

INSIDE THIS ISSUE...

Words from the President 1

Understanding the OCE is Key to Successful Outpatient PPS Payments 3

Past Presidents Continue to Speak Out 4

Proposed Rule Change for Calculating Medicare Outlier Payments 5

Welcome New Members! 5

A Dozen Ways to Reduce Stress 6

CMS Publishes New Modifier 6

Provider Bad Debt Payments 7

Home Health Quality Initiative 7

Reminder – Expiration of the Rural Add on for Home Health 7

The Renewal Notice is in the Mail 7

Spring Program Agenda 8

Spring Program Speaker Highlights 9

Corporate Sponsors 10

REGISTER NOW!

OHFMA’s Spring Program for this year will be at the Renaissance Hotel Oklahoma City, Oklahoma

April 2 and 3, 2003

Registration forms and agenda are available. Contact Lloyd Haggard if you need a copy.

Room reservations may be made by calling (405) 228-8000.

You will not want to miss it!



Words from the President



Dear Fellow HFMA Members:

As our nation embarks upon war in the Middle East and back home we are faced with growing challenges in the health care industry, it becomes harder and harder to find the time to keep up our desired level of involvement in volunteer activities. Yet it is the fruit of the labors of volunteers that allows us to enjoy all the great benefits available to us in the United States. I challenge you to sit back and think about the individuals in your life who have influenced you or your family members - the scout leader, the deacon at your church, the soccer coach, Red Cross volunteers, hospital volunteers.

Although HFMA does not have the same social significance as these organizations, it does influence our lives through its impact on our careers – knowledge, sharing, education and training, certification, networking. HFMA has very few paid employees, and they are all at the national office. So most of these services and products are provided through people like you and me who are serving the organization in leadership roles or by contributing to various initiatives and service products. Likewise, our chapter relies on volunteers. And as I have told you in previous letters and presentations, because we recognize the conflicts inherent with time management, our chapter has developed a unique leadership-training program.

Our second Leadership Training Conference (OKLTC) was held on March 7 in Oklahoma City. We had 20 HFMA members registered, and we put them to work! That's not to say we didn't have fun, too. We met for dinner the evening before and I have to say it was the best gathering of HFMA members we have ever had. You would think with such a large group of people, that there would be multiple conversations ensuing. But rather, these folks carried on a single conversation, sharing ideas, laughing, and enjoying each other's company. The OKLTC evaluation reinforces the level of success that I believed we achieved with the program. I think this comment was the best: "Outstanding. I only wish more members were there, because this generates involvement." So, getting back to my opening theme about war, Uncle Sam wants you and your Chapter does too!

P.S. The only complaint that was persistent through both meetings was the quality of lunch. I guess our chapter members like to eat! I'll have to do something about that for our next OKLTC. Hope you will join us!



OHFMA Leadership 2002-2003

OFFICERS

President
Ann Paul
(918) 624-4619

President Elect
Lloyd Haggard
(918) 584-2900

Vice President &
Newsletter Editor
Wanita Pennington
(918) 684-2173

Secretary
Vicki Lacy
(405) 297-7159

Treasurer
Becky Speight
(918) 584-2900

DIRECTORS

Karen Hendren
(405) 742-5729

Bryan Bodnar
(918) 584-2900

Kevin Cox
(918) 787-3405

Anita Lollar
(580) 421-1413

Meegan Carter
(405) 440-8875

Rick Kelly
(918) 494-1870

HFMA & THE INFORMATION AGE

Are you currently receiving "HFMA Wants You to Know," a weekly email for HFMA members? If not, and you would like to receive a free subscription, send an email to memberservices@hfma.org.

The Oklahoma Chapter has implemented email distribution of the chapter newsletter and other updates. We will continue to mail newsletters to those members for which we have no email address. If you do not receive the email version and would like us to have your email address on file, please email Lloyd Haggard at lhaggard@bkd.com.

If you need to change your member demographic information, including your email address, contact memberservices@hfma.org.

WE WANT YOUR FEEDBACK!

Do you have ideas on topics for upcoming educational programs? Are there ways we can serve you better either through networking opportunities or educational initiatives? Other comments or suggestions?

Call or e-mail:

Ann Paul • (918) 624-4619
paula2@aetna.com

Lloyd Haggard • (918) 584-2900
lhaggard@bkd.com

OHFMA Committee Chairpersons

Membership	Meegan Carter	(405) 440-8875
Programs	Lloyd Haggard	(918) 584-2900
Certification	Art Mires	(580) 762-6219
Davis Management	Vicki Lacy	(405) 297-7159
Management Practices	Ken Simpson	(918) 579-1059
Corporate Sponsors	Louise Littlejohn	(405) 682-8088, ext. 121
Scholarship	Regan Calhoun	(918) 494-7359
Managed Care	Ann Paul	(918) 624-4619
Medical Group Practice	Andrea Rizer	(918) 497-3324
Job Placement	Ed Casteel	(918) 481-4626
Golf Tournament	Rick Kelly	(918) 494-1870



EDITORIAL POLICY

The statements and opinions appearing in articles are those of the author and do not necessarily reflect the view of the Oklahoma Chapter, the Healthcare Financial Management Association, or the editor. The editor reserves the right to edit material and accept or reject contributions whether solicited or not. All correspondences are assumed to be released for publication unless otherwise indicated.

© 2001 OHFMA

ADDRESS COMMUNICATIONS TO:

Lloyd Haggard, CPA, CPC
BKD, LLP
Williams Center, Tower I
1 West 3rd Street, Suite 1700
Tulsa, Oklahoma 74103-3531
Phone: (918) 584-2900 • Fax: (918) 584-2931
E-mail: lhaggard@bkd.com

Understanding the OCE is Key to Successful Outpatient PPS Payments

To bill for services properly, you have to have a clear understanding of the rules of the game. That's hard to do, though, with the outpatient prospective payment system (PPS). This dynamic system, which requires quarterly revisions to HCPCS procedure codes, APC Grouper logic, edit logic, and pricing rules, is poorly suited to the staid standard rule-making procedure of publishing proposed and final rules in the Federal Register.

As an alternative, CMS has disseminated considerable information about OPPS through program memoranda. Experience with outpatient PPS has shown, however, that not all the changes made to the system have been documented in CMS notices. In other words, you can't assume that because you read the Federal Register, Medicare manuals, and program memoranda religiously that you have all the information you need to file outpatient PPS claims that will result in the payment to which your facility is entitled.

An often-overlooked source of information about how CMS actually processes outpatient PPS claims is the software that fiscal intermediaries use for APC editing, assignment, and payment. This software includes the Outpatient Claims Editor (OCE) and Pricer programs, both of which are available in source code. Careful analysis of these programs often discloses inconsistencies with published policy pronouncements, as well as billing requirements that CMS has not articulated.

The Outpatient Code Editor

Historically, CMS edited outpatient data for accuracy and completeness, but no specific action (such as a denial) was taken when an edit occurred. The current OCE, however, edits data quality, assigns APCs, and preprocesses data for pricing. The OCE is updated quarterly to reflect the addition of the new HCPCS procedure codes that drive transitional pass-through payments, new APC assignment logic, and other payment system changes, some of which are undocumented.

OCE Pricing Functions

One key to understanding the OCE is to recognize that each OCE edit results in a certain action that determines whether the claim or line item is paid:

- *Claim denial* - Claim is denied for payment and cannot be resubmitted but can be appealed.
- *Claim rejection* - Claim is not paid, can be resubmitted but not appealed.
- *Claim suspension* - Claim is not paid: cannot be processed without further information.
- *Claim return to provider (RTP)* - Claim is not paid and is returned to the provider for correction; can be resubmitted after correction.
- *Line-item denial* - Claim has not been processed. Denied line item is not paid and cannot be resubmitted, but it can be appealed.
- *Line-item rejection* - Claim has been processed. Rejected line item can be resubmitted, but it cannot be appealed.

Additionally, the OCE performs several functions to prepare a claim for pricing. This preprocessing probably is the OCE's least-documented function and includes processing, discounting multiple and/or terminated procedures, identifying packaged versus excluded services and claim lines, imposing unit fields editing and processing, and applying mental health per diem payment limits.

Conclusion

The OCE is a timely and reliable source of information about APC quarterly updates. Its edits, both documented and undocumented, directly affect claims payment. Understanding the OCE edits can help minimize line-item rejections and reduce the volume of returned or rejected claims. Hospitals also need to understand OCE preprocessing to manage expected outpatient claims payments and to ensure that outpatient claims are paid correctly. In addition, the CMS Pricer program is the only official source of information about changing APC weights, rates, and copayments--information that is essential for verifying the accuracy of outpatient PPS payments. ■

Source: "Medicare's Outpatient Code Editor is Key to APC Payments," by Renee Leary, president of HSS, Inc., and Dean Farley, vice president of health policy and analysis of HSS, Inc. Published in the July 2001 issue of *Healthcare Financial Management*.

Past Presidents Continue to Speak Out

Rebecca Speight, CHFP, CPA



Over the past couple of issues of the newsletter, we have had an opportunity to visit with several of our past presidents, including Jerry Gardner, Kevin Gore, Tom Giaudrone, John Meharg, Fred Mills and Rick Wagner. This month, Steve Dorsett and Rory Ward were our willing participants in the interviews. Steve (SD) is currently a consultant with medical practice strategies group and served as chapter president in 1988-1989. Rory (RW) is vice president and chief financial officer of Valley View Regional Hospital in Ada and was chapter president in 1986-1987.

How long have you been an HFMA member?

SD: Approximately 20 years. **RW:** Since 1979.

Were there any people that mentored you in HFMA/in your career? How?

SD: Ron Cunningham got me involved in the Oklahoma chapter at the board level as well as the program committee. The members actually responsible for my becoming president were Rory Ward and Errol Mitchell. Errol even agreed to handle a couple of meetings for me when I was president-elect and let his secretary, Candy Gardner, help me out as she knew all the deadlines from his term. Rory and Errol also did an excellent job of showing me how to get the most out of the training conference and other meetings hosted by national HFMA. **RW:** George Posey, Rollo Maxwell, Ron Cunningham and Boyd Tudor were my HFMA mentors. They helped

me get started in HFMA service and leadership and encouraged me to aspire to greater responsibilities in the chapter. They were all great role models for me. George passed away a few years ago. I had the opportunity to see Rollo, Ron and Boyd last year. They are still great role models.

Any favorite memories from years past?

SD: The Oklahoma chapter used to sponsor games when we had meetings at the state resorts. At one of these, representatives from my employer at the time, Oklahoma Osteopathic Hospital, won frisbee golf, horseshoes and tennis. The only other event was ping pong and my boss got second. He never has lived that down. **RW:** When I was president-elect and program chair in 1985-86, David Zimmerman got snowed in and couldn't make it to a Thursday session. We had to do some last minute rearranging and David came in for Friday. A few tense moments! Also, I hired a belly dancer to attend our reception for Rollo's last meeting as president. What I thought would be fun for Rollo turned into a disaster. I had hired a dancer sight-unseen from the Yellow Pages (don't ever do that) and she was old enough to be my grandmother. To top it off, she was late, missed the reception and came into the banquet right after we had said grace. Rollo was a really good sport, but I could never convince him that it didn't exactly go as I had planned.

What value does HFMA bring to your current position?

SD: HFMA is such a great organization for networking with your peers. By using the resources available through HFMA, we are

better able to stay current on all of the issues that affect our jobs. I feel that our chapter has always done a lot to remove the barriers that are the result of competition. **RW:** The education and networking that HFMA furnishes is equally important whether you are just starting out or are well-established in your career.

What can OHFMA do to enhance that value?

RW: Continue to provide the excellent education and networking. Keep bringing fresh, new blood into the chapter membership and leadership.

Where do you see health care in 10 years?

SD: More of our current situation - rising costs and less reimbursement. **RW:** Just when you start wishing for the good ol' days, you find out they were only last year. When PPS came in 1983, those of us who were lucky enough to operate under total cost reimbursement had the feeling that things couldn't get much worse. Were we ever wrong! As we all know now, I/P PPS was the tip of the iceberg. Health care in 10 years will be even more accountable in terms of quality and cost control. Those pressures will never go away. Health care finance will be even more challenging in terms of reducing delivery costs while ensuring the latest technology and high quality care for a population whose awareness grows every day. We work in the most complex, most complicated, and most heavily-regulated industry that exists in today's world. I have always said that financial managers who can make it in health care can be successful in any industry. ■

Proposed Rule Change for Calculating Medicare Outlier Payments

Stoney Oxford

On March 5, 2003, the Centers for Medicare & Medicaid Services (CMS) published in the Federal Register (Vol. 68, No. 43) the proposed change in the methodology for determining payment to acute care hospitals under Medicare's inpatient prospective payment system (IPPS) for extraordinarily high-cost cases, i.e. cost outliers.

Under the existing outlier methodology and regulations, Medicare uses the historical relationship between each hospital's costs and its charges to estimate the actual costs incurred by a hospital for a given case. If the hospital costs and hospital charges change at roughly the same rate, this estimate creates a relatively reliable result. Currently outliers are calculated using the cost-to-charge ratios from the hospital's latest settled cost report, which can be two or more years old. However, if a hospital increases its charges dramatically relative to costs, the use of the historical relationship can yield higher outlier payments. The longer the time lag between the historical data being used and the current year, the less accurate the estimate will be.

According to CMS, the purpose of the proposed change is to prevent providers from gaming the outlier system by manipulating their Medicare charges to maximize Medicare outlier reimbursement.

The proposed rule makes three significant changes to the existing outlier methodology and regulations:


- It allows Medicare to use more recent data to calculate outlier payments.
- It eliminates the use of a statewide average ratio of costs to charges for hospitals with very low computed cost-to-charge ratios. It allows Medicare to recover overpayments if the actual costs of a case as reflected in the settled cost report are less than was estimated when the claim was originally paid. Overpayment recoveries would be subject to an adjustment to account for the value of the money during the time period it was inappropriately held by the hospital.

The rule change was published on March 5, 2003, as a notice of proposed rulemaking with a 30-day comment period. Written comments will be accepted by CMS if received no later than 5 p.m. on April 4, 2003. CMS will not accept comments by facsimile (FAX) transmission or e-mail. The written comments should be sent to:

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1243-P
P.O. Box 8010
Baltimore, MD 21244-8010 ■

Welcome New Members!

We have five new members since our last newsletter.

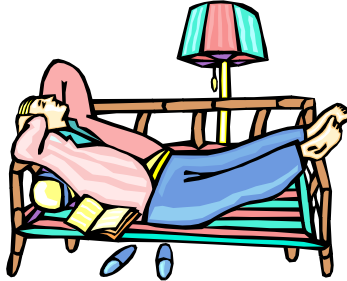


Brooke Lass – Jana Ferrell & Associates
Kenneth Pierce – Brookhaven Hospital
Greg Meyers, INTEGRIS Health
Sherry Schmitt – SSM Health care of Oklahoma
Jim Wilson – JPR Associates, Inc.

A Dozen Ways to Reduce Stress

Beverly Beuermann-King, Work Smart, Live Smart, 2002

1. Dare to be happy – pat yourself on the back.
2. Be thankful for today – don't live for retirement or wish your life away.
3. Change the way you describe your life.
4. Recover quickly – learn from your mistakes and forgive yourself.
5. Stop procrastinating – do the worst first.
6. Plan ahead – anticipate delays, line-ups, and waiting.



7. Have some “me” time each day.
8. Acknowledge and appreciate others.
9. Say what you mean, mean what you say, and learn to ask for help.
10. Sleep, rest, and nap.
11. Eat for energy and enjoyment.
12. Learn to breathe deeply.

CMS Publishes New Modifier

Carey B. Deal, RHIA

CMS published a new modifier on January 3, 2003. Transmittal A-02-129 gives guidelines for reporting the new modifier.

The –CA modifier is a new Level II HCPCS modifier that became reportable under OPPS as of January 1, 2003. The modifier indicates “procedure payable only in the inpatient setting when performed emergently on an outpatient who expires prior to admission.”

In order for a hospital to receive payment for a CPT code on the Medical Inpatient Only List that is billed with modifier –CA, all of the conditions must be met:

- ✓ The status of the patient is outpatient
- ✓ The patient has an emergent, life-threatening condition
- ✓ A procedure on the inpatient list (designated by payment status indicator C) is performed on an emergency basis to resuscitate or stabilize the patient
- ✓ The patient dies without being admitted as an inpatient.

If all of the conditions for payment are met, hospitals may submit a claim using a 13X bill type for all services that were furnished, including the inpatient procedure (e.g., a procedure designated by OPPS payment status indicator C). Hospitals should include modifier –CA on the line with the HCPCS code for the inpatient procedure.

Payment for all services on a claim that have the same date of service as the HCPCS code billed with modifier –CA is made under APC 977. Separate payment is not allowed for other services furnished on the same date.

Therefore, if a procedure is designated as an inpatient procedure billed without the –CA modifier for a patient whose status is an outpatient, the line on the claim for the procedure with status indicator C will receive a line item denial, and no services furnished on the same date will be paid.

The –CA modifier is not to be used to bill for a procedure with status indicator “C” that is performed on an elective basis or scheduled to be performed on a patient whose status is that of an outpatient. ■

Provider Bad Debt Payments

The proposed rule for Provider Bad Debt Payment would remove the cap on allowable Medicare bad debt for end-stage renal disease (ESRD) facilities and expand the application of a 30 percent reduction in bad debt reimbursement for hospitals to other Medicare providers or entities currently eligible to receive bad debt reimbursement. In addition, this proposed rule would clarify that bad debts are not allowable for entities paid under reasonable-charge or fee schedule methodologies. The goal of this proposal, with respect to bad debt payment, is to achieve a consistent bad debt reimbursement policy for hospitals and other providers or entities currently eligible to receive payments from Medicare for bad debt.

CMS strongly encourages those interested in submitting comments for consideration to do so at the appropriate CMS address no later than 5 p.m. EST on April 11th. ■

Home Health Quality Initiative

HHS Secretary Tommy G. Thompson recently announced the next expansion area of the HHS' Quality Improvement Initiative – Home Health Care. The initiative will help people who rely on Medicare and Medicaid programs and their family members find the best home health agency for their needs.

In related news, and in reference to the Nursing Home Quality Initiative (NHQI) launched in all 50 states, the NHQI web site has a brand new look designed to be more user friendly; to view go to <http://cms.hhs.gov/providers/nursinghomes/nhi/>. ■

Reminder – Expiration of the Rural Add on for Home Health

Under current law, the home health 10 percent rural add-on applies to episodes ending on or after April 1, 2001 and before April 1, 2003. This additional 10 percent is provided to the prospective payment system (PPS) rates for home health furnished in a rural area where the site of service of the beneficiary is a non-metropolitan statistical area (MSA) or rural area. **This add-on no longer applies to episodes with end dates on or after April 1st.** The end date is the date of discharge or day 60 if the patient is not discharged. ■

These articles are reprinted from the Centers for Medicare & Medicaid Services' Open Door Forum Newsletter February 2003 issue. To access this newsletter and previous issues go to <http://www.cms.hhs.gov/opendoor/newsletter/>

The Renewal Notice is in the Mail

Members received a renewal notice from National during the past week. Payment of the renewal notice will continue a member's benefits from June 1, 2003 through May 31, 2004. The notice includes a brief letter from HFMA's president and CEO, Dick Clarke, reinforcing the value of membership and notifying members of an early renewal incentive. All members who renew before April 11, 2003, will automatically qualify to win one of five \$300 gift certificates to be awarded in a special drawing. Each certificate can be used to select merchandise from hundreds of brand-name merchants.

It's Easy to Renew!

MAIL your invoice to HFMA using the business reply envelope you were provided.

FAX the invoice with credit card information to (708) 531-0665.

CALL HFMA at (800) 252-HFMA, extension 2 to pay via credit card.

Visit **HFMA ON-LINE** at www.hfma.org/renew pay via credit card.

Members should also call (800) 252-HFMA, extension 2 or send an e-mail message to memberservices@hfma.org if you have questions about your renewal. ■

HFMA'S Annual National Institute 2003

Elevate your perspective.
Raise your awareness.
Move above "see" level.

Annual National Institute & Idea Exchange
June 22-26, 2003 Baltimore, Maryland

Oklahoma Healthcare Financial Management Association

Spring Program

Renaissance Oklahoma City Convention Center Hotel



Tuesday, April 1, 2003	
HFMA Board and Committee Chair Meeting	
Wednesday, April 2, 2003	
7:30 – 8:00 a.m.	Registration and Continental Breakfast
8:00 – 8:15 a.m.	Welcome, Announcements, President’s Message – Ann Paul
8:15 – 9:15 a.m.	Keynote Speaker – Stan Hupfeld <i>President and CEO, INTEGRIS Health System</i> The State of Healthcare and Related Economics
9:15 – 9:30 a.m.	Networking Opportunity
9:30 – 11:30 a.m.	Revenue Cycle Woes Ron Kelley and Eric Thomas
11:30 – 12:30 p.m.	Lunch
12:30 – 1:30 p.m.	Strategic Value Analysis: The #1 Smart Strategy for Taking Cost Out of Your Healthcare Organization’s Supply/Value Chain Robert Yokl <i>President, The HCP Group, Ltd.</i>
1:30 – 1:45 p.m.	Networking Opportunity
1:45 – 3:15 p.m.	Clinical Documentation Assessment and Implementation Chris Armstrong <i>Director, PricewaterhouseCoopers</i> Terri Leap, RN <i>Senior Manager, PricewaterhouseCoopers</i>
3:15 – 3:30 p.m.	Networking Opportunity
3:30 – 5:00 p.m.	2003 APC Update Chris Armstrong <i>Director, PricewaterhouseCoopers</i> Terri Leap, RN <i>Senior Manager, PricewaterhouseCoopers</i>
6:00 – 9:00 p.m.	Reception and Social Event – to be determined
Thursday, April 3, 2003	
7:30 – 8:00 a.m.	Continental Breakfast
8:00 – 9:00 a.m.	Real Opportunities with APCs: Turning Small Gains Into Large Ones Deborah Hale, CCS <i>President, Administrative Consultant Services, Inc.</i>
9:00 – 10:00 a.m.	Healthcare Legislative Update Patti Davis <i>Executive Vice President, Oklahoma Hospital Association</i>
10:00 – 10:30 a.m.	Networking Opportunity
10:30 – 11:30 a.m.	Living on the Edge: Small Hospital Finance Larry Arthur <i>Managing Partner, Hospital Management Consultants, Inc.</i> Charles Ervin <i>TRI Capital Co. Inc.</i>

Spring Program Speaker Highlights

We are excited about the lineup of speakers that will be sharing their knowledge with us at the upcoming Spring Program, scheduled for April 2nd and 3rd at the Renaissance Oklahoma City Convention Center Hotel. To give you an idea of the experience and knowledge of the speakers, below is some biographical information on a few of the speakers.

Stanley Hupfeld, FACHE will be serving as our Keynote speaker on Wednesday morning and discussing “The State of Healthcare and Related Economics.” Stan is currently the president and chief executive officer of INTEGRIS Health, an integrated delivery system composed of INTEGRIS Baptist Medical Center, INTEGRIS Southwest Medical Center, and INTEGRIS Rural Health. The System comprises 16 hospitals, all in Oklahoma -- 7 of those hospitals are owned by the System; 7 leased by the System; and 2 managed by the System. Annual net revenues of the System are \$800 million with 1,600 beds. Mr. Hupfeld is currently a member of the Board of Directors of the American Hospital Association and serves as chairman of the AHA’s Regional Policy Board (7). He has served as a Health Care Systems delegate and alternate delegate and Metro section alternate delegate on the Section for Metropolitan Hospitals Governing Council. He is also chairman of the Coalition to Project America’s Health Care Board and has served as fund-raising co-chair.

Elizabeth Guyton will be speaking on Wednesday morning and discussing “Revenue Cycle Woes.” Elizabeth is a vice president in Cap Gemini, Ernst & Young’s Health Care Operations practice. She has more than 15 years of health care management experience concentrating in the areas of accounts receivable and financial management at the facility and multi-facility levels. Prior to joining Cap Gemini Ernst & Young, Elizabeth was employed by a large hospital chain as a regional controller with previous responsibilities as a regional business office consultant, supervising hospitals throughout the United States with regard to their financial and accounts receivable performance. She has also worked at the facility level in both psychiatric and acute care hospital settings.

Robert Yokl will be speaking Wednesday afternoon on “Strategic Value Analysis.” Robert has more than 30 years’ experience as a consultant and manager in the field of Strategic Value Analysis™ and is one of the countries leading experts in health care value analysis and value engineering. Mr. Yokl is an expert in material management programming and operations, having designed and implemented material management masterplans as a manager, as well as a consultant, for leading hospitals, hospital systems and nursing homes in the United States from 50 beds to 1,600 bed systems.

Chris Armstrong and Terri Leap will round out the list of Wednesday speakers and will have two sessions – one on “Clinical Documentation Improvement Assessment” and one on “Implementation for Improved Coding and Billing Practices.” Chris is a director with PricewaterhouseCoopers and has more than 18 years of experience in health information management, technical and professional coding, DRG and ASC/APC reimbursement, JCAHO preparation, health information system design and implementation, accounts receivable management and computerized patient record activities. She has participated in engagements involving coding quality review, coding education and training, medical staff documentation education, system design and operations improvement. Terri is a senior manager in the Healthcare Consulting Practice of PricewaterhouseCoopers. Terri has more than 18 years of experience in clinical nursing and nursing management, documentation management, and corporate compliance. She has more than four years of experience implementing clinical documentation programs, and an additional two years’ experience of compliance and litigation advisory assistance in the areas of DRG upcoding, documentation compliance, PPS transfers, one-day stays, and use of investigational devices. ■



Thanks to our 2003 Corporate Sponsors!



We have had a very successful year increasing participation from our corporate sponsors. Louise Littlejohn, Corporate Sponsors committee chair, has done an outstanding job in helping OHFMA articulate the benefits of participating to the sponsors listed below, and the chapter appreciates their support. This list includes sponsors as of March 15, 2003.

If you or your organization are interested in becoming a corporate sponsor for OHFMA, please contact Louise Littlejohn at (405) 682-8088, ext. 121.

Platinum Sponsors

BKD, LLP

Contact: Lloyd Haggard, Jr.
One West Third, Suite 1700
Tulsa, OK 74103
(918) 584-2900
lhaggard@bkd.com

HCFS, Inc.

Contact: Don McCown
14285 Midway Road, Suite 280
Addison, TX 75001
(800) 394-4237
dmccown@hcfisinc.com

JPR & Associates, Inc.

Contact: Jim Wilson
2120 South Broadway
Edmond, OK 73013
(405) 715-4000
jim@jprai.com

Madole Wagner, PLLC

Contact: Rick Wagner
6226 East 101st, Suite 200
Tulsa, OK 74137
(918) 299-8833
rwagner@madolewagner.com

Med Data Management, Inc.

Contact: Charlotte Piontek
P.O. Box 8946
Mandeville, LA 70471
(985) 674-2265

Medical Advocacy Services for Health Care, Inc. (MASH)

Contact: Sharon Leach
1227 West Magnolia Ave., Suite 450
Fort Worth, TX 76104
(800) 880-6274
sleach@mashinc.com

The Midland Group

Contact: Morgan McNally
5020 West 15th Street, Suite C
Lawrence, KS 66049
(785) 840-9676
morgan@midlandgrp.com

Works & Lentz

Contact: Deborah Miller
3030 NW Expressway, Suite 225
Oklahoma City, OK 73112-5434
(405) 942-2211
dmiller@worksandlentz.com

Gold Sponsors

Cardon Healthcare Network, Inc.

Contact: Scott Willey
25231 Grogans Mill Road, Suite 100
The Woodlands, TX 77380
(281) 296-8911
swilley@cardonhealthcare.com

Healthworks Alliance, Inc.

Contact: Greg Hightower
3523 McKinney, Suite 401
Dallas, TX 75204
(214) 520-3883
ghightower@hworks.com

Bronze Sponsors

American Collection Services, Inc.

Contact: Louise Littlejohn
3100 SW 59th Street
Oklahoma City, OK 73119
(405) 682-8088
louise@americancollectionservices.com

Credit Bureau Services Association

Contact: Teresa Axton
123 West 7th, Suite 300
Stillwater, OK 74074-4068
(405) 372-1693
teresa@collectpro.com

Credit Services, Inc.

Contact: Mike Yerkes
2519 NW 23rd, Suite 204
Oklahoma City, OK 73107
(405) 943-9608
www.e-csigroup.com

D-MED Corporation

Contact: Dudley Medlock
5520 West Plano Parkway, Suite 200
Plano, TX 75093
(800) 695-2404
dmedlock@d-medcorp.com

FMA Alliance

Contact: Phil Lane
11811 North Freeway, Suite 900
Houston, TX 77060
(972) 475-7159
phillanel@attbi.com

Forem Health Solutions

Contact: Lisa McPherson
14000 Quail Springs Parkway, Suite 400
Oklahoma City, Oklahoma 73134
(405) 249-7931
lisa@foremhealth.com

National Account Systems Inc.

Contact: Garvis Frazier
P.O. Box 3678
Fayetteville, AR 72702
(800) 443-5242
garvis@NAS-ARM.com

Transworld Systems Inc.

Contact: Joby Brown
5400 North Grand Boulevard, Suite 500
Oklahoma City, OK 73112
(405) 943-5272
jobro222@earthlink.net