M. Shundra to get report from Diane today to show how much was in SSI, authorizations, make sure bills going out everyday, and to be sure that the deletes are up.
- Insurance: OK
- Medicaid: Biggest short fall. Medicaid HMO:
- Medicare: Medicare HMO:
- Other: Governmental: Big short fall. Diane to look into this.
- Self-Pay is down.
- DNFB:
- Becky: When we upgraded to EMSTAT, the levels were different. We have to rework the accounts; causing us to handle them twice. The ER has tried to put them through without Medical Records input. We are now in the process of cleaning things up. Once cleaned, it will make things more efficient. We are 2-3 full-time employees short; looking into temporary staffing.

Another meeting is scheduled with EMSTAT for this afternoon with the Business Office, Compliance and EMSTAT. The first meeting with EMSTAT did not go well as they do not want to make changes. They feel that the determinations were made based on their formulas and are correct. If we cannot get their cooperation, we will then need to meet with Ross

Pharmacy/Oncology/Cardio Billing. Pharmacy is at 3.9, should be at 1.8. There are charge issues, much of it being pharmacy charges. She needs to manually do charges. Some of the issues may be cleaned up when Vital Works goes into effect.

PARA – A teleconference has been setup for Friday with Peter. Our objective is to find out when we can get him on board, and also to finalize the contract. Peter A. Ripper & Associates, will be coming in to do a sensitivity study, review the Charge Master, look at Managed Care Contracts and to make recommendations. We are hoping to have results by the end of April. Peter to send Ross a proposal.

PASC: PASC is up and running. The two new employees are in place. Vital Works should hopefully be up by the end of the next week. Med Series started taking calls last week. Diane was asked to find out their average hit rate in order to track calls. Diane will talk to Kristen to see what kind of reports they can supply us with on a weekly basis. A conference call is scheduled for today with Kristen.

Nancy asked about the 777 report, accounts submitted to PASC; this needs to be done everyday, and then cumulative every month. PASC takes promises on payments and we need a report to track the promises that have paid.

Lacy held a conference with the EFS workers, heard complaints from the workers. A decision was made to go back to the old policy of 31 days for OB and 45 days for MAABD, antil Richard has had a chance to meet with Bill. Richard should be here the 24th. Ross feels that the length of time held should have no bearing on PASC, and that we will probably not stay at 45 days. Ross will set up a meeting with Richard.

Bad Debt: Was approved by the Board. We are now waiting for the changes to be made to the contract.

- Spreadsheets from Blue Cross (Shundra Mosby): The accounts at \$1000 should be completed this week. They are working on cleaning up the accounts and completion is anticipated by the end of April. Diane wants Shundra to concentrate on \$1000 and up; below \$1000 to leave specifically for Diane.
 - Toby: Peds cases paid at nursery rates: A meeting is scheduled for 2pm today with First Health, Evelyn, Lorraine and a couple of follow up nurses. A meeting needs to be setup with Robin to review cases and to make sure that they are being authorized properly. Becky or Caroline should attend this meeting and we need to include levels of care for discussion. Haydee is working with 1S to get the Interqual criteria done. There seems to be a disconnect between UMC and First Health and Interqual in what is determined as the level of care. It is believed that our levels were changed when we converted to Craneware. Nancy will put the NICU baby issues on the table at the next meeting with Jeff.

Nancy and Diane will be making a list of IS issues. Anyone having issues, e-mail the problem, work order# and date to Nancy. A meeting will be set up with Doug Northcutt to try to get these cleared up.

راا	OPEN DISCUSSION:
DV.	Robert: OR Cases were at 60 last week, 56 for the month.
لمراكب للمالي	Kathy's Collections: ER Collections at \$11,600. (Goal for the month is \$25,000.)
N. C.	Judy's Collections: Collections at approximately \$89,000; working with IS to make corrections. 74,000 (Goal for the month is \$100,000.)
gw/	April: Collections at \$58,000. (Goal for the month is \$200,000.) Collections are down due to changes in staff duties. Ross asked that we revisit QC clinics to see if EFS workers are actually needed there. Have Bill Taylor address this; he should be returning on 5/9.
	Diane: Collections at \$143,000. (Goal at \$250,000.) 123,500
	Oncology Billing: Meeting to be held on the 28th. Ross would like Nancy, Pat, Carrie from Medical Records and Lynda from Admitting to stay with the consultant, to ask all necessary questions regarding the Oncology billing and whether this can be done on a daily basis. Ross met with Brian yesterday, it was decided that the Oncology daily billing should not happen. We need to pull together information to prove that this is not feasible.
. /W	Caroline: We have changed a lot of the procedures. Caroline feels that we are nearing wrap up on this. The Medical Executive Cmte. passed the By Laws to allow the ER Docs to admit to the Chest Pain Center from 3/7 forward. Pat will put together a report for Ross showing the incremental cash from 3/7.
	April and Virginia: A meeting is to be held on Friday with Lacy and Don Haight. Had a discussion with Jeri; we are starting through the transition process. Regarding the Field Rep issues, sent in the PARS for 2 of the Field Reps, and am working with Doug to resolve issues with the other rep. Will meet on Thursday.
	Kathy: The Fast Track Committee will be on hold for the next few weeks. Vicki will be spearheading with Lacy to get the contract signed. Vicki and Marlo spoke to the architects and new drawings will be submitted.
Jord S	Shundra and Caroline are working on improving the process for denials to simplify obtaining Medical Records. Talked to April about isolating and getting the process down. Shundra is to submit proposal to Caroline.
DIT	Pat: An implementation meeting is setup for this week. Our hope is to change the implementation date to July 1 st . Vital works needs to come on site and identify regulation changes to get the remaining clinics up on Vital works.
	Caroline: Observation: Meeting will be held on Thursday. We need to have access to the Patient Account screen to compare what was really billed, with what was really coded. Have not yet received access to notes. We did resolve some admitting issues.
	Approved by: Ross Fidler, Revenue Cycle Director Date

UMC Committee Minutes April 27, 2006

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, Case Management; John Cramer, Operations Manager, Patient Access Services, Shundra Mosby, ACS Manager, Judy Smith, ACS Manager; Pat Huber, ACS Manager; Tina Melvin, ACS Manager, Kathy Kelly, ACS Manager, April Taylor; ACS Manager; Robert Donnert, ACS Manager, Kevin Matthews, Great Lakes, David Graham, ACS Manager

Absent: Bill Taylor, Deb Vetscher, Becky Bratten, Toby Shelby, Caroline Stuart

Meeting opened at 8:05am.

New Business:

Ross met with Hope Hammond, HIPAA Manager regarding possible violations and how to prevent them in the future. If you do not have secured e-mail, you will need to find other ways to send information; using fax, or possibly by referencing an account number with the patients' initials.

We will be making a few changes in staffing. Toby will be going to Bakersfield week after next to be the Director of Revenue Cycle. Joe Wardell will be coming to Las Vegas June 1st.

Review of Minutes:

· Cash: No stats

• Insurance: No stats

Medicaid: No stats Medicaid HMO:

• Medicare: No stats Medicare HMO:

• Other: No stats

· Self-Pay: No stats

DNFB: Went down. It was 36 this morning.

Ross said that he looks at 5 different points when he does the cash report each morning: Cash posted, Revenue/Charges, Discharge final bill, Accounts dropping into SSI, and Accounts dropping out of SSI to the payors.

Becky: When we upgraded to EMSTAT, the levels were different. We have to rework the account causing us to handle them twice. The ER has tried to put them through without Medical Records input. We are now in the process of cleaning things up. Once cleaned, it will make things more efficient. We are 2-3 full-time employees short; we are looking into temporary staffing. NOTE: Ross had a conversation with Vicki Huber regarding EMSTAT, and the fact that Nancy was not really involved, was very surprising to her.

mother meeting is scheduled with EMSTAT with the Business Office, Compliance and EMSTAT. The first meeting did not go well. They do not want to make changes and they feel that the determinations were made based on their formulas and are correct. If we cannot get their cooperation, we will then need to meet with Ross

PARA – We are set for the teleconference for Friday with Peter. Our objective is to find out when we can get him on board, and also to finalize the contract. They will be coming in to do a sensitivity study, review the Charge Master, look at Managed Care Contracts and to make recommendations. We are hoping to have results by the end of April. Peter to send Ross a proposal.

PASC: Vital Works should be live today. Diane was asked to find out the average hit rate in order to track calls. Diane will talk to Kristen to see what kind of reports they can supply us with on a weekly basis. Kristen would like to meet with Ross, Diane and Jim. Diane to make arrangements.

Bad Debt: Orien sent their standard contract, which needed a lot of changes. We made necessary changes and sent a redline copy to Orien with the changes accepted. We are hoping to hear from them Friday or Monday.

Spreadsheets from Blue Cross (Shundra Mosby): We are working on cleaning up the accounts and completion is anticipated by the end of April. Diane wants Shundra to concentrate on \$1000 and up; below \$1000 to leave specifically for Diane. TABLED

Toby: Peds cases paid at nursery rates: A meeting is scheduled for 2pm today with First Health, Evelyn, Lorraine and a couple of follow up nurses. A meeting needs to be setup with Robin to review cases and to make sure that they are being authorized properly. Becky or Caroline will need to attend this meeting and the levels of care should be included in the discussion. Haydee is working with IS to get the Interqual criteria done. There seems to be a disconnect between UMC and First Health and Interqual in what is determined as the level of care. It is believed that our levels were changed when we converted to Craneware. Nancy will put the NICU baby issues on the table at the next meeting with Jeff. TABLED

Nancy has started compiling the list of IS issues. Anyone having issues can forward the description of the problem, the work order # and the date to Nancy. A meeting will be set up with Ross, Diane, Nancy and Doug Northcutt to try to get these items cleared up.

OPEN DISCUSSION:

Robert: OR Cases were at 68 this week, 58 for the month. Bob Mills to be here the 10, 10. will help to put a Marketing plan together for the OR

Kathy's Collections: ER Collections at \$15,183 (Goal for the month is \$25,000.) We need to create a document to insure patients identified with co-pays, stop at the collections checkout desk. Ross will check with John Espinoza about an incentive program for employees cash collections.

Judy's Collections: Collections at approximately \$74,000. Judy is working with IS to correct the \$20,000 posted in error. (Goal for the month is \$100,000.) April: Collections at \$65,000. (Goal for the month is \$200,000.) Should go up with collections all due on Monday. April reiterated that staffing changes have caused changes in the amount of collections. Regarding the EFS workers at the QC clinics, Ross asked that Bill Taylor address this when he returns on 5/9. Diane: Collections at \$123,500. (Goal at \$250,000.) 150 Oncology Billing: The meeting was held and the Accountants agreed that daily billing in Oncology is not feasible. Nancy put information together and will forward to Ross. Caroline: We have changed a lot of the procedures. Caroline feels that we are nearing wrap up on this. The Medical Executive Cmte did pass the By Laws to allow the ER Docs to admit to the Chest Pain Center from 3/7 forward. Pat will put together a report for Ross showing the incremental cash from 3/7. TABLED April and Virginia: Our meeting with Lacy and Don Haight was moved to next Friday. Jeri and I met and talked a lot about contracts, beds, AR, etc. Jeri has begun to work on her plan for transition and we feel that we will be right on target. April: Met with Caroline and the Managers, as of Monday there are 1.2M in claims that are ready to /go, that we are waiting on a coded diagnosis. The claims are in danger of stale dating. A list is being sent out every Monday to Becky; will add Ross to the distribution list. Kathy: The Fast Track Committee will be on hold for the next few weeks waiting for the architect. Vicki was very adamant that the reconstruction is to be completed by July. We need to figure out how to keep the ER open during construction. Pat: An implementation meeting is setup for tomorrow. Our hope is to change the implementation date to July 1st. Vital works needs to come on site and identify regulation changes to get the remaining clinics up on Vital works. Virginia concerned about Vital Works and the Ryan White Grant. Virginia will meet with Pat to discuss these issues. Caroline: Observation: Meeting will be held on Thursday. We need to have access to the Patient Account screen to compare what was really billed, with what was really coded. Have not yet received access to notes. We did resolve some admitting issues. TABLED

Approved by:

Ross Fidler, Revenue Cycle Director

Date

UMC Committee Minutes May 9, 2006

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; Judy Smith, ACS Manager; Kevin Matthews, Great Lakes; Toby Shelby, ACS Manager; Pat Huber, ACS Manager; Tina Melvin, ACS Manager; Kathy Kelly, ACS Manager; April Taylor, ACS Manager; David Graham, ACS Manager; Robert Donnert, ACS Manager; Caroline Stuart, ACS Manager; Bill Taylor, Employee Assistance Coordinator; Debra Vetscher, YACS Manager.

Invited Guests:

Ross Fidler opened the meeting.

Cash Report:

75.7 million was posted as of yesterday
Ross hasn't seen the cash deposit report as of Thursday's deposits. There were 6.3 million dollars deposited and 3 million posted, so there was about a 3 million dollar backlog. 2.7 million got posted on Friday, but Ross didn't know how much was backlog or how much new money came in because he didn't get a chance to look at the statistics yet.

Review of Minutes:

Moving forward with the changes in staffing. This is Toby's final day. April is also going to Bakersfield June 5th. Joe Wardell will be coming to UMC to work in the business office. Ross made a point to state that none of these moves are performance related.

DNFB: Is up. Becky met with Dianne yesterday. She said in spite of diligent hard work there hasn't been much movement. A lot of the big dollar charts that have been coded have ended up in pending which means that the hospital won't see anything on them for maybe a year. Therefore, a decision was made to change how things are coded. Medicaid and Medicare will be coded first. Ross said he wants to end up at a point where everything will be coded.

TEMPS FOR HIM: Ross ask about the status of hiring temps, for the HIM Department.

Becky and Caroline explained that 4 temps will be hired for the HIM side, who will be arriving on May 22. They will facilitate getting charts to the coders. One contract coder has also been hired and will begin work on the 22nd. Becky mentioned that Pharmacy charging still has to be dealt with and there's big problem there. Not so much that it has to be coded, but that the corrections have to be dealt with. Ross wanted to know if BERT (billing error reduction team) is working on this. Pat said that the team is addressing this and a meeting is scheduled for next week.

GETTING A CLEAN BILL OUT: Tina, Pat and Deb are working on getting out a clean bill. They developed a flow of the life cycle of a bill and in that flow looked at the SSI report for Med Series. From that they determined the most common errors that were being made and from which

departments they were being made. All of this is to create a proactive BERT team to help educate to correct these errors.

EMSTAT: Caroline said that changes were being made. The lead coder and Scott have been meeting and looking at the whole process. It was determined that EMSTAT levels were higher than they should have been according to the documentation. Scott has now changed the point system to reflect the correct level of care. Go live was May 1. Scott and Nancy Harpin may not be there, but a meeting has been put together to code some of the ERs that have been done as of May 1st (the go live date) and see what kind of level changes there have been. ER is climbing now from 2 to 8 million. Becky and Caroline got some coders from Carrie's area to hit them hard. These charts have had to be touched three times to get them coded because of the EMSTAT.

PARA: Looks at managed care contracts to make recommendations as to how maximize return. We're in the negotiating stages at this point. Due to history we may or not use this company.

Bad Debt: Ross said he hasn't had a chance to meet with Don Haight yet this week. Everything was verbally agreed upon on Friday. Now the hospital is waiting for the contract which includes the agreed upon changes. Ross said this will be good money for the hospital. It represents 600 million dollars of old bad debt that had been written off and that is between three and 20 years old. No one was working it. This company is willing pay 8.5 million dollars for it.

Blue Cross: Shundra said she has moved forward with reports and assessed dollar amounts of 1,000 and above. Ross asked if it is now possible to know exactly what Blue Cross owes us. Shundra said she has to recheck the process and this will be closed.

Toby's Report on Billing Peds at NICU rates (copy attached): Toby created a sample of the testing that was involved, findings, and recommendations. He found that the confusing factor was that the hospital's levels of care didn't match the Interqual levels of care that Robin (First Health) was using in her authorization process. The misuse of these descriptions has resulted in numerous instances of lower level of care authorizations which has resulted in millions of dollars of underpayments.

Recommendations:

- Charge descriptions in Charge Master have been changed from level descriptions to specific revenue codes.
- Billing descriptions have also been changed.
- Nurses have been advised of the changes.
- Processes need to be implemented that make sure everything is being documented in a specific place so that staff involved can go in and see exactly what has occurred.
- There is a need to utilize resources to have checks and balances. Chart audits should be performed to identify proper levels of care and UMC needs the ability to reprocess claims that have been underpaid. It will require a special person assigned to do the audits.

Since Toby is leaving, the team to oversee this will be: Robert (lead), Haydee, someone from HIM should be involved, Diane, a nurse from the unit, and maybe Evelyn McGuckin.

Haydee will make sure that nurses are trained.

Ross asked that there be a plan in place to take care of the old business and a plan in place to move forward.

List of IS issues: Meeting with Doug is set for next Monday. Ross asked Nancy if he can have the list on Thursday morning to show to Richard Powell. If things go satisfactorily with Doug, things will move forward. If not, Ross will take it back to Richard.

OR Cases: Robert said there were ast week. Robert Mills will be here next Tuesday and Wednesday instead of Wednesday and Thursday.

Collections: Kathy - \$2,467

Judy - \$7,666

April - Hasn't seen report yet 29.4

Diane – 25,000 this week

Ross mentioned that he couldn't get into webmail.

Nancy will add this to the agenda for the meeting with Doug on Monday.

Wirginia: Meeting got postponed. Meeting is set for Friday. Things are moving forward.

pril: Week before there were 1.2 in claims ready to go. Last week it was 800,000.

Implementation for Vital Works: Will take months.

Observation: Caroline said that they're finishing up the policy. The next step is to meet with Tina and Robert to do the Surgical observation.

Open Discussion:

John: A system has been worked out with Great Lakes for Dr. Ellerton to sign the authorizations for MediCal. He received and signed several boxes. Lilly comes and picks them up, and all is working well.

Minutes Approved By:

Ross Fidler, Revenue Cycle Director

RA 000658

-5/15/06

UMC Committee Minutes May 16, 2006

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; Judy Smith, ACS Manager; Kevin Matthews, Great Lakes; Toby Shelby, ACS Manager; Pat Huber, ACS Manager; Tina Melvin, ACS Manager; Kathy Kelly, ACS Manager; April Taylor, ACS Manager; David Graham, ACS Manager; Robert Donnert, ACS Manager; Caroline Stuart, ACS Manager; Bill Taylor, Employee Assistance Coordinator; Debra Vetscher, YACS Manager.

Invited Guests:

Absent: Bill Taylor; Caroline Stuart

Ross Fidler opened the meeting.

Cash: This morning – okay. 29.7 run rate. Actual cash posted - 14.2. Run rate needs to be around 31. In the numbers are the Great Lakes accounts that were collected and the refunds that have to be removed.

Workers Comp. looks good

Self pay looks very good

Other okay
Medicare okay
Medicare HMO down

Medicaid down

DNFB: This morning — 44. Becky said that she had contacted two additional temporary agencies. Did another run of the new and improved EMSTAT on the 12th. Two of 6 that were coded passed. Pam is coming in 2 weeks to work on the inpatient side. Ross said to bring in temps in addition to contract coders to help move the process along. Wants to get things cleaned up by year end.

Clean Bill: Tina, Pat, and Deb are meeting with the BERT team on Monday. Ross will be included in the meeting of the Executive BERT team after the next ACS meeting. Haydee asked about the function of the BERT team. Ross explained that the BERT team in the business office is working on errors (working reactively). The executive BERT team to work proactively. Judy will be working with John and Kathy to get things fixed. Caroline will be working with Becky, probably Haydee, but they will be working with areas that get bills out.

PARA: Ross said that they should know something in a day or so.

Bad Debt: There seemed to be a stumbling block, in that there were some dead people and some bankrupts. That is in the process of being cleaned up. Contract negotiations were going back and forth, but now the hospital and Orion are on the same page. A signed document will be

faxed today and the transaction will be completed. This helps the hospital and the county because the county won't have to give hospital 8 million and, therefore, can use it elsewhere.

Blue Cross: Shundra hasn't looked at the exact amount but will when she goes back to the office.

NevadaCare: Ross mentioned that NevadaCare requested a meeting with Richard, saying they wanted to meet the CFO. They want us to pay them for the money we were overpaid (\$800,000) and said they would work on the settlement later. The hospital figured out what the settlement is (1.7 million) and told them that we will take the \$800,00 from that and they will write us a check for the difference.

NICU: Robert said that they are still trying to recruit someone to do the audits. Spoke to Mary Jane Parks last night. Meeting with Pat today to work out a plan. Rosemary was mentioned, but Haydee said that the project would be too big for her. Haydee said that the person has to be an expert and have specific clinical knowledge in order to know whether a patient is truly a level two so the hospital can have a convincing argument to Medicaid. The necessary person has to be a neonatal expert. Asking Kim Voss or Vicki Huber to help define the skill sets necessary for this person was discussed. Nancy said that Rosemary would be the right person if she could possibly put in the time. Everyone agreed. That would be plan A.

IS Issues: Met with Doug yesterday. Ross got the impression that all 41 items on the list were very well received. Doug's list was identical to our list. As a result, Nancy will get access to the error reports that show what items are still outstanding. Doug wants Nancy and Diane to go back and prioritize the list and get it back to him by the end of the week. Ross told Richard what was said and what was promised. Richard said if Doug doesn't follow through to let him know.

ØR Cases: Robert said that meetings are scheduled for today at 12 and tomorrow at 10:30.

Collections: Kathy - \$4,450 Net

Judy - a little over \$17,000 35437,43

April's - \$29,600 43,000 45,000 4 Great Lakes: This month identified about \$242,000 in Medicaid payments. Approvals were about 95. Kevin was not sure of the dollar amount. Great Lakes/Dr. Ellerton: Things were moving very well.

Open Discussion:

Pat (Transplant Meeting): Meeting was held yesterday with Richard, Ross, Vicki Huber, Fina Wardel, herself, Pete Tibone, Kathy Silver and Judy. Remaining issues surround registration issues. Another meeting has been requested to work out some glitches. Pat said that training is needed. . Meeting will be set up for some time next week and Linda Hillerby will attend. Deadlines have been established. Once transplants are done and the patients have to be reegistered is the piece they need the help and training with.

Ross asked to make sure Nancy is in that meeting.

Judy - ABN upgrade. System can do a lot more. Robert will take the lead on this and get a meeting put together.

Haydee: Discussed a case, Mr. Lane, who was denied by Medicaid. The case was appealed and

Haydee: Discussed a case, Mr. Lane, who was denied by Medicaid. The case was appeared and denied. Dr. Ellerton reviewed the case again and it was denied. The next step is the fair hearing process. Haydee wanted more information about that. Virgnia told her to touch base with Don Haight. Normally Don will go to represent the hospital.

Minutes Approved By:	Day Eddar Revenue Cycle Director	Date
	Ross Fidler, Revenue Cycle Director	Date

UMC Committee Minutes May 30, 2006

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; Judy Smith, ACS Manager; Kevin Matthews, Great Lakes; Pat Huber, ACS Manager; Tina Melvin, ACS Manager; Kathy Kelly, ACS Manager; David Graham, ACS Manager; Robert Donnert, ACS Manager; Caroline Stuart, ACS Manager; Bill Taylor, Employee Assistance Coordinator; Debra Vetscher, YACS Manager.

Absent: Judy Smith, Pat Huber, Tina Melvin, Kathy Kelly, Bill Taylor, Caroline Stuart, Debra Vetscher, Robert Donnert, David Graham

Invited Guests:

Ross Fidler opened the meeting.

Cash:

Run rate: this morning 30.031

Posted: \$27 million as of this morning.

Bad debt: down about 300,000 Insurance: off about 400,000

Insurance other: back up to where it was in Feb. and March (9.6 and 9.8) 9.7 this morning

Medicaid: up about 400,000

HMO: Up Self Pay: 1.746 Worker's Comp.: Up

Thursday run rate of 32 based on 23 working days.

Report on stale dates:

High areas identified in report: accounts with no discharge dates; accounts in status 5; accounts in pre-admit.

Becky said that HIM is concentrating on 15, 30 and then 45 days from stale date. Ross asked Becky to back that up to 30 days.

Virginia - found another black hole. Outpatient and pharmacy doing registrations in 811 pending code. Old small dollar accounts with good county cards all stale dated, representing about \$3 million. John said that starting June 1st admissions will be registering pharmacy. John will send memo to Diana Bond. Code 811 will be shut down to be replaced by the new code is 815. Virginia will either stale date what's left or will move it over to 815.

Lee sent an e-mail about the scrubbing up date: On 282,000 accounts that had unique social security numbers submitted, there were 36,000 identified as bankrupt and 21,000 identified as deceased. These had an average balance of \$800.00 each. Ross said there is a 2.2 million dollar reserve set aside so, if it will only cost \$480,000 that should be okay.



BERT: Team met last week. Moving forward.

ARA: Nothing new

NICU: The conference with Jeff last Thursday was very positive. He is supporting it. Robin was given 19 accounts out of the 29 to re-review. Right now it is necessary to make sure that Robin treats this as a priority and this needs to be discussed again with Jeff on Thursday. Haydee said that Robin requested the 19 charts this past Friday. Diane will talk to Jeff and find out why Robin is not doing entries while she is in the hospital. Becky said Robin told her that she sometimes does the entering at home. There is about 5 million dollars of work that she has done but not entered. Diane will communicate that to Jeff. Ross thinks that things are worse now than they were before. Ross emphasized that UMC paid to get Robin access so she can enter while she is on site and she should be doing so.

is: Lists have been prioritized and given to Doug. Nancy was promised an upgraded PC and got something that is not as powerful as the one she had before. She will send Ross an e-mail and he will follow up for her.

OR – Hold until Robert returns

reporting, \$41,374 in inpatient area without Collections: \$22,937 in ED without weekend

weekend reporting

Inbound calls: still going down.

irginia is still concerned that she's not getting all the letters. Kevin will keep track.

Open discussion:

Ross asked about an account mentioned in an e-mail. There was discrepancy about whether it was Medicare pending or an HMO. Haydee said it originated from one of the UR nurses. It was a transplant patient with no authorization date that was sent to First Health and denied. Haydee said Fina claimed it was an HMO with prior authorization from Medicaid. Ross said his understanding was that the patient was Medicare eligible and one way or the other the hospital should get the money. John will follow up and report back to Ross.

Minutes Approved By:

Ross Fidler, Revenue Cycle Director

UMC Committee Minutes June 13, 2006

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, Judy Smith, ACS Manager, Kevin Matthews, Great Lakes; Pat Huber, ACS Manager; Tina Melvin, ACS Manager; Kathy Kelly, ACS Manager; David Graham, ACS Manager; Robert Donnert, ACS Manager; Caroline Stuart, ACS Manager; Bill Taylor, Employee Assistance Coordinator, Debra Vetscher, ACS Manager, Greg Erickson, ACS Manager

Absent: Diane Mazzei, Bill Taylor, Caroline Stuart, Debra Vetscher

Invited Guests:

Ross Fidler opened the meeting.

Cash: Ross reported that the cash report was not ready this morning. Run rate was 29.9. Ross would like it to be at 31/32.

Accomplishment Lists: Several are missing. So far Ross has Admitting, ED, Deb Vetscher. Pat needs to update the Charge Master progress report from April and get it back to Ross. Everything should be in by the last Monday of the month (6/26/06).

UACS people are here today. Ross asked the group to be prepared with their updated incremental cash numbers.

County Report: Virginia spoke to Richard yesterday about identifying where our cap is and when we hit it to go ahead and hold off and start the new fiscal year. He was in agreement with that process. Virginia needs to find out the exact numbers, but said we're looking pretty good.

Virginia got the notification of the year end report and will get it to Ross. She reported that the cut off date for the fiscal year is 5:00 PM on the 30th. They won't process anything until they get everything out of the bucket and close it out. They'll use a date of 8/7, but the time lines for the stale dating remain the same when they start the new process. Ross reminded the group that anything that is close to stale dating should be submitted.

David mentioned that he wants more input on the shift they're seeing from Medicaid to County. He would like Virginia to provide whatever background she can. There seems to be a shift where there is 10 million more in County and 10 million less in Medicaid. He is gathering information to find out more about that shift. Virginia said that she would share her reports with him. Virginia said that from last fiscal year our denial rates from County have been reduced by 5%, so there is a good increase in the approved.

Elective Procedure Patients: Ross asked Nancy to follow up with Sharon Gibson about the flow chart she is preparing.

KPI: Richard has asked each area for KPIs. He needs performance indicators from Medical Records (DNFB, stale dates, etc.), Eligibility, Patient Access, Business Office (imports and exported claims, cash, maybe denials). Ross asked Robert to think about KPIs for case management. No more than 3-5 from each department. The next meeting is the second week in July. Ross asked to have them by then.

RA 000667

NFB: Ross noticed that it went down a little but then went up. Becky said that she has 5 coders out today for various reasons, but that she has nine coders working on the ERs and a super coder coming in

Claims Imported and Exported: Ross said it looked pretty good last month. The last week David calculated that it was 83%.

Stale Dates: Cindy Charlyulu sent an e-mail stating that any adjustments submitted after the 22nd probably would not be posted.

AR Sale: Floyd sent Orion his final adjustments and the hospital is expecting them to release some of the 2.2 million dollars. We will probably see \$8,000,00 or \$900,000.

/e₇BERT: Tina has some catching up to do. Will set meetings with different departments. One of the things the team is seeing a lot of is stale dates. They think it is the result of coding or lack of. Becky said /that when they're held its usually because of the physicians. She said that's one of the areas they're concentrating on to improve the process.

PARA: Board agenda item for the last Tuesday of this month. Richard is not sure yet how that's going to go. He did make it clear that anything having to do with the revenue cycle is managed or driven by Ross. If anyone has any issues about anything to do with the revenue cycle, Ross wants to have them directed to him.

NICU: Things are quiet. Robin is on vacation. Ross wants to know if anyone is taking her place. He asked that Jeff be asked what the plan is.

OR: Robert said that he's still waiting for a meeting to be scheduled, but hasn't heard anything. Cases are at 61.

ED: \$3,757.00 up \$950 from last month.

Midy: \$8,635 as a department the Midy: \$8,635 as a department they are a little ahead of this time last month

Virginia: \$42,462 Inbound Calls: Down a little bit 37,207

Ross asked David to make sure someone is tracking the self-pay collections.

Open Discussion:

Kathy: Reported on ED redesign. Plan was submitted to the architect. No meetings have been called because the decision was made to go ahead with plan & She has not yet heard whether funds were approved. The estimated cost is \$300,000. She does not know when construction will begin. She said that a contingency plan is needed for how the department will function during construction. That meeting has not occurred yet.

Judy: Q.A. process continues to be hammered out. Staffing issues are paramount now. They have one verifier out of 4 working. Ross confirmed that the personnel requisition she needs has been signed by Richard and given to Lacy.

Kevin: Kevin had a question about stale dating. He wants to know what the real stale date is. Ross said that stale dating for First Health type claims is 90 days. He asked Nancy to check out whether its 90 or 180 days.

RA 000668

Shundra: One of the Medicaid reps. indicated yesterday that the inpatient claims contract shows they should pay \$1480/day. The hospital is not getting that amount. There was discussion about raising the rates. Ross wants the reconciliation staff to look into this and reconcile it so that it is not just written off.

Becky: Moving ahead on chart one install and looking to go live in the clinics in a couple of months, then a couple of months after that with the ER. This will have a positive impact on the physicians. Once first phase gets in they can talk about getting a scanner for registration.

Greg: Told the group basically what he's been working on so far. He's looking at managed care contracts and will being reviewing that. He wants to see if the stop loss threshold has been increased or if it is an issue at all. He is reviewing the contract grid. No one in the group had one and wanted to know how to get it. Nancy will e-mail it to members of the group. Right now the major focus is to see if 28 million is the correct base line calculation. Once that piece of the work is over Greg will be working with each person in the group individually to validate the incremental cash numbers.

Robert: Starting to work with Ron on the KPIs. Decided to hone in on quality, service, cost, and productivity. Also working on doing a thorough analysis for the service development plan that is in the works. Still waiting for a meeting with Richard and Lacy.

Haydee: Meeting with Dr. Vora today about putting case manager in PEDS. They have put a gate keeper in the clinic and in surgery. They are finding that patients are making payment arrangements with physicians and will not discuss payment with the hospital. There was discussion about putting staff in admitting to make payment arrangements and working closely with the office staff of individual doctors. Doctors also want their office staff to have contact with the hospital.

John: L&D would like to create a new patient type C for L&D triage in the ER. Hand clinic is up and operational.

Minutes Approved By:

Ross Fidler, Revenue Cycle Director

RA 000669

4/24/06



ACS Committee Meeting July 5, 2006

Committee Members: Ross Fidler, Revenue Cycle Director, Director, Diane Mazzei, ACS Manager, Nancy Newman, Operations Manager Patient Financial Services, Virginia Carr, Director of Eligibility, Haydee Florentino, Director of Case Management, Becky Bratten, Health Information Management Director, Shundra Mosby, ACS Manager, Judy Smith, ACS Manager, Pat Huber, ACS Manager, Tina Melvin, ACS Manager, Kathy Kelly, ACS Manager, Bill Taylor, Eligibility Consultant, Caroline Stuart, ACS Manager, Debra Vetscher, ACS Manager, Robert Donnert, ACS Manager, Kevin Matthews, Great Lakes, David Graham, ACS Manager

Absent: Haydee Florentino, Judy Smith, Kathy Kelly, Bill Taylor Eligibility Consultant, Caroline Stuart, Debra Vetscher, Robert Donnert, David Graham, and Kevin Matthews

Ross Fidler opened the meeting.

I. Review of Minutes:

The June 27th Minutes were not available therefore, Ross reviewed the June 13th Minutes with the Committee. For the Month cash was at 30.6M. This does not include refunds.

II. Great Lakes Monies:

There are still questions regarding the Great Lakes monies. The contract states Great Lake payments in the baseline or in cash collections, for accounts in provider code 833 will not be counted. The 'In state' needs to be negotiated and then if necessary adjust the baseline.

The county is reading the old contract and interpreting it word for word. The new contract specifically states we will count all cash collections, and will not count any Great Lakes monies in provider code 833.

Ross commented; if we don't count Great Lakes money in this current contract we will have to adjust the National Access accounts out of the baseline.

III. / Birth Certificates:



Certified Birth Certificate/Proof of Citizenship must be included with all Medicaid applications as of Effective July 1, 06. Virginia met with the State last Thursday and she is hoping they will work with us as their system obtains this information.

Action: Ross will review this process.

IV. <u>Cash Posting's:</u>

Ross commented for the month the Hospital was at \$40M in Cash Posting's. But 6M was County.

V. <u>Incremental Cash:</u>

V. <u>Incremental Cash:</u>

P

At the next ACS meeting Ross would like to discuss the incremental cash. Everyone must have documentation to back up denials. For reporting purposes the denials need to go down.

Diane has recognized that Follow-Up is part of the problem. Plans are being made, and she will be placing another person put on denials.

Diane mentioned posting of denials are located on the Q drive, which includes the reason why the denial is entered.

Action: At tomorrows ACS Meeting Ross will reiterate the importance of what is reported as incremental cash.

VI. Medical Records:

Becky did not get her report. Ross said he did get to review the report and it ended at 19M.

Ross met with Becky, Rolande, Carrie and Carolyn last Friday, to develop a strategy on keeping the cash up.

Carrie has open positions. Ross said to fill them with Temps. Ross stated Carrie and her staff is doing a great job.

VII. <u>Eligibility</u>:

Had a strong year-end finish. She is going to move the Great Lakes County Denials into an individual F/C. They have their new reporting for the first of the year.

VIII. Shundra Mosby:

//

Shundra is working on finding out more specific information regarding patients unable to qualify for Medicaid, but needing ultra sounds. They are using the A-Z Clinic because of the lower rates on molar pregnancy instead of UMC. UMC asks for 50% upfront to do this procedure (\$2,500.00) and A to Z asks for \$500.00.

Shundra is trying to verify if they are UMC Docs.

Action: Ross asked Shundra to give him all the information.

IX. Pat Huber: N/A

X. <u>Tina Melvin</u>:

Across the board price increase did not take place. There is a meeting this afternoon with Peter Tibone to review the plan. Richard and Peter Tibone sent out the email there would not be a price increase. This issue needs Board Approval.

Tina is reviewing EBERT, and once finished she will meet with Diane to review.



Action: Ross requested standing weekly EBERT Meetings. He would like Susan Snyder to assist Tina with the scheduling. Tina suggested extending the ACS Meeting since most of the attendees are in this meeting. The meetings needs to include; Patient Access, CDM, Med. Records, Charge Entry, Billing, Case Management. Tina continues working on the EMBERT issues.

XI. <u>Diane Mazzei:</u>

<u>Action:</u> Diane asked Ross to verify if AHC is on the Board Agenda Item for next week and if AHC needs to bring any documents.

Minutes Approved By: <a>

Diane Mazzei, Assistant Director, Patient Accounting

ACS Committee Meeting July 11, 2006

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, Becky Bratten, Health Information Management Director, Shundra Mosby, ACS Manager, Judy Smith, ACS Manager, Pat Huber, ACS Manager, Tina Melvin, ACS Manager, Kathy Kelly, ACS Manager, Bill Taylor, Eligibility Consultant, Caroline Stuart, ACS Manager, Debra Vetscher, ACS Manager, Robert Donnert, ACS Manager, Kevin Matthews, Great Lakes, David Graham, ACS Manager

Absent: Kevin Matthews

I. KPI's:

Ross tracks (5) major KPI's for the entire revenue cycle. Cash Collections, DNFB, Gross Revenue, claims exported out of Med Series and Vital Works into SSI, then claims sent from SSI to the Payers. If he notes there is something wrong, he alerts the Department Director. Each Department needs to continue their tracking.

Ross has three KPI's for Medical Records; DNFB awaiting Coding, DNFB over suspense days awaiting coding and Physician Delinquency records.

Haydee and Robert are working on their KPI updates for Ross.

II. Medical Records:

Medical Records was at 23.3 this morning. Ross indicated they were in the 19 -20 range and they need to focus on bringing it back down.

III. Cash Collections:

Cash is down. It is not clear if Medicare/Medicaid has not been posted for the month. Ross compared 5 working days of the current month to 5 working days in June, and the biggest downfall is Insurance Other at 1.5M. Medicaid is 1.1M. Medicaid/Medicare/Medicare HMO and Other was down last month. Diane stated there is over 1.5M that has not been posted.

Ross developed KPI's for Cash Posting. One will be addressed with Richard Powell tomorrow, "that Cash is posted within 24 hours of receipt".

Staledates:

After reviewing the Staledates, the focus is now on identifying the processes where there is most risk for Staledates. Selection of adjustment codes are being reviewed that will help track the types of root-causes for staledates. David and Gregg will focus on the top 3 processes.

Processes will be defined and then given to the Project Leader. Each Project Leader needs to keep their project plans up to date. David will review each of the Project Leaders plan to keep this project moving forward.

David handed out a spreadsheet (see attached), which provides updates on staledates posted between June 12th and June 30th, which is approximately 8.1M. There is also a need to determine what needs to be inactivated.

David is also looking at adding the following for processes with particular problems: adjustment staledate no discharge date, staledate in a pre-admit status and duplicate accounts. David would like to capture a fourth one that states "no physician documentation". Need to find a way to capture why there is not root cause analysis? 923 will be kept for "Untimely Billing".

David and the persons involved in this process will present updates at the One Stop Mtgs. If a comprehensive meeting is necessary, David will schedule..

Action: David will get the total of staledates as of 7/10/06.

V. <u>Anthem Blue Cross/HPN</u>

It was announced that Anthem Blue Cross & HPN will cover Medicaid HMO patients in the future. Nevadacare will no longer hold a contract.

Action: Ross will discuss NevadaCare/Anthem/Blue Cross issue with Richard since Kathy Silvers is out all this week..

VI. <u>Birth Certificates</u>:

gl/

Virginia commented they be meeting with Nevada State Welfare to discuss their processes. Nevada State Welfare proposed scheduling one day a week to take verifications, which will be viewed and copied at the Bellrose Office. Virginia's recommendation is to pull someone back on site. These have to be original birth certificates.

Action: Virginia will meet with Nancy Ford at the Public Hearing on the July 19th, to give her comments and recommendations.

V. A-Z Clinic:

Haydee did confirm that the doctors working at the A-Z Clinic are UMC doctors. Patients unable to qualify for Medicaid needing ultra sounds are using the A-Z Clinic because of lower rates.

Action: Shundra will email all the information to Ross so he can take it to Richard.

AHC Board Agenda Item:

Ross found AHC will be on the July 30th Agenda.

Other Issues:

 Nancy Newman is having a problem with IS coming out to our location to make changes and modifications.

Action: Nancy will send an email to Ernie and cc Ross regarding IS needs in the department. Also, Nancy will write up a ticket for Standard Register.

Minutes Approved By:

Diane Mazzei, Assistant Director Fatient Accounting

Date

Budel von pinder

ACS Committee Meeting July 18, 2006

the mit of cards

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, Becky Bratten, Health Information Management Director, Shundra Mosby, ACS Manager, Judy Smith, ACS Manager, Pat Huber, ACS Manager, Tina Melvin, ACS Manager, Kathy Kelly, ACS Manager, Bill Taylor, Eligibility Consultant, Caroline Stuart, ACS Manager, Debra Vetscher, ACS Manager, Robert Donnert, ACS Manager, Kevin Matthews, Great Lakes, David Graham, ACS Manager

Absent: Bill Taylor, Caroline Stuart, Debra Vetscher



Where Did These Codes Come From?:

Shelly Toddy gave a presentation titled "Where Did These Codes Come From". The presentation covered the Charge Master Files, Proration Files, Abstract Files and Billing Editor Files. (See attached hand-out)

Π. \/<u>KPI's:</u>

Ross has emailed the associated KPI's to each area.

Action: Each area needs to report their KPI's back to Ross by August 4th, for the previous month's tracking.

III. Medical Records:



Medical Records was at 24 this morning. 3 ½ day in Inpatient, ER at 4+ and Outpatient at 7+. Additional Coders will begin Monday.

IV. Cash Collections:

QV

Cash was around 11M. Cash Posting posted 9M on July 17th, 9M, but 12M was deposited. There was about a 3M backlog.

A proposed KPI will be addressed with Richard Powell tomorrow requesting that cash is posted within 24 hours of receipt.

V.V

Staledates:

Ross received an email from Diane regarding the stacks of outstanding Staledates. David is rolling out a new process for reviewing staledates.

Action: Ross will speak with Richard about the Controller's workflow processes.



NevadaCare:

Richard and Ross did discuss the NevadaCare issue. NevadaCare does have 27M set aside to cover 'tailings'.

VI.

Birth Certificates:

Ross emailed Virginia the information from the National Association of Public Hospitals. It was information they all ready knew. It stated they had to have a valid license.

Action: Virginia will be attending the Public Hearing on the July 19th, to obtain recommendations.

VI N

A-Z Clinic:

Action: Shundra will email all the information to Ross so he can review it with Richard.

VII

/ Expected Reimbursement:

Gregg continues researching data on Expected Reimbursement within the RCM reports.

Service Person

Minutes Approved By:

Diane Mazzei, Assistant Director, Patient Accounting

Dat

UMC Committee Meeting August 01, 2006

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, Becky Bratten, Health Information Management Director, Shundra Mosby, ACS Manager, Judy Smith, ACS Manager, Pat Huber, ACS Manager, Tina Melvin, ACS Manager, Kathy Kelly, ACS Manager, Bill Taylor, Eligibility Consultant, Caroline Stuart, ACS Manager, Debra Vetscher, ACS Manager, Robert Donnert, ACS Manager, Kevin Matthews, Great Lakes, David Graham, ACS Manager, Cindy Charyulu, Assistant Controller, Financial Services

Absent: Bill Taylor, Cindy Charyulu, Kevin Matthews, Becky Bratten,

I. Cash:

Ross did not receive today's cash report, but yesterday's cash posted was at 25.5M and 2.1M unposted. Average day has been about 1.5M. We should come in around 29.2M.

Ross, Floyd and Cindy have a meeting set up on Aug 4th to discuss the Cash Posting Backlog.

II. KPI's:

Ross needs all KPI's by Friday for last month. Ross submitted KPI's to Richard for each of the departments at the last Revenue Cycle meeting. Also he submitted KPI's for Cash Posting, which stated all cash would be posted within 24 hrs of receipt. He also submitted KPI's for Credit balances and Refunds.

Medical Records:



Becky reported that Medical Records was at 15.6M; this is over and above the suspense days. There is still room to go down in this area. Ross would like to be down to 3 days.

IV. Missing Discharge Dates:

Nancy attended a meeting yesterday to finalize and move forward. All of the \$0.00 accounts with no discharge dates will be programmatically resolved today. Nancy will create a report to see what accounts are out there with a balance but does not have a discharge date. After reviewing the reoccurring accounts, there were a lot from May and June that will drop. The next step will be to clean up the outstanding, to see what is left. The report is by service code so this will help identify problems.

Action: Ross stated the accounts that drop that have gone past untimely filing need to be written off and not coded.

VI. AR Clean-Up:

Ross asked Diane to work on a plan to clean up the A/R of 739M.

Diane stated she does have a plan in process and will send it to Ross. Nancy stated, she created a report yesterday, over 4 years old and is working back to 3, excluding County, Medicaid and Pendors.

V. A Staledate Adjustments:

These are still in Floyd's office. Richard Powell is aware of the situation.

David and Ross will be meeting at 9:30 to discuss the Staledates.

VI. <u>NevadaCare:</u>

*Kathy continues to work on the Settlement. A check from NevadaCare for over \$800.000 was received. Governo to Arbitizhioù - Write off - 2004-2005

VII. Birth Certificates:

Ross received an email from Virginia regarding Birth Certificates. Becky and Virginia continue to work together on a plan and continue to move forward.

VIII. RECONTEAM:

The Team starts again next week on Monday. Training continues. Gemma has created reference sheets, which will be a great working tool. Everything is ready to go and the Staff is excited.

EBERT:

Tina stated EBERT is on track and is ready to present on Thursday.

. Tina Melvin, Expected Reimbursement:

Ross understands, that in the Craneware applications there is an upgrade called ISM which is an interface that will upload to MedSeries and will supply MedSeries with expected reimbursement. He is not sure if MedSeries will take this data and apply percentages to it to come up with its own expected reimbursement or if this is coming from PCON. He understands that ISM will speed up the process of getting CDM changes done.

. Judy Smith:

Judy thanked Ross for placing Shundra with the Admitting Team. Ross stated, Kathy will be moving as soon as she returns to the office.

Ross invited Judy to attend the Patient Access Manager interview tomorrow. This position will be a UMC Employee.

XII. <u>David Graham:</u>

David gave an update on his project he is working on; Medicare Accounts that are on hold and need additional background to place this in relations to other projects that they are working on and where this fits in with total accounts within SSI. We have been running approximately 5.5M roughly in accounts that are unbilled in SSI after claims have been submitted for the day. About 1M of the 5.5M are the Medicare accounts on hold in SSI.

Ross challenges each of the members to see if there are any other areas of potential incremental cash that he does not have on the list.

RA 000682

XIII. Caroline Stuart:

Becky Bratten and Caroline will both be on vacation next week. The Managers will be present.

Action: Ross asked that Carrie Ayala attend the One Stop Meetings.

XIV. Virginia:

On Friday Virginia received numerous face sheets for July outpatients that have no pay source. Judy verified they are doing a massive clean up of these type accounts. Virginia commented these patients should be referred to County.

Action: Judy, Virginia and a Rep from Burn Care need to meet and create a policy and procedure.

Minutes Approved By:

Diane Mazzei, Assistant Director, Patient/Accounting

Date

UMC Committee Meeting August 08, 2006

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, Becky Bratten, Health Information Management Director, Shundra Mosby, ACS Manager, Judy Smith, ACS Manager, Pat Huber, ACS Manager, Tina Melvin, ACS Manager, Kathy Kelly, ACS Manager, Bill Taylor, Eligibility Consultant, Caroline Stuart, ACS Manager, Debra Vetscher, ACS Manager, Robert Donnert, ACS Manager, Kevin Matthews, Great Lakes, David Graham, ACS Manager, Cindy Charyulu, Assistant Controller, Financial Services; Carrie Ayala, ACS Manager

Absent: Bill Taylor, Cindy Charyulu, Kevin Matthews, Becky Bratten,

Introduction:

Ross introduced a new member Jo Wardel. She will be working with the Business Office working with Reconciliation and Customer Service

II. Cash:

Run rate was at R28.5, if we take out the Out of State and County money. Baseline should be at R27, 950M if all goes as expected.

Cindy, Ross and Floyd met yesterday, and Ross may have misread on the Cash Deposit Report it is got Patient cash/Sami which is Medicaid, he thought this was all patient cash that gets posted to patient accounts. In past meeting when Ross referred to the backlog in Cash Posting this is not true. He apologized to Cindy. They are doing a good job with posting, thanks to Cindy and her Team.

III. KPl's:

Ross did receive the Teams KPI's. Ross has color coded 5 KPI he tracks. The KPI form helps to identify trends and help the staff focus on the red areas.

Three KPI's were added to Cash Posting; 1) Cash Posted within 24 hr of receipt, 2) Adjustments posted within 48 hrs. and 3) Credit Balances. Richard instructed Floyd to share these with Cindy.

Action: Greg, Pat and Ross will meet after the meeting to discuss tracking. Gregg will assist Ross with setting up Macros.

IV. Medical Records:

12:1

Carrie stated Medical Records is at \$15.4M today, \$3M over goal. Ross noticed the billhold was at 13 last week. Carrie expects it to go back down during the week. The reoccurring accounts dropped on the billhold August 5th. The number of accounts has decreased significantly from the previous month with 7,500 reoccurring accounts dropping to billhold down to 3,000 accounts this month. This shows that the coding processes with these types of accounts are improving.

Two issues contributing to the number of accounts falling on the billhold remain to be fixed. One is the pharmacy charge issues in which the pharmacy crosswalk table should

still

be turned on this week and the other is the outstanding issue of accounts completed in the abstract but not changing from Status 4.

Suspense days are currently set at 5.

VI. <u>Missing Discharge Dates</u>:

Har

Nancy explained that there are times when MS4 is not automatically discharging accounts as expected. At this point they aren't sure why they are not automatically discharging but continue to work with IS.

Ross's concern is having these accounts staledate.



Nancy explained some of these accounts 45 days and back, have been closed and Nancy has a spreadsheet from IS and everything was out there without a discharge date. This spreadsheet is being worked, reviewing accounts trying to figure this out. Nancy will be sending some of these to Judy, Ron, and review the concerns in Case Management.

Judy stated the early access grants are monitoring their accounts to assure their patients are compliant. Judy stated training would be given.

Haydee mentioned when the 999 'dummy bed' is used, they do not show on the census. The Charge Units compare their manual worksheets to the AS400 census. But if someone shows a 999 it does not show on the census. Nancy said this may explain why we have inpatients with no discharges.

Action: Kathy/Judy will talk with Dennis about this issue.

David commented the daily reconciliation process would be key to help with reducing the errors that are being seen. If the Charge Master, Charge Capture Team would communicate and pass to the department how important it is for them to do that and have them go a step further and report the results on a monthly basis, then we can track by department who is doing it and who's not and kind of use this as an indicator as how we are moving forward. If David can get copies of all the reconciliation process for us then when the claims come through patient accounts and they say that they are doing reconciliation, we can see how they missed this piece and have them add this line to help capture the charge. This will improve the over all claim process.

VII. AR Clean Up:



Diane sent the plan to Ross. She is 50% - 60% done with the tasks on the list. This is an ongoing project. Ross explained the next phase would be working on Credit Balances. We need to be prepared.

Cindy commented, Pat Cameron completed an analysis and discovered that a good portion of these are not refunds but contractuals.

Action: Ross stated that credit balances need to be researched to determine if they are truly is a contractual adjustment or refund.

VIII. Staledates:

Staledates continue through the signature process.

V. <u>NevadaCare:</u>

d/

Diane, Nancy and Kathy Silvers met and discussed the NevadaCare 2004-2005 settlement. Kathy stated this possibly would be going to arbitration. She asked the Business Office to be prepared. Diane and Nancy asked if the settlement accounts could be written off. Kathy will meet with Ross and Richard for a decision.

VI. <u>Birth Certificates</u>:



HIM helped write up a process. Virginia wants to see a good turn around before she reports a good process is in place. She has spoken to other offices and they say all she needs is the hospital bill. There is still a lot of confusion.

Virginia said they are submitting them and then Nevada State Welfare sends a request for information. This puts them in a pending status. There is not an impact.

VII. Recon Team:



The Team started yesterday. They did find \$60,000 to \$70,000 in under-payments. The reference sheet they are using is a great tool. Once under-payments are found, these accounts are given to the Follow-up Team to follow thorough. This process will be monitored for 'staledates'.

EBERT: Tina absent

JX.

David Graham:

The number of accounts on hold has been reduced for Medicare. They are redesigning the processes so they don't have to put the accounts on hold. Tina has identified the list of action items to help the departments know which modifiers to put on. There should be improvements in this process. The Billing areas within Patient Accounts are doing a great job by keeping the unbilled accounts under the \$6M threshold.

David will continue audits on Staledates thorough out this week and will have an update at the next One Stop Meeting.

Virginia Carr:

My Sand

A meeting between the Burn Care Rep, Melody Talbott, Shundra, Virginia and Judy will be scheduled regarding the July outpatients that have no pay and to see what the resources there are between Burn Care and Eligibility with Outreach referrals.

Action: Ross would like a written procedure.

XI. Haydee Florentino:



Maydee commented the UR Nurses are noticing that First Health are slow with giving responses for the Retro patients.

Ross stated the contract states they have 30 days to make a decision.

XII. Kathy Kelly:

D is off to great start for cash collections, they are at \$3,500 for the first week in August. She is highly optimistic that they will reach their goal.

XIII. Medical Records:

Ross recognized Medical Records Team. When they did the due diligence Status 4 was at \$62M, now there is \$15M. Great job.

XIV. Nancy Newman:

SSI contacted the Business Office they have some CBT for free. The 3 that would be appropriate for UMC are: Electronic Billing, Remits and e-Verify. Nancy needs to know the names across the corporation who would like to have this training tool. It will be available on the internet. The goal is to start on September 1st to begin utilizing the training.

The discussion ensued about SSI. Nancy commented they are limited in 835 and 837.

<u>Action</u>: Ross would like demos set up. Also, Nancy needs a name and email address of anyone who would like to have the SSI Training tool.

XV. <u>Diane Mazzei:</u>

Diane spoke with Jeff Shaw, First Health. He stated they are done with the review and he will call back today.

Action: Ross would like a mini-audit completed on Robin's processes since the terminology has changed. Robert volunteered to complete an audit.

Minutes Approved By:

Diane Mazzei, Assistant Director, Patient Accounting

RA 000688

UMC Committee Minutes August 15, 2006

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, Case Management; Becky Bratten, Health Information Management Director; Shundra Mosby, ACS Manager, Judy Smith, ACS Manager; Kathy Kelly, ACS Manager; Caroline Stuart, ACS Manager; Robert Donnert, ACS Manager, Kevin Matthews, Great Lakes, David Graham, ACS Manager; Jo Wardle, ACS Manager; Gregg Erickson, ACS Manager

Absent: Bill Taylor, Deb Vetscher, Pat Huber, Tina Melvin

Cash:

Cash posting through yesterday was at 13.8M. If you take out county and out of state Medicaid, we have a run rate of 31.8. In August of last year, we did 24.7M.

Insurance Other - appears to be down, running 8-10M a month, through yesterday at 3.8. Medicaid - OK Medicaid HMO -OK Medicare - OK Self-Pay - Looks Good at 1.4

<u>KPI's:</u>

Ross has color coded 5 KPI that he tracks. This form is to identify trends and help the staff focus on the red areas.

Ross has received most of the teams KPI's. DNFB at the end of July was 15.6M and the physician records were at 32%. Regarding Customer Service calls, the numbers needed are the abandoned calls. All in all, the month of July was pretty good. The gross revenue was at 4.5 per day and we came in at 4.2. Cash collections, 1.6M, we came in at 1.4M. PASC collections, we wanted 4M a month, we only had 1.6.

Ross needs the reports by the end of Friday at the end of the first week.

Medical Records:

Becky reported that Medical Records is at 12.1, putting us at the projected 3 days out. The recurring accounts dropped on the bill hold August 5th. The number of accounts has decreased significantly from the previous month with 7,500 recurring accounts dropping to bill hold down to 3,000 accounts this month. This shows that the coding processes with these types of accounts are improving.

Two issues contributing to the number of accounts falling on the bill hold remain to be fixed. One is the pharmacy charge issue in which the pharmacy crosswalk table should be turned on this week, and the other is the outstanding issue of accounts completed in the abstract, but not changing from Status 4.

Suspense days are currently set at 5.

Action: Both of these are IT issues. The Pharmacy Charge Issue is in the process of being fixed, should be about another week out. The issue of outstanding accounts is still an issue.

Missing Discharge Dates:

Nancy explained that there are times when MS4 is not automatically discharging accounts as expected. At this point, they aren't sure why, but continue to work with IS. Nancy has reports showing the balances, approximate totals \$450,000. Ross would like report sent to him showing a detailed summary. Nancy has scheduled meeting for next week. Haydee would like to have the same procedure put in place for the ER.

Judy stated that the early access grants are monitoring their accounts to assure their patients are compliant. Training was to occur Friday; Judy will check on this.

AR Clean Up:

Diane sent the plan to Ross. She is 50-60% done with the tasks on the list. This is an ongoing project. Ross explained that the next phase of the project would be working on Credit Balances. It was discovered that a good portion of these are not refunds, but contractuals.

Nancy has adjustments for Ross' signature, which are part of the AR Cleanup, totaling 3M.

Staledates:

David waiting for a detailed down load to include the discharge date range. Will be keeping track of the goldenrods by discharge dates to see trends. At this time, he is not able to see the non-goldenrod.

Haydee said that she received a call from Corporate Compliance stating that they have a report showing write-offs and stale dates. If any department is contacted by Bill Andrews or from Roger, Corporate Compliance, we need to let them know that the clean up of stale dates was a direct instruction from Richard Powell, who had asked that they be cleaned up by June 30th.

NevadaCare:

Diane, Nancy and Kathy Silver met and discussed the NevadaCare 2004-2005 settlement. Kathy stated this possibly would be going to arbitration. She asked the Business Office to be prepared. Diane and Nancy asked if the settlement accounts could be written off. Kathy will meet with Ross and Richard for a decision. *No Update*.

Birth Certificates:

Virginia brought in a document for Becky to review. She believes the document should be accepted by NSW. The form shows the birth information, along with the signature of the mother, witnessed by the EFS worker. This proves citizenship and the affidavit proves the identity. A process is in place for the witnessing of the mothers' signature.

Recon Team:

During the first week, they identified \$122,000 in underpayments. Once the underpayments are found, these accounts are given to the Follow-up Team to follow through.

EBERT: Tina absent, (David Graham)

The number of accounts on hold has been reduced for Medicare. They are redesigning the processes so that they won't have to put the accounts on hold. Tina has identified the list of action items to help the departments know which modifiers to put on. There should be improvements in this process. The billing areas within Patient Accounts are doing a great job keeping the unbilled accounts under the \$6M threshold.

A meeting will take place on Thursday to discuss accounts on-hold, what the resolution is, which will help us to redesign the process.

Virginia Carr:

A meeting between the Burn Care Rep, Melody Talbott, Shundra Mosby, Virginia and Judy will be scheduled regarding the July outpatients that have no pay and to see what the resources are between Burn Care and Eligibility with Outreach referrals.

A meeting has been scheduled for next week, 24th. Virginia asked Jeri to come to the meeting regarding Outreach. Haydee will also be attending the meeting. There may also be grant funding that we may be missing. We ran a report on the active burn care patients, all pay sources, which show 400 active cases. We should have a procedure ready week after next.

They at one time had a rep in Burn Care, but there wasn't space. We need to look into hiring a rep again for this area. Burn Care is scheduled to be in the 1st phase move to the new building which should provide the space.

<u> Haydee Florentino:</u>

Haydee commented the UR Nurses are noticing that First Health is slow with giving responses to the Retro patients. *No Update*.

Ross stated that according to the contract, they have 30 days to make a decision.

Kathy Kelly:

Over \$6000 thus far this month, she is cautiously optimistic.

Nancy Newman:

SSI contacted the Business Office; they have some CBT for free. The 3 that would be appropriate for UMC are" Electronic Billing, Remits and e-Verify. Nancy needs to know the names across the corporation who would like to have this training tool. It will be available on the Internet. The goal is to start on September 1st to begin utilizing the training.

Will be utilized by the Business Office. The window of time for this is 30 days. Nancy will contact Brian.

Diane Mazzei:

Ross requested that Diane contact Jeff Shaw, First Health, let him know that the group we sent him, in our estimation (4-5 accounts), is substantial enough. We would like his people to do the research on the other 94.

Open Discussion:

Diane: The first meeting of the Steering Committee was last week. The main purpose of the committee is to prioritize tickets. If your department is not represented in the committee, your ticket will be on the bottom. Your department representative will bring their top 4-5 tickets to the meeting, and the group will prioritize them. Nancy, Diane and Becky are on the committee and will split the departments. Ross believes that the long-range goal of the committee is to develop a PMO, Project Management Office.

Ross: PASC: Bill Barcus is coming in to town today. Will meet at Rancho tomorrow. Will discuss issues and hopefully resolve them.

Kevin Matthews: Great Lakes brought in 1.5M in revenue last month. It was noted that Great Lakes puts notes in their files, but not in the hospital files. Was stated that they could give us a download if needed.

Becky: Health Insight has asked us to work with them on a project of 1-2 days stay. They are looking at the 1-2 day stays to see if they are appropriate, in-patient or out, should they have been admitted. Becky will keep Ross updated.

Haydee: Vacant Positions: Rancho Rehab needs additional staff of 1.5 FTE's for this vacancy. Haydee feels that this falls under the responsibility of ACS to assist with obtaining the staff. In reality, it should come from the Lynn Scott since Rancho reports to her. Waldo Roth, Occupational Therapy, did give up .5 from his department to Rancho.

Caroline: Working on position flow. Wants to work with David and Gregg on the figures.

Nancy: Regarding the accounts that are 3 years and older, Nancy has personally reviewed each to make sure that they are appropriate. There are notes on accounts, \$20,000 and above that PASC put in, which state "left message on machine". None have more than one contact. Ross asked Nancy to bring these accounts to meeting with PASC.

Minutes approved by:

Diane Mazzei, Assistant Director, Patrent Accounting

Date

UMC Committee Minutes August 22, 2006

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, Case Management; Becky Bratten, Health Information Management Director, Shundra Mosby, ACS Manager, Judy Smith, ACS Manager; Kathy Kelly, ACS Manager; Caroline Stuart, ACS Manager; Robert Donnert, ACS Manager, Kevin Matthews, Great Lakes, David Graham, ACS Manager; Jo Wardle, ACS Manager; Gregg Erickson, ACS Manager

Absent: Bill Taylor

Cash:

Cash posted at \$20,064,991. The run rate based on 23 workdays was at \$30.766M. Comparing this month to last month:

BD Recovery is down about \$17,000

County is the same
Insurance is the same
Insurance Other is approximately R2M down
Medicare is close
Out of State Medicaid is up
Self-Pay is up
Work-Comp is up

Action: Ross asked Nancy to review Insurance Other to see why it is down.

KPI's:

The KPI standards for the month, cash is running about \$1.3M, KPI target is \$1.259M. Charges were at \$87M, which is a run rate of \$4.3M and target is \$4.5M.

DNFB was at \$11.6M yesterday. Claims dropping out of Med-Series and Vital Works into SSI are at \$50M, the exported claims out of SSI are at \$55M. From a KPI perspective, it looks fairly strong with two weeks left.

Ross printed out the KPI's for the ACS Team to review. Updates are due September 8th.

Ross received an email from Caroline that stated ER Coding is current. The Contract Coders were released on Friday. Becky continues to get Medicare down to one day.

Missing Discharge Dates:

In regards to the MS4 not automatically discharging accounts, Carrie and Nancy continue reviewing reports. The expected completion date would be mid-September.

Haydee, Judy and Kathy attended a meeting with Dennis and Marlo regarding the discharge dates. Haydee asked that Nancy and the IS person assigned attend the next meeting. This is both a manual and system problem.

AR Clean Up:

Diane commented they are 75% done with the task list. PASC is at \$20M for 12-01 discharge. We need to determine if these will be sent to an agency or written off.

Action: Nancy requested clarification for signature levels 4 and 5.

Staledates:

Ross gave Richard the KPI's and the Staledate report. Richard reviewed and said they looked good.

David continues to work the action item list. He has been meeting weekly with Patient Access and will begin meeting with the other departments during the next two weeks. He shared a draft at the last ACS meeting for feedback. The purpose of the memo is to clarify what the new process will be for submitting staledate write-off requests.

The committee discussed the process of the write-ups, identifying errors, tracking items, etc. David will take everything into consideration and update his memo and process. Everyone including Cindy will receive a copy of the memo once finalized.

Action: Ross asked David to draft a process and he will review it with Richard.

NevadaCare:

The NevadaCare 2004-2005 settlement will be going to arbitration.

Recon Team:

Deb will be working with Recon and Jo will be working with the Follow-up Team.

Last week the Recon Team identified \$245,000 in underpayments. Depending on the carrier, they were rebilled, or contacted etc, Deb will work out a process to track payments.

Diane and Gemma will be meeting with Managed Care regarding questions to the contracts.

Diane and Pat Huber will meet regarding, identifying the difference between this year's and last year's reimbursement.

Greg Erickson:

Pat and Gregg discussed reports that have been developed which look at gross collections per case by "Service Line" and DRG. Gregg explained that they are only including zero balance accounts for the year-to-year comparison to accommodate only those accounts that have been worked, as opposed to those that are still in process. It was proposed that using this technique should give a truer picture of any contracting or reimbursement issues which may be present. Cindy proposed that Gregg use a balance due of +/- \$15 instead as this is what she currently uses for other reports. Cindy explained that this allows for a larger sample size of data. Ross questioned the validity of the data in the download and requested to review any reports that are built off of it prior to dissemination.

Action: Gregg will e-mail Ross the reports for his review.

Virginia Carr:

The meeting between the Burn Care Rep, Melody Talbott, Shundra Mosby, Virginia and Judy has not happed as of yet. This meeting will review the July outpatients that have no pay source and to determine patients between Burn Care and Eligibility with Outreach referrals.

Kathy Kelly:

\$8,500 collected so far this month.

Nancy Newman:

SSI contacted the Business Office; they have CBT's training for free. Kim Golding will be contacting Gina in admitting to retrieve names/sign-on's to proceed with installation.

Diane Mazzei:

Diane emailed Jeff Shaw, First Health, and asked how we proceed with the 4 accounts and he stated, "we are ok". Diane included Ross on the email.

Bill Barcus from PASC owes Ross and Diane a plan of action.

Becky Bratten:

One of the hospitals in the valley that has an inner-disciplinary Team will begin reviewing opportunities to improve 1-2 day stays on Monday.

Haydee Florentino:

A 1:00pm meeting was scheduled for today to discuss the vacant positions at Rancho Rehab. Ross will not be able to attend.

Robert Donnert:

Robert received the proposal for a Performance Management System based on a Balanced Scorecard methodology via email. Robert forwarded the email to Ross for his review.

Cindy Charyulu:

Cindy announced the Financial Audit begins the first part of September. One of the areas they will be reviewing is the change in the A/R aging buckets. Staff is preparing the 2006-2005 ATB comparisons, and will include explanation of change. She will send a copy of the comparisons to Ross.

Cindy noted pending and self-pay is significantly high. Ross stated it is because of PASC. These accounts are sitting in the Self-pay bucket and are contributing to a larger increase in the provision. This is causing an approximate \$20M dollar increase. We need to elevate this problem.

Cindy will be discussing this issue with Richard today.

Tina Melvin:

Tina asked all EBERT members to please attend the meeting this week. They are moving forward with redesigning the processes.

Minutes approved by:

Diane Mazzei, Assistant Director, Patient Accounting

UMC Committee Minutes August 29, 2006

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, Case Management; Becky Bratten, Health Information Management Director, Shundra Mosby, ACS Manager, Judy Smith, ACS Manager; Kathy Kelly, ACS Manager; Caroline Stuart, ACS Manager; Robert Donnert, ACS Manager, Kevin Matthews, Great Lakes, David Graham, ACS Manager; Jo Wardle, ACS Manager; Gregg Erickson, ACS Manager

Absent: Bill Taylor

Cash:

As of yesterday the run rate was at \$30.8M, which excludes Out of State & County. Cash seems to be fairly strong. Revenue is light.

KPI's:

KPI's look good through yesterday, there continues to be more bills going out of the system than going in.

Missing Discharge Dates: HELP SCHNANCY!!!!!!!

The ambulatory piece is being resolved. Nancy sent out spreadsheets for the appropriate people to review. Nancy spoke with Ron last week and set up a meeting on Friday to discuss how they need to proceed with their accounts.

Action: Nancy will work on the other patient types. Cindy asked Nancy for a dollar amount, by insurance grouping.

Accounts Returned from PASC:

There were a total of 11,000 accounts.

Jo commented, "There are 1,877 accounts which were identified as Vital Works" and she continues to review the MS4 accounts based upon the statement type code.

Staledates:

%/

David reviewed the report on Status 4 accounts with the people involved in this process. The reports showed status 4 accounts that are uncoded 45-30-15 days prior to the staledate, these are logged every day. These accounts only show up when they reached 30-45 days to staledate. If it's still uncoded the next day, they appear to be dropping off. These are accounts that have show on the report. David stated we may benefit from having an ongoing log of these accounts.

Next David discussed the unbilled report. This report lists all of the accounts that have showed up on the status 4 since 8/17 on the summary page. He explained which accounts will staledate first. Most of the accounts will go through the processes and get coded just by the day-to-day processes. This report will help make sure they are completed.

Ross asked David if he updates these everyday? David answered, 'daily he takes the reports and logs new accounts. He will only update the full status of the reports once a week in terms of looking for code dates and bill dates.

The other part of the report process is to identify root-causes, as to why these accounts can't be coded prior to 45 days.

Caroline commented they take all of the staledate accounts the Coders are working and log the root-cause. David is aware of Caroline processes, and this helps him trend the information.

David and Judy are working on a report that shows accounts in pre-admit status that have charges on them. Because this report was not being worked it caused \$755,000 worth of charges for over 962 accounts. Now that the report is being worked, Judy commented there are 583,000 accounts on pre-admit.

Action: Ross suggested Judy meet with Lynn to work out a process to cover the clinics.

Ross wants David to attend the Executive Revenue Cycle Committee Meeting to explain the processes that he is doing with the staledates. This will include, "what he is doing", "what his objectives are" and "what his accomplishments are".

Action: Ross would like to see a bi-weekly status report. This will begin Tuesday of next week.

David by saying the reason he wanted to create this report is to demonstrate how good everyone is doing. He feels in many ways there is a lot less accounts that are showing on the reports because Coding is caught up. The billed report shows accounts are being billed quickly. Not only can we learn from these reports but we can also demonstrate our accomplishments. He thanked everyone for doing great work.

Ross stated to the entire team, everything you touch you do a good job, staledate reduction, medical records below 2 days, this is all very good. The hard work that everyone is doing is being recognized.

Recon (Tabled until Deb returns)

Gross Revenue:

Gregg is working with Butch and Ross to develop a cash projection model based on historical information. The data Gregg receives off the downloads is inconsistent with the revenue that is stated on the flash report.

Ross asked Cindy if the Flash Report was an accurate report. Cindy stated that it is, as it is based on charges posted per day. Cindy asked, how the download is pulling it's data and she commented if you want an accurate revenue number you have to pull it by post date, not discharge date. As postings by day

are not available in the download, it was decided that Gregg will try to pull data out of the download based on billing date and see if this can be used.

Virginia Carr:

At the Burn Care meeting, Virginia, Judy and Shundra found there are processes in Burn Care in which the auto registered the recurring accounts that are set that up with an Admitting Rep on-site to manage. These are the four issues identified:

- Physical Space: this person was pulled out of the area, but the auto registration continued.
- Scheduling issues: They are conducting manual scheduling because they
 do not having the tools for the Clinical Staff to perform this function.
- The referral sources for both internal and external patients are told to show up at the Burn Care Center. They are given no direction, no appointment, not told to go to Clark County and retrieve an MAS card for ongoing care, and not told to go to obtain an outreach referral.
- Another issue is patients are coming from other area facilities, because the patient has no pay source.

Action: Virginia will give Ross a copy of the minutes taken at the meeting. Ross would like to be updated and requested an executive summary showing what the problem is, what we did, and how we are going to fix it.

Kathy Kelly:

\$11,100 has been collected so far this month.

Kathy gave her update on the Fast Track area. Vicki Huber is in control of this project. The architects brought the final floor plans to the meeting but the key players did not show. They were given the green light to move forward.

Ross commented, the contractual agreement with UMC was we would help them develop a Fast Track. Kathy needs to push Vicki.

Action: Ross asked for the percent of patients seen that should have paid. Caroline will work with Gregg to get the number. Ross would like an executive summary plan for the "Fast-Track" showing what the problem is, what was done, and how it will be fixed.

Becky Bratten:



Inter-Disciplinary: Health Insight has 30 UMC records they are analyzing for a base line and will be meeting again the end of September to review. There are eight Nevada hospitals and eight in Utah. These are being reviewed because it is an area that CMS is interested in. Becky will have more data by the end of the month.

Joy La Guardia:

They did get the approvals for per-diem's at Rancho. The FTE position still needs approval. This needs to be a clinical position.

Robert Donnert:

The proposal for KPR was finished last weekend and was given to David.

Bob Mills and Steve Gray spent two days in OR developing a marketing plan. Ron was given a 'to do list'. Robert commented, that Ron does have a business plan, which is 80% complete.

Action: Ross requested an executive summary on the OR and would like to see the business plan for the OR.

Cindy Charyulu:

Cindy reviewed the impact on the 833 and 836 issue and moved it. This made a \$.5M change. It wasn't as high as she thought it would be.

Nancy Newman:

Nancy requested 3 reports for IT. She does have two of them, and the final one should be completed today. Cindy will review the data.

Tina Melvin:

David and Tina met and they came up with a solution for pulling in volumes so the graphs Ross requested can be prepared.

Pat Huber:

Ross would like a work plan of the initiatives Pat has outstanding.

Nancy Newman:

Action: Ross will talk to Richard about the direction of the Quick Care Clinics once Brian is gone.

It was noted last Thursday a lot of data was lost, which has been recreated. It was due to mapping that was put on the system by IS.

The data charged in in Craneware was lost. Nancy mentioned that perhaps this process needs to be given to one key person in Finance. Nancy suggested the key person needs to put the charges in Craneware and monitor them. This function may need to go to Shelly.

1499 Small balances will be worked on Friday.

Cindy Charyulu:

Cindy has a couple of recommendations in regards to the special projects that ACS is working on to estimate what the collections are going to be. The bill date is definitely the correlation on what's happening now, but there is also a huge piece between discharge and bill date that would be useful information.

Minutes approved by:

Diane Mazzei, Assistant Director, Patient Accounting

Date

UMC Committee Minutes September 5, 2006

Committee Members: Ross Fidler, Revenue Cycle Director; Virginia Carr, Director of Eligibility; Haydee Florentino, Case Management; Becky Bratten, Health Information Management Director, Shundra Mosby, ACS Manager, David Graham, ACS Manager

Absent: Bill Taylor, Diane Mazzei, Nancy Newman, Judy Smith, Kathy Kelly, Caroline Stuart, Robert Donnert, Kevin Matthews, Jo Wardle, Gregg Erickson, Cindy Charyulu

Cash:

As of yesterday the run rate was at \$30.8M, which excludes Out of State & County. Cash seems to be fairly strong. Revenue is light.

KPI's:

KPI's look good through yesterday, there continues to be more bills going out of the system than going in.

Missing Discharge Dates:

The ambulatory piece is being resolved. Nancy sent out spreadsheets for the appropriate people to review. Nancy spoke with Ron last week and set up a meeting on Friday to discuss how they need to proceed with their accounts.

Action: Nancy will work on the other patient types. Cindy asked Nancy for a dollar amount, by insurance grouping.

PASC:

Ross spoke to Bill Vargas, VP, PASC. Bill has promised to submit a plan breaking the collections into 3 phases. We currently have about 12,400 accounts/month in Vital Works for about 1.6M. There are about 13,000 accounts/month in Med Series for about 40M.

Phase 1 should be the "old accounts" and send them off shore. They will go through them, and when completed, will reassign back to us.

Phase II will be for the Med Series accounts.

Accounts Returned from PASC:

There were a total of 11,000 accounts.

Jo commented, "There are 1,877 accounts which were identified as Vital Works" and she continues to review the MS4 accounts based upon the statement type code.

Staledates:

David, Cindy Charyulu, Nancy and Diane to meet on Thursday. Will provide Cindy with a copy of the policy and procedure and will also give her an updated copy of the form for her input. We will then meet with Ross to get input on what we have at that point, and for finalization.

David reviewed the report on Status 4 accounts with the people involved in this process. The reports showed status 4 accounts that are uncoded 45-30-15 days prior to the staledate, these are logged every day. These accounts only show up when they reached 30-45 days to staledate. If it's still uncoded the next day, they appear to be dropping off. These are accounts that have show on the report. David stated we may benefit from having an ongoing log of these accounts.

Next David discussed the unbilled report. This report lists all of the accounts that have showed up on the status 4 since 8/17 on the summary page. He explained which accounts will staledate first. Most of the accounts will go through the processes and get coded just by the day-to-day processes. This report will help make sure they are completed.

Ross asked David if he updates these everyday? David answered, 'daily he takes the reports and logs new accounts. He will only update the full status of the reports once a week in terms of looking for code dates and bill dates.

The other part of the report process is to identify root-causes, as to why these accounts can't be coded prior to 45 days.

Caroline commented they take all of the staledate accounts the Coders are working and log the root-cause. David is aware of Caroline processes, and this helps him trend the information.

David and Judy are working on a report that shows accounts in pre-admit status that have charges on them. Because this report was not being worked it caused \$755,000 worth of charges for over 962 accounts. Now that the report is being worked, Judy commented there are 583,000 accounts on pre-admit.

Action: Ross suggested Judy meet with Lynn to work out a process to cover the clinics.

Ross wants David to attend the Executive Revenue Cycle Committee Meeting to explain the processes that he is doing with the staledates. This will include, "what he is doing", "what his objectives are" and "what his accomplishments are".

Action: Ross would like to see a bi-weekly status report. This will begin Tuesday of next week.

David by saying the reason he wanted to create this report is to demonstrate how good everyone is doing. He feels in many ways there is a lot less accounts that are showing on the reports because Coding is caught up. The billed report shows accounts are being billed quickly. Not only can we learn from these reports but we can also demonstrate our accomplishments. He thanked everyone for doing great work.

Ross stated to the entire team, everything you touch you do a good job, staledate reduction, medical records below 2 days, this is all very good. The hard work that everyone is doing is being recognized.

Recon (Tabled until Deb returns)

Gross Revenue:

Gregg is working with Butch and Ross to develop a cash projection model based on historical information. The data Gregg receives off the downloads is inconsistent with the revenue that is stated on the flash report.

Ross asked Cindy if the Flash Report was an accurate report. Cindy stated that it is, as it is based on charges posted per day. Cindy asked, how the download is pulling it's data and she commented if you want an accurate revenue unumber you have to pull it by post date, not discharge date. As postings by day are not available in the download, it was decided that Gregg will try to pull data out of the download based on billing date and see if this can be used.

<u>Virginia Carr:</u>

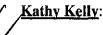
Sent a memo to Melody Talbott, Burn Care, regarding space availability. We are waiting for a response.

At the Burn Care meeting, Virginia, Judy and Shundra found there are processes in Burn Care in which the auto registered the recurring accounts that are set that up with an Admitting Rep on-site to manage. These are the four issues identified:

- Physical Space: this person was pulled out of the area, but the auto registration continued.
- Scheduling issues: They are conducting manual scheduling because they do not having the tools for the Clinical Staff to perform this function.
- The referral sources for both internal and external patients are told to show
 up at the Burn Care Center. They are given no direction, no appointment,
 not told to go to Clark County and retrieve an MAS card for ongoing care,
 and not told to go to obtain an outreach referral.
- Another issue is patients are coming from other area facilities, because the patient has no pay source.

Action: Virginia will give Ross a copy of the minutes taken at the meeting. Ross would like to be updated and requested an executive summary showing what the problem is, what we did, and how we are going to fix it.

Action: Ross requested that Virginia send him a copy of the invoices paid to Great Lakes in August.



\$11,100 has been collected so far this month.

Kathy gave her update on the Fast Track area. Vicki Huber is in control of this project. The architects brought the final floor plans to the meeting but the key players did not show. They were given the green light to move forward.

Ross commented, the contractual agreement with UMC was we would help them develop a Fast Track. Kathy needs to push Vicki.

Action: Ross asked for the percent of patients seen that should have paid. Caroline will work with Gregg to get the number. Ross would like an executive summary plan for the "Fast-Track" showing what the problem is, what was done, and how it will be fixed.

Becky Bratten:

Meeting Friday for the 1st round, internally, and will again meet on the 28th. We will receive our baseline on the 28th.

Inter-Disciplinary: Health Insight has 30 UMC records they are analyzing for a base line and will be meeting again the end of September to review. There are eight Nevada hospitals and eight in Utah. These are being reviewed because it is an area that CMS is interested in. Becky will have more data by the end of the month.

<u> Joy La Guardia :</u>

They did get the approvals for per-diem's at Rancho. The FTE position still needs approval. This needs to be a clinical position.

Robert Donnert:

The proposal for PR was finished last weekend and was given to David.

Bob Mills and Steve Gray spent two days in OR developing a marketing plan. Ron was given a 'to do list'. Robert commented, that Ron does have a business plan, which is 80% complete.

Action: Ross requested an executive summary on the OR and would like to see the business plan for the OR.

Cindy Charyulu:

Cindy reviewed the impact on the 833 and 836 issue and moved it. This made a \$.5M change. It wasn't as high as she thought it would be.

Nancy Newman:

Nancy requested 3 reports for IT. She does have two of them, and the final one should be completed today. Cindy will review the data.

Tina Melvin:

David and Tina met and they came up with a solution for pulling in volumes so the graphs Ross requested can be prepared.

<u>Pat Huber</u>:

Ross would like a work plan of the initiatives Pat has outstanding.

Nancy Newman:

Action: Ross will talk to Richard about the direction of the Quick Care Clinics once Brian is gone.

It was noted last Thursday a lot of data was lost, which has been recreated. It was due to mapping that was put on the system by IS.

The data charged in in Craneware was lost. Nancy mentioned that perhaps this process needs to be given to one key person in Finance. Nancy suggested the key person needs to put the charges in Craneware and monitor them. This function may need to go to Shelly.

1499 Small balances will be worked on Friday.

Action: Nancy needs to send an email to Ross her recommendations and why.

Cindy Charyulu:

Cindy has a couple of recommendations in regards to the special projects that ACS is working on to estimate what the collections are going to be. The bill date is definitely the correlation on what's happening now, but there is also a huge piece between discharge and bill date that would be useful information.

Minutes approved by:

Ross Fidler, Director, ACS

UMC Committee Minutes September 19, 2006

Committee Members: Ross Fidler, Revenue Cycle Director; Diane Mazzei, ACS Manager, Virginia Carr, Director of Eligibility; Joy LaGuardia, Case Management; Becky Bratten, Health Information Management Director, Shundra Mosby, ACS Manager, Judy Smith, ACS Manager, Pat Huber, ACS Manager, Tina Melvin, ACS Manager, Caroline Stuart, ACS Manager, Deb Vetscher, ACS Manager, Robert Donnert, ACS Manager, David Graham, ACS Manager, Gregg Erickson, ACS Manager, Cindy Charyulu, Fiscal Service Manager, Jo Wardle, ACS Manager,

Absent: Diane Mazzei, Nancy Newman, Kathy Kelly, Bill Taylor, Kevin Ellis, Kevin Matthews

REMINDER: ACS Staff, don't forget the ethics training, which is due by the 30th.

Cash:

As of this morning, we are at 15.8M, run rate of 28M. There was no download file from Vital Works; have a message into Jonathan.

KPI's:

KPI's look good through yesterday, there continues to be more bills going out of the system than going in.

Missing Discharge Dates:

David requested to keep this subject open until the final list is received. Until this happens, we are at quite a risk of stale dating. May be of value to review the reports, to use as a tool to prevent future problems. The purpose of cleaning it up was to look forward, to see why it was happening.

Action: Cindy asked Nancy for a dollar amount to write off the ledger.

PASC:

Ross met with PASC last week, a plan was agreed upon. The old accounts will be worked on and made right. Two attempts will be made. We currently have about 12,400 accounts/month in Vital Works for about 1.6M. There are about 13,000 accounts/month in Med Series for about 40M where their efforts will be concentrated.

Accounts Returned from PASC:

There were a total of 11,000 accounts, many of which had been zeroed out because they were written off in August. We requested another report to take to show that they had been taken off. There are now about 4500. We are reviewing to see if they should be written off or sent to the agency. No balances over \$5000.00.

Staledates:

David suggested a new process for stale date approvals, to be done electronically to include, summarize, cause, prevention plan and approvals. There seemed to be concern that the person approving the stale dates would not have complete information. Cindy suggested that the information could be scanned and attached as a PDF file.

ران مرکن

David asked when we might receive the official documentation that lists insurance timely filing requirements for claims, and who will provide this to us. At a previous Revenue Cycle meeting, Richard had said that he would assign this project to someone. We did receive a packet of information, but it did not include the timely filing requirements. Ross will meet with Richard on this.

Action: David to have the forms at the next One Stop meeting.

Recon:

Wy Wy

We are up and running; policies and procedures have been written.

It was noted that general surgery reimbursements went from 26 to 11. Will run report by payor type for the entire year to at least find out why this is happening. Robert to do the math, find the differences between the 26 and 11, and how it converts to dollars. Deb will do analysis of the same report; why the reimbursement is less. Cindy suggests that we look at self pay; not having contractuals.

Gross Revenue:



Gregg is working with Butch and Ross to develop a cash projection model based on historical information. Gregg spoke to Jim Poulos to try to get assistance in obtaining the report. Cindy Charyulu suggested that he contact Britt who has been very helpful. She also said that if he is not successful, to contact her in a day or so, and she will see what she can do to get this report running.

Virginia Carr:



Virginia, Judy and Shundra found there are processes in Burn Care in which the auto registered the recurring accounts that are set that up with an Admitting Rep on-site to manage. These are the four issues identified: Physical Space, Scheduling Issues, Referral Sources, and patients coming from other area facilities, because the patient has no pay source.

It was decided that they would not place a "physical body" in Burn Care until after the move.

Kathy Kelly: TABLED

Cash Collections to date, \$2550 this month.

Kathy is working with Vicki Huber on the Fast Track. A mandatory meeting is scheduled for tomorrow at 8am. The architects brought the final floor plans to the meeting but the key players did not show. They were given the green light to move forward.

Ross commented, the contractual agreement with UMC was that we would help at them develop a Fast Track. Kathy needs to push Vicki.

Action: Ross asked for the percent of patients seen that should have paid. Caroline will work with Gregg to get the number. Ross would like an executive summary plan for the "Fast-Track" showing what the problem is, what was done, and how it will be fixed. Gregg will meet with Caroline to discuss. Kathy will write an executive summary on the Fast Track for Ross. This is due Friday.

Becky Bratten:

Meeting this afternoon. We pulled a 1% sample, looking for patterns. We will receive our baseline on the 28th. Medicaid cash trending upwards, need to keep this going.

Inter-Disciplinary: Health Insight has 30 UMC records they are analyzing for a base line and will be meeting again the end of September to review. There are eight Nevada hospitals and eight in Utah. These are being reviewed because it is an area that CMS is interested in. Becky will have more data by the end of the month. Jo and Carolyn are working on this.

Joy La Guardia:

Haydee met with the architects, should have room for all staff. Haydee reported that they would not be getting the FTE. Evelyn is trying to reassign staff from here to Rancho.

Robert Donnert:

meeting is being held tomorrow with Richard and Steve.

The proposal for KPR was finished last weekend and was given to David.

Bob Mills and Steve Gray spent two days in OR developing a marketing plan. Ron was given a 'to do list'. Robert commented, that Ron does have a business plan, which is 80% complete.

Action: Ross requested an executive summary on the OR and would like to see the business plan for the OR.

RA 000714

Tina Molin: SSI STATS

Continuing to work on this. David and Tina met and they came up with a solution for pulling in volumes so the graphs Ross requested can be prepared.

Nancy Newman: TABLED

It was noted last Thursday a lot of data was lost, which has been recreated. It was due to mapping that was put on the system by IS.

The data charged in in Craneware was lost. Nancy mentioned that perhaps this process needs to be given to one key person in Finance. Nancy suggested the key person needs to put the charges in Craneware and monitor them. This function may need to go to Shelly.

Great Lakes:

Kevin Matthews feels that the staff is more productive; definite improvement over all.

Ross:

Accesso

A child was brought in with a broken arm, was treated and told to go to the quick care for follow up. The child was to come back in for surgery; however, the surgery was going to be postponed at the last minute for lack of payment. Ross wants to check into what happened to prevent from happening in the future.

Action: Judy will look into this further.

Minutes approved by:		
•	Ross Fidler, Director, ACS	Date

UMC Committee Minutes September 26, 2006

Committee Members: Ross Fidler, Revenue Cycle Director; Nancy Newman, Operations Manager Patient Financial Services; Virginia Carr, Director of Eligibility; Joy LaGuardia, Case Management; Becky Bratten, Health Information Management Director, Shundra Mosby, ACS Manager, Judy Smith, ACS Manager, Pat Huber, ACS Manager, Tina Melvin, ACS Manager, Kathy Kelly, ACS Manager; Caroline Stuart, ACS Manager, Robert Donnert, ACS Manager, David Graham, ACS Manager, Gregg Erickson, ACS Manager, Cindy Charyulu, Fiscal Service Manager, Jo Wardle, ACS Manager; Kevin Matthews, Great Lakes Manager

Absent: Diane Mazzei, Bill Taylor, Deb Vetscher, Kevin Ellis

REMINDER: ACS Staff, don't forget the ethics training, which is due by the 30th.

Cash:

Cash this morning, we are at 23M, posted, without county, a run rate of 29. Last year at this time, the cash without county and state Medicaid was 21.9; we are at 23.8 this morning, indicating some improvement.

Ross working on an AR Trending report, taking the Status 4 report that we get each morning, and make a historical report. At the end of the month, could then give Richard a report showing the monthly figures.

KPI's:

KPI's look good through yesterday, there continues to be more bills going out of the system going in.

Ross:

Dr. Alan Goldberg, Infectious Disease, will be on staff beginning October 1st. Dr. Goldberg frequently receives requests for consultations. He has someone that does the billing for his consultation fees, and she will give us the information necessary to begin billing consultations. Nancy will follow up on this.

Missing Discharge Dates:

Nancy said that this is continuing, that she anticipates having further information tomorrow.

David requested to keep this subject open until the final list is received. Until this happens, we are at quite a risk of stale dating. May be of value to review the reports, to use as a tool to prevent future problems. The purpose of cleaning it up was to look forward, to see why it was happening.

David suggests that we set three goals in place to avoid stale dates due to no discharge dates:

1. Identify accounts that are within 7 days of the stale date.

2. Describe the types, characteristics of accounts that are not getting discharge dates.

3. Define the steps to fix the accounts that don't have discharge dates.

Action: Nancy and Judy will follow up on these 3 items.

Staledates:

David, Nancy, Cindy and Diane met with Richard; reviewed the proposed policy and procedure. Richard was very pleased, thinks that it will be very helpful in reducing and eliminating stale dates. David plans to setup a meeting to review the policy and procedure and forms. This will enable us to have the policy and procedure implemented in October. Richard asks that he receive a monthly report that shows by department, and by root cause, what stale dated the previous month. David will also be setting up a meeting for those involved in stale dates, to meet on a weekly basis beginning next week.

It was noted that a lot of "dirty" claims are coming out of admissions. Nancy will pull together reports and will attend the meeting with Lynn on Wednesday at 10am.

Recon:

We have identified \$922,871 in underpayments, and have collected and recovered \$117,644. The Senior Dimension cases, all after 6/1/05, were not on a DRG payment basis, but on per diem. All but one had implants, they didn't pay them; they paid the straight per diem rate. This wasn't caught because there was no one tracking the underpayments. Putting together a workup to show the under payment, will send to Managed Care. Working on re-billing.

Action: Greg to get details, who the payor is, what they were paying, what they are paying now, and what the impact will be.

It was noted that general surgery reimbursements went from 26 to 11. Will run report by payor type for the entire year to at least find out why this is happening.

Action: Robert to do the math, find the differences between the 26 and 11, and how it converts to dollars. Deb will do analysis of the same report; why the reimbursement is less.

Gross Revenue:

Gregg spoke to Sam, IS last week regarding the cash projection model. They were supposed to run the download over the weekend. IS working to put everything on a weekly basis. Hopefully will have this week.

Virginia Carr:

Shundra will meet today with Judy. She said that they might go ahead and put a gep in Burn Care since the move was bumped from December to February.

Virginia noted that they are working with County Social Services on the Management system, Kiosk for public access to obtain MAS cards. We may have some opportunity here.

Kathy Kelly:

July 2

All key players showed up for the meeting with the exception of Dr. Carrison. The plan was approved with a couple of modifications; architects will make the changes. Vicki met with Richard, assumes that she presented the cost center analysis. He his behind it, can support it, additional revenue by opening up Fast Track and opening up the beds in back would justify the cost. Will do as much in-house as we can, anything else will go out to bid. We are hoping for an April go-live. Kathy plans to meet with Vicki once a month.

Kathy also met with Jackie Levy, the new Director ER. Jackie adamantly supports everything that Kathy has been trying to do here for the last year. She expects that each of her nurses will walk each and every patient to the discharge window, that it is good customer service. She supports this wholeheartedly. Will need to have cashier window manned at all times.

Action: Ross asked for the percent of patients seen that should have made payments. Ross would like an executive summary plan for the "Fast-Track" showing what the problem is, what was done, and how it will be fixed. Kathy will write an executive summary on the Fast Track for Ross.

Becky Bratten:

9.2

DNFB is at 9.4 this morning. Medicaid cash trending upwards; need to keep this going.

We will meet on Thursday. Did an internal audit of 10% of 1-2 day stays to see if we could identify a pattern; really didn't find much.

Inter-Disciplinary: Health Insight has 30 UMC records they are analyzing for a base line and will be meeting again the end of September to review. There are eight Nevada hospitals and eight in Utah. These are being reviewed because it is an area that CMS is interested in. Becky will have more data by the end of the month. Jo and Carolyn are working on this.

Robert Donnert:



A meeting is scheduled with administration next Wednesday to discuss our volume extension plan. Bob Mills and Steve Gray spent two days in OR developing a marketing plan. Ron was given a 'to do list'. Robert commented, that Ron does have a business plan, which is 80% complete.

Action: Ross requested an executive summary on the OR and would like to see the business plan for the OR. Ross asked when they could carry 80 patients a day; Robert said it would be 6months to a year.

OR:

Greg and Judy working on true schedule for patients, when they were put on the OR schedule. An example showed that 52% of the patients were scheduled 3 days out, 48% lucky to get the authorization in the time allowed.

Tina Melvin:

Continuing to work on this. David and Tina met and they came up with a solution for pulling in volumes so the graphs Ross requested can be prepared. Looking to build in volume to the numbers we currently have using number of claims that have errors on them that resulted in charge entry.

Great Lakes:

Kevin Ellis had requested NOMADS access, which would be helpful in getting the information in a timely manner. It appears to be a licensing and state regulatory issue. Will check into this.

Minutes approved by:

Ross Fidler, Director, ACS

RA 000720

UMC Committee Minutes October 3, 2006

Committee Members: Ross Fidler, Revenue Cycle Director; Diane Mazzei, ACS Manager, Nancy Newman, Operations Manager Patient Financial Services; Joy LaGuardia, Case Management; Becky Bratten, Health Information Management Director, Shundra Mosby, ACS Manager, Judy Smith, ACS Manager, Pat Huber, ACS Manager, Tina Melvin, ACS Manager, Kathy Kelly, ACS Manager; Caroline Stuart, ACS Manager, Deb Vetscher, ACS Manager, Robert Donnert, ACS Manager, David Graham, ACS Manager, Cindy Charyulu, Fiscal Service Manager, Jo Wardle, ACS Manager; Kevin Matthews, Great Lakes Manager

Absent: Bill Taylor, Kevin Ellis, Virginia Carr, Gregg Erickson

Cash:

Cash this morning is at 27M, down from last month. Per Bill Andrews, 72,000 in refunds will need to come out of that amount bringing us to 26.9. Richard agreed that we could add in the Nevada Care, about 694,000, bringing us to about 27.5. Over all cash, we are about 11M over last year, including county.

Contracts:

The contracts with the current collection agencies have expired effective 9/17/2006. Don Haight sent out letters notifying these agencies of their termination. Through a normal process, it should be December or January before we have another agency in place. Ross suggested that we send a letter to our existing agencies, extending their contract for a limited time. A meeting is being put together to discuss this issue.

KPI's:

KPI's look good through yesterday, there continues to be more bills going out of the system than going in.

Ross:

Nancy did speak to the office manager at the school regarding billing for consultations for Dr. Goldberg. Should hear from his people today. As of yet, Dr. Goldberg has not completed his paperwork. Nancy to contact Jen, Managed Care; Ross to contact Dr. Goldberg to get this moving.

Missing Discharge Dates:

This is continuing; Nancy anticipates having further information tomorrow. David suggests that we set three goals in place to avoid stale dates due to no discharge dates:

- 1. Identify accounts that are within 7 days of the stale date.
- 2. Describe the types, characteristics of accounts that are not getting discharge dates.
- 3. Define the steps to fix the accounts that don't have discharge dates.

Action: Nancy and Judy will follow up on these 3 items.

Staledates:

The first Stale date meeting will be held this morning following the One Stop. Will discuss further at that meeting.

David, Nancy, Cindy and Diane met with Richard; reviewed the proposed policy and procedure. Richard was very pleased, thinks that it will be very helpful in reducing and eliminating stale dates. David plans to setup a meeting to review the policy and procedure and forms. This will enable us to have the policy and procedure implemented in October. Richard asks that he receive a monthly report that shows by department, and by root cause, what stale dated the previous month. David will also be setting up a meeting for those involved in stale dates, to meet on a weekly basis beginning next week.

It was noted that a lot of "dirty" claims are coming out of admissions. Nancy will pull together reports and will attend the meeting with Lynn on Wednesday at 10am.

Recon:

Deb spoke to an employee this morning; we have identified another 38,000. Diane asked them to list them by carrier. Deb also asked to have another column on the spreadsheet, showing the types of shortages. Per conversation with Jeri, we are working back to June 1, 2005. Diane spoke to Kathy Silver regarding the contract with Sierra. Apparently there is a disagreement with the contract, saying that it is the interpretation of the contract. It is in Kathy Silvers' hands to amend. Their interpretation is that is by line item, our interpretation is by revenue code.

We have identified \$922,871 in underpayments, and have collected and recovered \$117,644. The Senior Dimension cases, all after 6/1/05, were not on a DRG payment basis, but on per diem. All but one had implants, they didn't pay them; they paid the straight per diem rate. This wasn't caught because there was no one tracking the underpayments. Putting together a workup to show the under payment, will send to Managed Care. Working on re-billing.

Action: Greg to get details, who the payor is, what they were paying, what they are paying now, and what the impact will be.

It was noted that general surgery reimbursements went from 26 to 11. Will run report by payor type for the entire year to at least find out why this is happening.

Action: Robert to do the math, find the differences between the 26 and 11, and how it converts to dollars. Believes to be several issues, should have information next week. Deb will do analysis of the same report; why the reimbursement is less.

Gross Revenue:

Gregg has the Vital Works, still working on Med Series. Gregg spoke to Sam, IS last week regarding the cash projection model. IS working to put everything on a weekly basis.

Training:

Tina has a training schedule for the clinics for New Employee Orientation. Ross asked that this be sent to Cindy as she will be working with Lynn Scott with the Clinics. The training is to be done in two parts. The first step, Debra Solerno will do most of the training for Vital Works at the Quick Cares. The second step, we are setting up here to do training in registration. Cindy spoke to Tracy regarding the addition of 1 FTE to do all training. Ross suggests that in registration, that they have annual refresher courses.

Virginia Carr:

Shundra is trying to get them to work together as a team. They are working from a manual schedule, and don't want to expand on this. We need to have an actual schedule. Would like to get one person in Burn Care, this would get the ball rolling.

Virginia noted that they are working with County Social Services on the Management system, Kiosk for public access to obtain MAS cards. We may have some opportunity here.

Kathy Kelly:

The Fast Track is in Vicki's hands. The plans are in the architects' hands to make some revisions. Should be done in about 2 weeks. Plans will go to Lacy and Richard for approval, will then go out for bid. Dr. Carrison is 100% behind the changes that have been made. His medical group needs to have billing space in the new fast track space, shared with admitting. Kathy hopes to meet with Vicki once per month.

Kathy met with Jackie Levy, ER, about notification of her staff. Jackie feels that it may take some time; that the staff is not "big" on change. She expects that each of her nurses will walk each and every patient to the discharge window.

Action: Ross asked for the percent of patients seen that should have made payments. Ross would like an executive summary plan for the "Fast-Track" showing what the problem is, what was done, and how it will be fixed. Kathy will write an executive summary on the Fast Track for Ross.

Becky Bratten:

DNFB is at 9.2 this morning. Medicaid cash trending upwards; need to keep this going.

Becky met with Health Insight on Thursday. They did an analysis on our 1-2 day stays, and the average error rate for UMC was 56.7. There are 2 hospitals in the area with a "0" billing error rate, one of which is UMC. They will be on-sight 10/18/06. Between now and then, our team will meet on starting the improvement process.

Robert Donnert:

A meeting is scheduled with administration tomorrow at 3pm. Bob Mills and Steve Gray spent two days in OR developing a marketing plan. Ron was given a 'to do list'. Robert commented, that Ron does have a business plan, which is 80% complete.

Action: Ross requested an executive summary on the OR and would like to see the business plan for the OR. Ross asked when they could carry 80 patients a day; Robert said it would be 6months to a year.

OR:

Greg and Judy working on true schedule for patients, when they were put on the OR schedule. An example showed that 52% of the patients were scheduled 3 days out, 48% lucky to get the authorization in the time allowed.

Tina Melyin:

David will have updated information on Thursday. David and Tina met and they came up with a solution for pulling in volumes so the graphs Ross requested can be prepared. Looking to build in volume to the numbers we currently have using number of claims that have errors on them that resulted in charge entry.

Great Lakes:

Kevin Ellis had requested NOMADS access, needs to get a letter from the state; they will be meeting on Thursday. It appears to be a licensing and state regulatory issue.

NEW:

Nancy Newman:

The discussions are moving forward with the PEDS and OPC clinics going on Vital Works. This will increase their billings by 100,000 a year. This will have an impact on all. Nancy will suggest to Lynn that more finance people be included in these meetings.

Nancy spoke the coordinator at First Health yesterday regarding testing on our system, possibly in November. We do not yet have the upgrades necessary to do the testing; we need to have 1 upgrade in Vital Works, 7 upgrades in Med Series before the MPI works. We pay want to form a committee to get this moving.

Note: It appears that Argon has access to our patient accounts because they were a collection agency. Orien has hired Argon to collect those accounts. We do not have a business associate agreement with Orien or with Argon. Due to a breech of confidentiality, Argon will probably be cut off from the system.

Minutes approved by:	Ross Fidler, Director, ACS	Date	

Committee Minutes October 24, 2006

Committee Members: Ross Fidler, Revenue Cycle Director; Diane Mazzei, ACS Manager, Nancy Newman, Operations Manager Patient Financial Services; Virginia Carr, Director Eligibility, Haydee Florentino, Director Case Management; Becky Bratten, Director, Health Information Management, Shundra Mosby, ACS Manager, Judy Smith, ACS Manager, Pat Huber, ACS Manager, Tina Melvin, ACS Manager, Robert Donnert, ACS Manager, David Graham, ACS Manager, Cindy Charyulu, Fiscal Services Manager, Jo Wardle, ACS Manager; Kevin Ellis, Great Lakes Director

Absent: Kathy Kelly, Bill Taylor, Caroline Stuart, Deb Vetscher, Greg Erickson, Kevin Matthews

Introduction: Ross introduced Geree Gonzales, Managed Care. She is going to start attending the One Stop meetings. Geree also has a lot of experience in Patient Accounting.

Cash:

Cash this morning is down, the posted run rate is at 25.9M, which is light. Bad debt is down, insurance down and other insurance is way down. Medicaid down, Medicare is way down and self- pay is down. We need to track this to see if there is a trend over the last couple of months.

Pre Authorizations:

Laroline would like to meet with Virginia regarding Eligibility Preauthorization status. The root cause is not coding, but appears to end up being a coding issue due to prior authorization. Virginia and Becky will get together to discuss this issue.

Contracts;

A letter has been sent to the current collection agencies to extend their current contract for another year. This item is on the board agenda for today, Tuesday the 17th, for ratification.

6000 accounts went to the collection agency. Accounts that come back from PASC need to be flagged for tracking purposes.

Ross:

Creeberg.

Nancy met with Dr. Goldberg, got the necessary documentation and processing underway.

Becky stated that the request for consultation does need to be a written order. Dr. Ellerton did agree with this, however it is not being enforced. This should be brought up the MEC meeting today.

Geree Gonzales:

Geree has completed the Managed Care Grid. Will send to David and he will forward as necessary. Regarding the 1st Health contract, Geree will check the number of days before stale dating; normal is 180 days, our contract reads 90.

Geree attended a meeting yesterday regarding the PCON system. A teleconference has been setup to discuss what went wrong with the PCON system at UMC. A new system was introduced which would replace the PCON system. It appears that the new system can do all that we need to have done. It would take one month to implement. Everyone was very impressed with this new system.

Missing Discharge Dates:

Nancy stated that reports have been created which will enable us to clean things up. The problem areas seem to be the EAG and Ambulatory. She has talked to Lisa Pacheco regarding the EAG. Judy has not yet been able to setup the follow up meeting with Lynn.

Lynn Scott is very positive and wants to help where she can with clinical assessments. Diane, Judy and Virginia, to lead the assessments. A training class will take place on November 6th for Medicaid/Medicare. Judy will check with HR to obtain a list of new hires for the training and will also +see about making this a required department orientation. Cindy will meet with Lynn to discuss identifying problem areas at the clinics. We should be able to spend an hour or two at the clinics to observe and identify areas for improvement; Diane will work on a questionnaire. Goals to avoid stale dates due to no discharge dates:

1. Identify accounts that are within 7 days of the stale date.

2. Describe the types, characteristics of accounts that are not getting discharge dates.

3. Define the steps to fix the accounts that don't have discharge dates.

Action: Nancy and Judy will follow up on these 3 items.

Staledates: Discussed at the staledate meeting following the One Stop meeting.

The stale date issue was discussed at the Stale Date Meeting that followed the One Stop.

David is working on a report for stale dates, by department, to show cause and action items. Will bring next week for all to review.

Recon: Discussed at the staledate meeting following the One Stop meeting.

The Recon team has been pulled together to work on 3 different major projects. The October recon payments to date is 24,000, year to date, 191,000. The first project is the Sierra underpayments of implants, completed on 10/13, over 2M identified as underpaid. Hope to have completed by the end of the week, and given to Kathy Silver for review.

Cindy suggested that Geree Gonzalez, Contract Management, attend the UMC meetings. We have different interpretations of the contracts; the Trauma contract appears to be a real mystery. It would be quite helpful if Geree does attend the meetings.

The Recon team is also working on the Nevada Healthy Solutions and Nevada Checkup. This project should complete by 10/20. We are reviewing the 5% difference on paid accounts, between the 95 and 100%, underpaid charges and expected reimbursement.

The PCON system is still not working. Cindy has asked to attend the monthly meetings with Peter and feels that someone from ACS should also attend. May also help to setup a meeting with McKesson.

The Senior Dimension cases, all after 6/1/05, were not on a DRG payment basis, but on per diem. All but one had implants, which were paid at the straight per diem rate. Putting together a report to show the under payment and will send to Managed Care. After checking, we found that Senior Dimensions did not have a contract before.

Action: Greg will obtain the information on the payor, what they were paying and what they are now paying, and what the impact will be.

It was noted that general surgery reimbursements went from 26 to 11. Will run report by payor type for the entire year to at least find out why this is happening.

Action: Robert to do the math, find the differences between the 26 and 11, and how it converts to dollars. Believes to be several issues, should have information next week. Deb will do analysis of the same report; why the reimbursement is less.

David brought up the QA process. Verifying the accuracy of registration, a random check is in place. David would like to see the QA process discussed at a future One Stop Meeting.

Gross Revenue: TABLED

Gregg has the Vital Works, still working on Med Series. Gregg spoke to Sam, IS last week regarding the cash projection model. IS working to put everything on a weekly basis.

Training: TABLED

Tina has a training schedule for the clinics for New Employee Orientation. Ross asked that this be sent to Cindy as she will be working with Lynn Scott with the Clinics. The training is to be done in two parts. The first step, Debra Solerno will do most of the training for Vital Works at the Quick Cares. The second step, we are setting up here to do training in registration. Cindy spoke to Tracy regarding the addition of 1 FTE to do all training. Ross suggests that in registration, that they have annual refresher courses.

David brought up the QA process. Verifying the accuracy of registration, a random check is in place. David would like to see the QA process at a future One Stop Meeting.

Kathy Kelly: TABLED

Kathy touched base with Vicki and Tom this week. She plans to get together with Jackie Levy to find out when the notification to her staff will take place. Jackie's expectations of her staff is that they walk each patient to the discharge desk.

The Fast Track is in Vicki's hands. The plans are in the architects' hands to make some revisions. Should be done in about 2 weeks. Plans will go to Lacy and Richard for approval, will then go out for bid. Dr. Carrison is 100% behind the changes that have been made. His medical group needs to have billing space in the new fast track space, shared with admitting. Kathy hopes to meet with Vicki once per month.

Action: Ross asked for the percentage of patients seen that should have made payments. Ross would like an executive summary plan for the "Fast-Track" showing what the problem is, what was done, and how it will be fixed. Kathy will write an executive summary on the Fast Track for Ross.

Robert Donnert:

A meeting is being held this morning with Cindy. Bob Mills and Steve Gray spent two days in OR developing a marketing plan. The business plan is 80% complete.

Ross asked when they could carry 80 patients a day. Robert said it would be 6months to a year. Ross requested an executive summary on the OR and would also like to see the business plan. Four service lines are being targeted: Hand, Neuro, General and Urology.

OR:

Ross did pass on the e-mail to Richard regarding the. He will address with Lacy and Dr. Ellerton. We should hear something on follow up.

In regards to physician issues, Cindy reported that Richard is addressing the credentialing issue, as well as getting the physician their provider numbers at the HR level. When we hire physicians, this will be done as an HR process.

Judy noted that we are having problems daily with obtaining authorizations. Since the doctors are able to add people to the schedules late in the afternoon for the next day surgery, they are scrambling trying to obtain authorizations.

Greg and Judy working on true schedule for patients, when they were put on the OR schedule. An example showed that 52% of the patients were scheduled 3 days out, 48% lucky to get the authorization in the time allowed.

There is no change on authorizations as of yet.

RA 000731

Great Lakes:



After speaking to Sandy from the State, Ross felt that it had been decided not to give Great Lakes access to NOMADS. Ross feels that UMC Eligibility could sign on to the system giving Great Lakes access. Virginia said that we have all signed confidentially agreements and doing this, could put UMC at risk for losing access to the system. Virginia, Cindy, Ross to develop a plan to enable us to put this into effect.

Virginia has assigned someone to make this a priority. She will talk with Kevin about

Nancy Newman:



The discussions are moving forward with the PEDS and OPC clinics going on Vital Works. A meeting is scheduled for later this week. Nancy spoke the coordinator at First Health yesterday regarding testing on our system, possibly in November. We do not yet have the upgrades necessary to do the testing; we need to have 1 upgrade in Vital Works, 7 upgrades in Med Series before the MPI works. We pay want to form a committee to get this moving.

Vital works 4.4 is being tested. Met with Joanna Gorman, Dietician. They have everything setup and are ready to go, just waiting for provider numbers.

T fa

EFS Bid Process: ON HOLD

There is 1 full time EFS worker at Lied O/P, we could actually use one more at this facility. We have so many inpatients that go to Lied for their follow up. We are still working these patients through the inpatient environment at Lied; following up on those patients. The PEDS O/P clinic is another opportunity for an EFS worker. We do have and EFS worker and a Patient Account Rep at the Women's clinic. We are expanding staff at Enterprise; we have staff at Lied, Wellness, Womens Ctr. and Family Resource. We are pulling staff out of Spring Valley and Sunset.

The biggest issue goes back to the Spanish issue.

		·		
•				
	•			
Minutes approved by:				
	Ross Fidler, Director, ACS		Date	

Committee Minutes
November 21, 2006

Committee Members: Ross Fidler, Revenue Cycle Director; Diane Mazei, ACS Manager; Nancy Newman, operations manager Patient Financial Services; Virginia Carr, Director Elgibility; Haydee Florentino, Director Case Management; Becky Bratten, Director Health Information Management; Shundra Mosby, ACS Manager; Judy Smith, ACS Manager; Pat Huber, ACS Manager; Tina Melvin, ACS Manager; Kathy Kelly, ACS Manager; Kevin Ellis, Great Lakes Director; David Graham, ACS Manager; Cindy Charyulu, Financial Service Manager; Jo Wardle, ACS Manager; Geree Gonzales, Managed Care; Kevin Matthews, Great Lakes Manager

Absent: Kevin Ellis, Shundra Mosby, Kathy Kelly, Bill Taylor, Cindy Charyulu

Cash: Light. But we did get about a 1.3 million posted yesterday. Ross asked if there were any issues that would prohibit us from making the baseline this month. Virginia said that the Blue Cross check yesterday was 66 and the Medicaid check was 1.8. Run rate after posting self-pay was 1.4 million. That equals a run rate of about 2 million. Ross has asked Diane to see if that was an anomaly (a one time payment), or if it happened because the collections are now starting to come in. If that's the case, can we consistently count on 2 million. If we can, Ross said he is okay with keeping the contract in place.

ERA Status: Virginia said that it depends on how the contract goes forward.

Dr. Greenberg: Tabled until Nancy is present - L-ward

Discharge Dates: Tabled

Training: Clinic employees are being trained this week. Everything is going forward. Current staff will be trained in several sessions separated by Departments. Schedules are being set up now.

Ross requested a team of 2 ACS people come in to do an operational audit to make sure that we haven't missed something we could be doing. He wants a fresh set of eyes to look at what we're doing, how we're doing it, and to make recommendations. They will be at UMC on the 29th and 30th. Diane will put together as much information as possible before they get here, so they can be semi-prepared and get finished in 2 days. Ross told the group that they may be getting requests from Diane and Judy, ie. medical records, and to be prepared.

Staledates: Will be delayed. A number of people needed more time to work on their reports. Next meeting is scheduled for next Tuesday.

ACS team meeting cancelled today.

RA 000734

Open Discussion: Jo: So far Recon. identified 3 million since August and collected \$630,000. Just for November 979,000 has been identified. Geree: The Business Office has identified and streamlined the process for implants. Problem is that some of the implants which have a charge number were not put into the rev.codes in the contract to get paid. There was some discussion about how to resolve the issue. Billers have to manually intervene to get the charges numbers on correctly. Geree will work to resolve the problem. Becky: Policy and procedure was approved by the By-Laws Committee to have the doctors inform the Medical Staff Office first before they bring all new things into the OR. Diane: Research patients. In her opinion it's a very large project that should be run by clinical staff.

Ross Fidler, Revenue Cycle Director

Approved by:

Date

<u>NP1</u> 5/23

Committee Minutes November 28, 2006

Committee Members: Ross Fidler, Revenue Cycle Director; Diane Mazei, ACS Manager; Nancy Newman, operations manager Patient Financial Services; Virginia Carr, Director Elgibility; Haydee Florentino, Director Case Management; Becky Bratten, Director Health Information Management; Shundra Mosby, ACS Manager; Judy Smith, ACS Manager; Pat Huber, ACS Manager; Tina Melvin, ACS Manager; Kathy Kelly, ACS Manager; Kevin Ellis, Great Lakes Director; David Graham, ACS Manager; Cindy Charyulu, Financial Service Manager; Jo Wardle, ACS Manager; Geree Gonzales, Managed Care; Kevin Matthews, Great Lakes Manager

Absent: Kathy Kelly, Bill Taylor, Kevin Ellis

Dusty told Linda that the per diems had to go. Ross called Richard, who approved them, and also told Dusty to communicate directly with the Directors.

Cash: Diane wasn't finished running it yet, but it was light.

ERA Status: Virginia said that if ERA is not a pocket of money then the audit process goes away and it could possibly change how we deal with the accounts that are at PASC and the individual account requirements. She said we have to wait until the agreement gets completed and then it has to be looked at. No one has seen the agreement as yet. She said that nothing has to be done now, but we have to find out where the contact is because it will go back to July 1 when it is in place. It was decided to keep this as an open item just to keep track of any developments.

Training: Diane said they did one assessment yesterday. They have 3 more to go. Went as expected. Fourteen training classes are scheduled and classes are getting full. Diane said they were asked to go to Laughlin and they will go after the holidays.

OR: An auditor will be coming to do a PE (performance evaluation), which Ross said has been an effective marketing tool. They will ask questions, look at financial data, and determine if there are any revenue cycle opportunities. Hopefully, they will perhaps be able to identify some additional sources of cash that could be potentially available. They're also going to evaluate what hashappened. Ross said that if the baseline is accurate, we should be coming in higher and we're not.

What started this was the OR because that was where most of the money was going to come from. Cindy said that it might be helpful for this team to meet with Cindy Roher. She is chairing a committee with a strategic initiative specifically for the OR. That committee found significant findings on things that had to be changed.

Staledates: Table until David gets back.

Recon: Just about a million a month. Geree said she talked with Sierra and the checks will be coming through.

Implants: There was some discussion about implants, how they are coded, if they can be tracked and how to keep track of what is brought into the OR. Ross suggested talking to Marlo about forming a committee. Becky mentioned that it is important to make sure that the physicians are credentialed to perform the procedures they're using the implant for. Ross asked for a monthly usage report.

Research Patients: Diane will talk to Angela about the study and find out how it should be handled in terms of the amount of clinical input that is necessary.

Ross announced that the KPIs are due in his office next Monday

Medical Records: Ross asked about Robin. Becky said she is being provided with the same list at the same time as Robin. The charts delivered are being documented and Robin has to sign for them. Ross asked if there were still monthly calls with First Health. Diane had an issue about a week ago. Sje said they didn't give in to any issue but one. Ross said he had an agreement with Jeff and his boss (Warren) that we would bring our issues to them and not escalate them to Lacy or the State as long as they addressed them, and they were doing well for a while. Ross thought that if they're slipping maybe its time to put a call into Lacy. He said it might be time to put the current issues together and get Jeff, himself and Cindy together on the phone. Becky said that there are still some real issues.

Virginia said that she received notice from the State that their intent is to cut access to NOMADS off on the 11th. Their reason is that we don't have a business need and have some concerns about confidentiality. Virginia has a comprehensive draft response prepared and she is meeting with Don Haight. Ross asked if, since we are County, we can we use their access. Virginia said we might want to bring social services in and talk about reallocating the processes, but she wants to talk to Don first.

DNFB: \$16M. Becky put in a request for more money to supplement the staff. Carrie's people are working overtime to help with the ER piece of it, and the inpatient coders are on OT as well. Becky is confident that it will get back.

Medicaid: Nationally, Medicaid staledate time lines are 365 days. We operate under the pretense that its 90 days because that's the contract we have with First Health. Ross wants to know if there is something we can do about it. Geree will look into it. She needs to read the actual contract.

CDM: Ross asked Pat and Tina if the CDM is current. They said it was. Pat said there is a meeting about price increases this afternoon. Because the price increase wasn't put in effect in July, Floyd wants to see if he can make up the revenue by tweeking the price increase to more than 10%. Geree had a concern that a lot of the language in contracts for implants specify that we have to advise them in advance, if the prices are going to increase. Pat asked

M-N

Geree to see if she can attend the meeting. Diane expressed concern about the room rates, which need to be raised.

Ross asked Diane if we use a superbill or encounter form. He wanted to know if everything is being entered and registered. Becky said that Carrie would know about that. Becky will ask Carrie to check on it.

Cash Collections: Ross asked Judy to follow up with Kathy about what she is doing to increase cash collections in the ED. Diane said she would get the numbers from Renee in customer service.

Cindy: Wants to make everyone aware that a number of strategic things were identified by administration which need to be improved in terms of operational effectiveness. A couple these areas are Case Management and Admissions. A lot of people will be involved and they have the authority to make the changes that have to be made. She asked that everyone see this as an opportunity for improvement. Marlo wants to have some comprehensive plans in place by January.

Nancy: NPI

Virginia: Have to get the data mailings in place. Decision needs to be made.

Approved by:	D. Ellar Paranya Cycle Director	Date
	Ross Fidler, Revenue Cycle Director	Date

Committee Minutes December 5, 2006

Committee Members: Ross Fidler, Revenue Cycle Director; Diane Mazei, ACS Manager; Nancy Newman, Operations Manager Patient Financial Services; Virginia Carr, Director Elgibility; Haydee Florentino, Director Case Management; Becky Bratten, Director Health Information Management; Shundra Mosby, ACS Manager; Judy Smith, ACS Manager; Pat Huber, ACS Manager; Tina Melvin, ACS Manager; Kathy Kelly, ACS Manager; Kevin Ellis, Great Lakes Director; David Graham, ACS Manager; Cindy Charyulu, Financial Service Manager; Jo Wardle, ACS Manager; Geree Gonzales, Managed Care; Kevin Matthews, Great Lakes Manager

Absent: Bill Taylor, Kevin Ellis

Ross started the meeting by asking Kathy about a report stating that the \$160,00 was walking out of the ED and she wanted to put some kind of collection efforts in to get that under control. She said that cash collections logs from the month of October showed the potential cash collections for that month. This is a manual process that tracks the patients coming through the ED, determines if there was anything due to be paid, and tracks whether or not the amounts were paid. The October numbers were \$257,000 for self-pay and commercial. Ross asked if they were pressed for the money. Kathy responded that as of December they have put in place shift by shift accountability for going to the bedside and collecting cash. As of yesterday, \$3,943/day has been collected. Continuing on that track would almost double the goal. Ross asked if nursing is cooperating in the discharge area, if for some reason patients aren't being approached at the bedside. Kathy said that she needs to get Jackie Levy's cooperation. She is very supportive and understanding that patients have to get to the discharge window, but she was reluctant to introduce this concept to her staff and wants to wait 6 month to a year. Because there hasn't been cooperation from nursing due to staffing changes and the loss of a director, collections had to be handled at the bedside.

Haydee said that nurses need to be educated in what the healthcare business is all about. There was some discussion about whether it would be worthwhile to have nurses educated about hospital finances. Cindy said that a good start would be with the Cost Center Managers. Tracy Puckett has already thought about an orientation segment focusing on hospital financials. Cindy said that Jackie Levy has to be approached to find out what she is waiting for. Ross said to take the manual logs to Jackie and explain how her help is needed. Cindy asked Kathy to put this forward as an issue at the next admissions strategic team meeting.

Becky: Suspense days is at 20 million. Daily average revenue is about 4.6. DNFBs at the end of the month were at 8 million. Today it was 13 million. Becky said its under control. The delinquency rate is at 51%. Becky said that Med Staff is on it and the marketing team is on it. December is always high, but it will drop. Becky said that Dr. Ellerton is also working to help get the rate down.

\mathred{\pi_0}

Shaker Shaker

KPIs

Judy/Kathy — At present there is a 32 minute wait time. The target is 20 minutes. HFMA best practice is less than 10 minutes. Ross asked if that can be cut down? Kathy said there are 2 problems. Triage is clicking off an EMSTAT that the patient is ready to be registered when in actuality, the patient has only begun triage. The patient is called to be registered. The clock is ticking, but the patient isn't answering because he/she is still in triage. Ross asked if anything can be done to stop EMSTAT staff from clicking off 6 patients at one time. Kathy said that part of the problem is that nursing assistants are working triage instead of nurses and they're all new. Ross wants to find out if its alright to do that. Kathy will follow up. Another problem is that sometimes there aren't enough registrars to register the patients at one time, so they wait. Because of this the wait time is not accurate. Straight backs may not have been entered in EMSTAT right away because they've gone to a bed already and

Ross said that when processes are found to be broken, they need to be changed. The question was raised about how to stop physicians from scheduling patients within 72 hours without an authorization. Ross said that he will follow up with Richard about that.

registration doesn't even know that the patient is there. There is one person dedicated to work

on the criticals, but when it gets busy, there are going to be delays.

By next Tuesday, Ross wants, a list from everyone, identifying processes that have to be fixed, things that need to be changed, new processes that have to be written. Next, those things will be prioritized. After that, a current state flow chart will be developed showing what it should look like if processes were followed the way it should be done.

Virginia: Cases to Great Lakes. Target was 300. In October it was 189. Virginia said that she doesn't know if there is a 300 target population every month. She will look into it. She needs to go back and look at the history and make sure that the right cases are being sent. Ross said that these KPIs should probably be revised.

Cash collections continue to drop. Virginia said that most everything is going to PASC now. Once a patient is not eligible, the account goes to PASC. Virginia said that some staffing issues are a problem and that has to be worked on. PASC collections – Oct. was okay, November was better.

David: Staledate write offs went from .82 to 4.2. These are all October numbers. By discharge date the majority were from previous fiscal years. Cindy said that this needs to be clarified because the staledates aren't from the current fiscal year. She suggested a revision to read: staledates submitted based on current year revenue (prior fiscal year). Denials on overturn rate: slipped a little. These are just denial overpayments that were overturned.

Denials themselves went up. David said that some of it was staledate denials. This drives the overall denial rate up. These are just the denials that have been written off. The group agreed it would be good to know what the overall total denials are and not just the overturn. It was

To last

and like

suggested that another column be added above the overturn rate and called Total Denials. There will be 3 columns – Total Denials, Overturns, Write Offs. Customer Service: Improved on length of time calls are on hold by almost a full minute. There are still dropped calls at 34 These are calls that come in and wait for longer than a certain amount of time and hang up. Géree: First Health Agreement. There is no formal contract. The hospital agreed to the terms on the F.H. website as a provider. The Medicaid agreement states 180 days. Ross asked David to make sure he's reviewing staledate requests from Medicaid making sure that the timing is 180 days from date of decision. Ross asked if UMC was working toward the NPI. This has to be brought up again at ISCC meetings. The target date is March, but it appears that IS is not looking at a correct date. Cindy recommended that Ross talk to Richard. The remainder of the meeting was not recorded. Please accept the secretary's apology. Date: Approved by:

Ross Fidler, Revenue Cycle Director

Committee Minutes December 12, 2006

Committee Members: Ross Fidler, Revenue Cycle Director; Diane Mazei, ACS Manager; Nancy Newman, Operations Manager Patient Financial Services; Virginia Carr, Director Elgibility; Haydee Florentino, Director Case Management; Becky Bratten, Director Health Information Management; Shundra Mosby, ACS Manager; Judy Smith, ACS Manager; Pat Huber, ACS Manager; Tina Melvin, ACS Manager; Kathy Kelly, ACS Manager; Kevin Ellis, Great Lakes Director; David Graham, ACS Manager; Cindy Charyulu, Financial Service Manager; Jo Wardle, ACS Manager; Geree Gonzales, Managed Care; Kevin Matthews, Great Lakes Manager

Absent: Virginia Carr

riggi veri 🐈

The meeting began with the announcement that this morning's stale date meeting was cancelled.

Kathy: Ross asked Kathy where they were on the collections. Kathy said the average is about \$1,000/day. Ross wants them to figure out a way to capture as much as possible. Kathy mentioned an incident where the staff was going to bedside asking for co-pays, and the nurses told the patients not to worry about it, these people are just doing their jobs. Kathy has the name of one of the nurses and will follow up on it. Ross said that point-of-service collections have been increased from 2 -3 million to 3 - 9 million/month and that every opportunity to ask should be taken.

There was some discussion about a patient who came into the ER wanting to make payment arrangements and found no one in the EFS office to assist her. She was ultimately sent to Tyrone in the admitting office. It was agreed that there should have been one or more people in EFS to assist her and the patient should not have had to search for someone to help her.

Becky: Yesterday the delinquency was 49. Today it was 48. Daily average revenue last month was about 4.5. Becky said that they're still recruiting for another coder.

David: Ross thinks he has everything for the KPIs for November except for a chart on the number of claims that have errors that failed. David said that the average chargemaster error per claim is .35. He also has listed the volume of errors on the chart. Ross asked what he has to do to get these in a graphic format. David said he could get the draft done by Wednesday.

Virginia: Great Lakes discussion will be tabled until Virginia returns.

Wording on the KPIs were changed.

Ross wanted to know if there was anything new on the stale dates. David said his biggest concern is that we have over \$6 million worth of stale dates posted through the adjustment code of untimely filing. Right now the old policy doesn't require those to go through his desk. Most of these have a discharge date prior to 2005. David wants to be able to do some

sampling of accounts that after that discharge date to see what the root causes are. Roiss recommend that everything should go through an approval process Customer Service: Becky saw a piece on the news in which a reporter was telling patients not to pay bills without getting proof that you were a patient. An interviewee said that our billing 1 meder 300 los 300 los practices are horrible. . First Health: Ross wanted to know about First Health accounts, based on the information that Geree brought last week, stating that we now have 180 days. David will run a report to see if anything was written off that should have been re-billed. Cindy said she would be surprised if anything had been written off yet. Diane: Employees are very excited to have the new training program. Classes are full. They're planning to go to Laughlin, Circly: Wanted to know if group had submitted to Ross, their opinions of processes that need to be changed. She wants to review them and asked to have them e-mailed to her. Nancy: Still concerned with IS issues. Cindy thinks that there might be some changes in how the committee functions given the new organization structure. She spoke about the new Organizational Structure which will be generated to the public today and reminded everyone who was invited to the Dec. 20 meeting to make sure they attend. Geree: Was working on an agreement with Nevada Care for the month of December only, but it has been delayed because a new contract has to be written. Dhe cros course Approved by: Ross Fidler, Revenue Cycle Director Date

UMC Committee Minutes January 2, 2007

Committee Members: Ross Fidler, Revenue Cycle Director; Diane Mazei, ACS Manager; Nancy Newman, Operations Manager Patient Financial Services; Virginia Carr, Director Elgibility; Haydee Florentino, Director Case Management; Becky Bratten, Director Health Information Management; Shundra Mosby, ACS Manager; Judy Smith, ACS Manager; Pat Huber, ACS Manager; Tina Melvin, ACS Manager; Kathy Kelly, ACS Manager; Kevin Ellis, Great Lakes Director; David Graham, ACS Manager; Cindy Charyulu, Financial Service Manager; Jo Wardle, ACS Manager; Geree Gonzales, Managed Care; Kevin Matthews, Great Lakes Manager

Absent: Judy Smith, ACS Manager; Pat Huber, ACS Manager; Tina Melvin, ACS Manager; Kathy Kelly, ACS Manager; Kevin Ellis, Great Lakes Director; Kevin Matthews, Great Lakes Manager

I. Ross Fidler:

- Ross introduced Dennis Macklin, ACS Manager to the committee.
 Dennis will be taking over the Staledate and the BERT activities that David was doing.
- Ross has been promoted to a new position within ACS. He will be in charge of the "At Risk Projects" but he will still continue many of his responsibilities at UMC.

Diane has moved into the Revenue Cycle Director role and Jo Wardle will be moving into Diane's former position of Patient Accounts Director. David Graham will be the Assistant to the Director of Patient Accounting, supporting Billing and Follow-Up. This is effective immediately.

Action: Ross and Diane will produce an action plan.

 Ross received final numbers from Kathy. The ED collected \$26,000 for the month.

Action: Kathy is working on a "Walk-Out" report to validate numbers. Nursing needs to cooperate with the 'Discharge Desk".

• KPI's are due this Friday as the next meeting is a week from Wednesday.

II. Medical Records-Becky Bratten:

 Delinquency was at 44. DNFB's are at \$14M. Becky stated a plan is in place to hire more staff.

Action: Ross would like suspense days re-reviewed.

• Late Charges & Charge Entry: A discussion regarding late charges and charge entry ensued. Late charges from the 10-day out point range from \$6M - \$10M. ACS is working on the charge entry piece.

Cindy commented that until the next budget year the two FTE's that are responsible for the OR charge capture will actually be reporting through the Revenue Cycle. They will have additional responsibilities. The change will occur immediately.

III. Great Lakes:

 At the Executive Revenue Cycle Meeting last month, Kevin Ellis and Bill Taylor commented they are having major issues with the accounts not being billed on time. Ross asked them to send examples.

The process was changed as to where the approvals would go directly to the billing office to make copies. Virginia has approved of this new process as long as she gets copies from Kevin or Diane along with the listing.

Action: Diane will call Kevin and follow-up regarding the specifics of the new process.

IV. <u>David Graham:</u>

It was discussed that Floyd still has staledates from last fiscal year end.

Action: Cindy Charyulu will get the staledates from Floyd and give it to Patient Accounting to review.

- Cyndie Spallitta is working on a project to clean up the credit balances.
- Jenny, the programmer working on the staledate web application asked David to put this item on the Steering Committee task list. Cindy states it is on the task-list.
- Jenny is creating a workflow process and will present the process to Nancy and David and add any necessary information before it is finalized.
- David instructed the committee to use the goldenrod form until the new web page is completed.

Action:

- Becky and Cindy will confirm the work order #CR124940 is on the Steering Committee task list.
- Cindy requested a formalized list of criteria of what each area uses to identify staledates and what tools we are using to make sure it doesn't get to this point.
- David will review the sampling of accounts after the discharge date/root cause and have an answer by the next One Stop Meeting.

V. Medicaid RA:

The very large Medicaid RA has been posted and scanned into Global 360

VI. Pharmacy/Lab Charges:

 Cindy Rohr emailed Cindy Charyulu regarding direction with handling charges being put on accounts incorrectly in Pharmacy and Lab. Cindy will forward the email and push for an active resolution.

Action: Cindy asked Nancy for her involvement and to give her examples to resolve this issue.

VII. First Health:

 Jo and Becky created a new form to improve First Health certification workflow for the retro eligible patients

Action: Jeff Shaw is scheduled to meet with Jo, Nancy and Becky on the 10th of January.

VIII. Patient Account-Diane Mazzei:

• Diane and Leslie continue training the Care Centers and have scheduled future classes.

IX. Patient Accounting- Nancy Newman:

• First Health Billing Forms: Nancy Newman stated that First Health has informed Patient Accounts that as of Maria 1, 2007 the UB04 is required to be submitted for billing electronic and paper claims. As of April 2, 2007, the revised 1500 is required to be submitted for billing our electronic and paper claims.

Action: Cindy asked that Nancy send an email with this information to Doug Northcutt, Richard Powell, Greg Boone, Cindy Charyulu and Ernie McKinley.

 Amgen Drug Audit: Nancy requested an update on the Amgen Drug Audit, Cindy had not heard anything as of yet.

X. <u>Managed Care-Geree Lopez-Gonzales</u>:

- Venetian Agreement: The Venetian agreement is completed.
- Sierra Contract: The problem with the Sierra contract pertaining to infants is interpretation. They thought with the amendment the issue would be resolved but it is still not clarified.
- Great West: It was recommended that Kim Golding research the possibility of the provider manual being accessible online.

804



 Medicaid HMO Anthem: Several issues have been identified since Anthem began processing claims. The training that was provided in the prior months did not address issues that have currently arisen. Geree will request that Anthem provide additional training.

XI. ED Observation:

 Cindy Charyulu and Dennis Dufak spent several hours in the ED reviewing different processes. They have identified many opportunities for improvement. They worked with Anna Fay and learned there may be issues about HPN Physicians and the observation status. OW

Action: Cindy asked that an admissions report for the last quarter be requested identifying HPN Physicians and Admit status.

Approved by:

Io Wardle, Revenue Cycle Director

010807

Date