



HFMA Appalachian Chapter of Central Pennsylvania  
*EDUCATION SESSION*

# **ICD-10, HIPAA 5010, RAC Panel, Payment Processing and Automation, Red Flag Rules**

## **Wednesday, July 29, 2009**

### **Meeting Information**

**PROGRAM OBJECTIVES:** To provide education on: (1) technology solutions and processing options that can be used to electronify your payments and remittances and streamline your payment posting; the costs and benefits of each solutions; (2) why we need ICD-10, the impact to your organizations budgeting, staffing, documentation training, coding, billing and IT; what you should be doing NOW; (3) RAC's – discussion versus appeal strategies, recoupments versus refunds, paying interest, voluntary repayments and self disclosure, booking reserves for RAC-related claims, websites and electronic communication; (4) the benefits of implementing the new HIPAA 5010 transactions and discussion as to whether the improvement/changes will improve your administrative processes, if the cost of implementation will be repaid in returned value (5) basic requirements under Red Flag Rules, the definitions which determine whether your organization must develop a program, how to plan for compliant practices under the rule.

**TARGET AUDIENCE:** Chief Executive Officers, Chief Financial Officers, Financial Directors/Managers, Patient Accounting Directors/Managers, Compliance Officers, Health Information Directors/Managers, RAC Team members

**PREREQUISITES:** Advanced Preparation is not required

**CPE CREDITS:** 7.00 Other CPE hours

**DRESS:** Business Casual

**LOCATION:** Wildwood Conference Center, Harrisburg Area Community College  
One HACC Road, Harrisburg Phone: (717) 780-2678

*Directions to this location available on the Chapter's website at:*  
[http://www.centralpahfma.org/Directions\\_HACC\\_WildwoodConfCenter.pdf](http://www.centralpahfma.org/Directions_HACC_WildwoodConfCenter.pdf)



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## **AGENDA**

- 7:30 a.m. Board Meeting**
- 8:30 a.m. Registration and Continental Breakfast**
- 8:55 a.m. Welcome and Announcements**
- 9:00 a.m. Is Your Payment Processing Receiving the Right Dose of Automation?**  
*Margaret Dowling, Vice President/Senior Product Manger. PNC Healthcare*
- 10:00 a.m. Break**
- 10:15 a.m. The Why, What and How of ICD-10: Organization Change and Financial Impact**  
*Maria Buonos, RN, MPM, CPC-H Product Manager, Wolters Kluwer Law & Business*
- 11:15 a.m. RAC Panel Discussion**  
*Maria Buonos, Facilitator; Tom Herrmann, JD Vice President Strategic Management Services, LLC; John Miller Senior Vice President, Prospective Payment Specialists; Tom Peifer, Director, Billing and Claims Management, Hospital & Healthsystem of PA; LCDR Brian Elza, CMS; CDR Marie Casey, CMS; Christina A. Hughes, JD, MPH, Powers Pyles Sutter & Verville, PC*
- 12:15 a.m. Lunch**
- 1:15 p.m. RAC Panel Discussion (continued)**
- 2:15 p.m. Break**
- 2:30 p.m. 5010 HIPAA Upgrade – Will Implementation Provide Benefits?**  
*Don Bechtel, Standards & Regulatory Manager, Siemens Medical Solutions, Co-Chair of Health Care Task Group, Accredited Standards Committee (ASC)X12*
- 3:30 p.m. Red Flag Rules – Are you Compliant?**  
*Michael Lane, Director, Health Care Finance Policy, The Hospital & Healthsystem of Pennsylvania*
- 4:30 p.m. Day End Raffle and Announcements/Adjournment**



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**FAST FAX RESPONSE**

**TO: Carrie Frey**  
 Memorial Hospital

**FAX #: (717) 849-5755**

**Registration Form**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_

HFMA MEMBER?  Yes  No

ATTENDING LUNCH?  Yes  No

*The following individual(s) also will attend:*

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 HFMA MEMBER?  Yes  No ATTENDING LUNCH?  Yes  No

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 HFMA MEMBER?  Yes  No ATTENDING LUNCH?  Yes  No

Educational seminar fee includes materials and lunch.  
 HFMA or AAHAM Member – **\$65** Student/Retired/Unemployed Member - **\$30**  
 Non-HFMA Member - **\$75**

**Make check payable to: HFMA APPALACHIAN CHAPTER**

Please **Fast FAX registration form by July 21, 2009** and follow-up with a check to:  
 Carrie Frey, Reimbursement & Budget Manager  
 Memorial Hospital  
 325 S Belmont Street, York, PA 17403  
 Phone: (717) 849-5450 Fax: (717) 849-5755 Email: Cfrey@mhyork.org

Sponsoring Member Name: \_\_\_\_\_  
 Sponsoring Member Number: \_\_\_\_\_

**Please Note: To avoid being charged the full registration fee, cancellations MUST be made 72 hrs prior to the meeting date by calling or emailing Carrie Frey. Thank you.**



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## **Speaker Biographies**

### **Donald Bechtel**

#### **Siemens Medical Solutions, Healthcare Data Exchange**

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Don Bechtel is a Standards and Regulatory Manager for Siemens Medical Solutions, Health Services Division (Siemens HS) and Chief Privacy Officer for Healthcare Data Exchange (HDX, a division of Siemens HS) since 2001. Don's duties include positioning Siemens HS and HDX for standards and regulatory compliance, with respect to privacy, security, and X12 transaction standards.

Don has been employed with Siemens HS (formerly SMS) since 1969, where he has held a variety of technical and management positions in operations, product development, field operations, new business development, standards and regulatory compliance. Product areas have been specifically focused on hospital and large clinic customers and include: patient accounting, patient billing, patient management, EDI clearinghouse services and networking, privacy and security, and payroll and personnel.

Since 1990, Don has been involved in a research and development project with SMS that led to the formation of HDX. Since that time, Don has been focused on health care EDI and related privacy and security issues associated with information exchange. He has been advocating the advantages to seamless EDI integration with external systems such as, communications with health plans, among provider organizations, public health organizations, and banking institutions. In support of the product solutions that Siemens believe our customers want, Don has been actively involved in the development of EDI standards at X12, HITSP, CCHIT, and industry education and advocacy at organizations like HIMSS, WEDI, and AFEHCT.

Since 2000, Don assumed the additional role of Chief Privacy Officer for HDX, a health care clearinghouse. Don's responsibilities include development of policies and procedures to maintain the privacy and security of the health information that is used and maintained by HDX; to ensure that these policies and procedures remain current and relevant with changing laws, technologies, and environment; and to maintain a continuous risk management program.

### **Maria T. Bounos RN, MPM, CPC-H**

#### **Product Manager, Wolters Kluwer**

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Maria joined Wolters Kluwer during the fall of 2007 and is currently the Product Manager for Regulatory and Reimbursement software solutions. She is responsible for product development, maintenance and enhancements and business development. She has 20 years of experience in health care, including nursing, coding, and health care consulting. Specializing in regulatory compliance, reimbursement, and process improvement, Maria has led improvement projects that have delivered significant financial benefit for large academic medical centers as well as mid-sized community hospitals and critical access hospitals.

Prior to joining Wolters Kluwer, Maria was a Senior Manager with GE Healthcare and led large revenue cycle projects, developed service line offerings and mentored consultants. Prior to GE, Maria was Vice-President Operations for a national management consulting firm, specializing in reimbursement, operational improvement, and regulatory issues. The firm provided on-site consulting services as well as web-based applications to help hospitals review and maintain their charge description master (CDM), outsource CDM management, perform outpatient and inpatient

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## **Speaker Biographies**

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coding compliance reviews, and assist in answering corporate integrity agreements. In this role, Maria was responsible for developing and maintaining the operating budget, developing and implementing the training program for new employees, sales and implementation of web-based applications, and being the client executive for onsite engagements, as well as, providing consulting services to clients.

Maria has a Masters Degree in Public Management with Concentration in Health Systems from Carnegie Mellon University and a B.S. degree in Nursing from Carlow College. For calendar year 2006, she was the Greater Pittsburgh Chapter President of the American Academy of Professional Coders.

### **Commander Marie Casey**

#### **The Centers for Medicare & Medicaid Services**

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Commander Marie Casey joined the United States Public Health Service Commissioned Corps in 2002 after serving for seven years on Active Duty in the US Army. She holds a Bachelors of Science Degree in Nursing and a Masters Degree in Public Health.

Marie joined CMS during 2002 as a Health Insurance Specialist, in the Division of Medical Review and Education. During 2005, she assumed the role as Technical Advisor for the Division. Previously, she served in a variety of roles within the Division of Medical Review to include; Contractor Evaluation Team leader; Medical Review Home Health and Skilled Nursing Facility subject matter expert; and Part A Medical Review team leader. Marie currently serves as the Deputy Director in the Division of Recovery Audit Operations.

### **Margaret Dowling**

#### **VP/Senior Product Manager, PNC Healthcare**

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Margaret Dowling is Vice President and Senior Product Manager for PNC Healthcare, specializing in cash posting and collection automation.

Employed by PNC Bank for 23 years, she manages a team that develops and manages products for PNC's Healthcare vertical. Current projects include PNC's new IOCR Advantage platform, which converts paper Explanations of Benefit to "manufactured" 835s, Remittance Advantage, a PNC Web portal that facilitates the exchange of remittance information and payments between payers and providers, and enhanced 835 services offered through PNC Healthcare Advantage, including denial management and payment matching tools.

Margaret graduated with honors from Bryn Mawr College and holds an MBA (Finance) from the University of Mississippi. She is a Certified Treasury Professional.

### **Lieutenant Commander Brian Elza**

#### **The Centers for Medicare & Medicaid Services**

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Brian received a Masters in Physical Therapy degree from the University of Maryland Baltimore (UMB) School of Medicine during 2001. Upon graduation, he practiced physical therapy in outpatient settings around the Baltimore metropolitan area. While working full-time, he returned to UMB and received a Doctor of Physical Therapy (DPT) degree during 2003.

Brian began his federal career during March 2003 with the Indian Health Service (IHS) in Arizona, where he worked, and lived, on the Hopi Indian reservation. He was commissioned into the United States Public Health Service (USPHS) later that same year. During his more than two-and-a-half years of service there, he provided direct patient care, including physical therapy and

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wound care, to the Native American population. While there, he also served as Acting Chief of Physical Therapy, President of the Hopi Commissioned Officer Association (COA), and an Associate Recruiter for the USPHS. During October 2005, Brian transferred to the Gallup Service Unit in Gallup, New Mexico, where he continued to provide direct patient care as well as serving as the Center Coordinator for Clinical Education (CCCE).

Brian is a Board Certified Orthopedic Clinical Specialist (OCS), through the American Physical Therapy Association (APTA), a Certified Strength and Conditioning Specialist (CSCS), through the National Strength and Conditioning Association (NSCA), and an APTA Credentialed Clinical Instructor. He has been a member of the USPHS Rapid Deployment Force (RDF) Team #5 since June 2006.

Prior to his entering the field of healthcare, he received a Bachelor of Arts degree in Visual and Performing Arts-Music from the University of Maryland Baltimore County (UMBC), where he majored in classical guitar. He has performed and taught music for almost 20 years. He recently performed with the USPHS Ensemble at the 2008 Commissioned Officer Foundation (COF) Conference in Tucson, AZ.

Brian returned to Maryland and started working at CMS during August 2008. He is looking forward to serving on the RAC team and assisting in the implementation of the nationwide program.

In his spare time, Brian enjoys spending time with his wife of 18 years, Lily, and his 6-year old son, Nicholas. He also enjoys playing and listening to music, woodworking, and the martial arts.

### **Thomas E. Herrmann, JD** **Strategic Management**

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Mr. Herrmann is Vice President at Strategic Management Services, LLC (SMS), engaged in risk assessment and remediation in the health care industry, as well as the evaluation of provider and practitioner compliance with legal and programmatic requirements. He is also involved in compliance program development, implementation, and review activities. He joined the firm after 30 years federal service in various positions in the U.S. Department of Health and Human Services (HHS). Most recently, Mr. Herrmann served as an Administrative Appeals Judge on the HHS Medicare Appeals Council. He was involved in adjudicating cases involving eligibility, coverage, and payment for health care items and services claimed as furnished to Medicare beneficiaries, considering appeals of lower level Administrative Law Judge decisions.

For most of his federal government career, Mr. Herrmann worked in the HHS Office of Inspector General (OIG). This included serving as Acting Director of the OIG Office of External Affairs (OEA), and supervising various OEA divisions, including the Office of Congressional Affairs, Office of Public Affairs, Office of Freedom of Information Act, and Executive Secretariat. He managed the operations of OEA and coordinated OIG testimony and participation in Congressional hearings, briefings, and meetings. He also held the position of Special Counsel for Legal Policy in OIG, and provided advice to senior staff on legislative and regulatory issues relating to Medicare, Medicaid, and other HHS programs. He supervised policy professionals engaged in legislative and regulatory matters, developed and responded to legislative proposals relating to fraud, waste, and abuse in HHS programs, drafted legislation and testimony for the OIG, and developed regulations implementing OIG legal authorities for imposing administrative sanctions. He also evaluated requests filed by health care providers for reinstatement to participate in the Federal health care programs after exclusion, chaired a joint OIG/CMS Task Force on Managed Care, and served as the OIG's representative on the Federal Interagency Suspension and Debarment Coordinating Committee.

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### **Christina A Hughes**

#### **Associate, Powers Pyles Sutter & Verville, PC**

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Christina A. Hughes is an associate with Powers Pyles Sutter & Verville, PC, a law firm based in Washington, DC that focuses on health care, education, and the law of tax-exempt organizations. Christina's practice focuses on assisting healthcare organizations in complying with the federal Medicare and Medicaid programs, including issues related to reimbursement, fraud and abuse, and various business transactions.

Over the past few years, Christina has been centrally involved in orchestrating thousands of claims through the administrative appeals process, including providing extensive drafting assistance on appeals documents to clients and playing a key role in oral administrative law judge hearings. Christina regularly provides guidance to clients on navigating the appeals process and dealing with the various parties involved. She is also actively involved in the appeal efforts undertaken by the Fund for Access to Inpatient Rehabilitation (FAIR Fund).

Christina received her Juris Doctor and Masters of Public Health from the George Washington University. While in law school, she was employed with the Office of Counsel to the Inspector General for the Department of Health and Human Services and served as a legal intern with the Civil Fraud section of the US Department of Justice. She also worked as a Health Policy Fellow with the National Academy for State Health Policy on issues such as Medicaid reform. Ms. Hughes graduated *magna cum laude* with honors from John Carroll University with a Bachelor of Arts in Political Science.

### **John Miller**

#### **Senior Vice President, Prospective Payment Specialists**

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John has been working with PPS for more than a dozen years in various capacities. In 2007, he became senior vice president. In early 2008, recognizing the tremendous impact the RACs would have on US hospitals, along with the difficulties experienced by PPS clients during the demonstration phase, he began developing PPS's RAC practice, the first new practice area in PPS's 17-year history. Since then, he retained a former RAC subcontractor as the practice's technical chief and tracked best practices in RAC preparation and appeals.

### **Thomas A. Peifer, Director, Billing and Claims Management, The Hospital & Healthsystem Association of Pennsylvania**

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Thomas Peifer has been with the Hospital & Healthsystem Association of Pennsylvania (HAP) since 1981. He is primarily responsible for reviewing and evaluating proposed Medicaid and Medicare regulations and policy changes on billing issues, and has extensive knowledge of the third-party payor claims processing system. On a daily basis, Tom works with hospitals, insurance companies and state offices to ensure the questions, concerns, and complaints originating from hospital business office personnel are addressed and resolved. Tom often plays the key role of mediator between hospital staff and the Department of Public Welfare toward meeting the billing and business office needs of HAP-member hospitals.

Tom is the primary author of HAP's CFO Memos, HAP's primary communication distributed routinely to CFOs and other finance department staff at HAP's over 250 member hospitals and health systems throughout Pennsylvania.

In addition, Tom spends a significant amount of time talking with, and visiting, individual member facility business offices throughout the state, providing updates on current issues, elaborating on

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changes to Medical Assistance, answering questions, and offering guidance on the many different areas of billing and claims management. Tom often speaks at professional association meetings in the state, such as AGPAM, HFMA and SPAM, about topics ranging from workers' compensation, the Recovery Audit Contractor (RAC) program, the state's Bureau of Program Integrity audit activities, and more.

Tom is an appointed member of the Department of Public Welfare's Medical Assistance Advisory Committee (MAAC) and serves as Chair of the MAAC's Fee-for-Service Subcommittee. He is also an active Board Member of the Keystone AAHAM Chapter and serves as Legislative Liaison. He attends and speaks at the quarterly Accounts Receivable Committee meetings of the Hospital Council of Western Pennsylvania.