

14th National Partnerships Conference
Denver Sheraton Downtown
 Plaza Ballroom and Concourse
 Denver, CO

August 13-15, 2013

Partnerships 2013: Accessing Healthcare through the Affordable Care Act

Tuesday, August 13

6:30 am	Registration Opens	
8:00 am	Invocation, Welcome and Agenda Overview	Carl Harper, Director, Office of Resource, Access and Partnerships (ORAP), Indian Health Service (IHS)
8:30	IHS Program Overviews	
	Business Office	Raho Ortiz, Director, Division of Business Office Enhancement, ORAP
	Contract Health Services	Terri Schmidt, Director, Division of Contract Care, ORAP
	Health Information Management	Janice Chase, Acting Health Information Management National Consultant, Office of Information Technology, IHS
9:15	Introduction	Geoffrey Roth, Senior Advisor, IHS
	Keynote Address – Affordable Care Act Overview	Yvette Roubideaux, MD, MPH, IHS Director
	Question / Answer	
10:30	Break	
10:45	Center for Consumer Information and Insurance Oversight Update	Nancy Goetschius, Senior Advisor, Center for Consumer Information and Insurance Oversight, Centers for Medicare & Medicaid Services Lisa Wilson, Senior Policy Advisor, Center for Consumer Information and Insurance Oversight, Centers for Medicare & Medicaid Services
11:15	Medicaid Expansions Overview	Cynthia Gillaspie, Technical Director, Consortium for Medicaid and CHIP Operations, Centers for Medicare & Medicaid Services
11:45	Lunch On Your Own	
1:00 pm	Concurrent Sessions A	
2:30	Break	
3:00	Concurrent Sessions A repeat	
4:30	Recess for the day	

Room	Tuesday, August 13 Concurrent Session A 1:00-2:30 pm and 3:00-4:30 pm (repeat)
Governor 16	<p>Affordable Care Act (ACA) – Indian Health Service (IHS) Business Plan Template and Best Practices for Federal Sites – use of the IHS Business plan template developed for Area Offices and Service Units to plan, track, and report ACA implementation activities. The session will also highlight a Service Unit who has successfully utilized the template and has begun to implement the plan.</p> <ul style="list-style-type: none"> • Carol Chicharello, Deputy Director, Health Program Improvement and Support Branch, Phoenix Area IHS • RADM Richie Grinnell, Director, Albuquerque Area IHS
Governor 15	<p>Affordable Care Act (ACA) and the American Indian / Alaska Native Provisions 101 – extension of the ACA Overview to explore Indian specific provisions including Federal and State Exchanges, Medicaid Expansions, Qualified Health Plans and more.</p> <ul style="list-style-type: none"> • Terra Branson, Legislative Associate, National Congress of American Indians • Jennifer Cooper, Director of Federal Relations, National Indian Health Board • Stacey Ecoffey, Principal Advisor for Tribal Affairs, Office of Intergovernmental and External Affairs, Department of Health and Human Services • April Hale, Tribal Health Care Reform Project Manager, National Indian Health Board • Jay Steiner, MS, JD, Senior Policy Analyst, National Council of Urban Indian Health
Governor 14	<p>Affordable Care Act Marketplace Outreach and Enrollment – roles and responsibilities of Navigators, Enrollment Assistors and Certified Application Counselors; information includes certification, training and relationships with insurers.</p> <ul style="list-style-type: none"> • Nancy Goetschius, Senior Advisor, Center for Consumer Information and Insurance Oversight, Centers for Medicare & Medicaid Services • Kitty Marx, Director, Tribal Affairs Group, Centers for Medicare & Medicaid Services • Lisa Wilson, Senior Policy Advisory, Center for Consumer Information and Insurance Oversight, Centers for Medicare & Medicaid Services
Plaza 7	<p>Veterans Affairs (VA) Billing for Federal Facilities – overview of the IHS and VA billing and payment process with a focus on the Resource and Patient Management System (RPMS) including how to set up an insurer, add to a patient’s account in patient registration, how to bill the claim, print the claim and how to post the payment or adjustment in Accounts Receivable.</p> <ul style="list-style-type: none"> • Carl Harper, Director, Office of Resource, Access and Partnerships, IHS • Gina Sisneros, Senior Deployment Specialist/Trainer, Office of Information Technology Contractor, IHS
Plaza 6	<p>Medicare 101 – base overview of the Medicare Program as well as information and updates on all Medicare changes.</p> <ul style="list-style-type: none"> • Mary Munoz, Medicare Beneficiary for Native Americans, Centers for Medicare & Medicaid Services, Region VIII
Governor 12	<p>ICD-10-CM Coding for OB, Injuries, Diabetes and Hypertension – This session will provide an introduction to ICD-10 Clinical Modification (CM) coding for OB, injuries, diabetes, and hypertension. Coding conventions and guidelines and a general overview of the coding book will be provided.</p> <ul style="list-style-type: none"> • DaJuanna Bissonette, RHIT, CPC, AHIMA Approved ICD-10-CM/PCS Trainer, HIM Consultant, Area ICD-10 Coordinator, Phoenix Area IHS • Patricia Gowan, MPA, RHIA, CPC, AHIMA Approved ICD-10-CM/PCS Trainer, HIM & Meaningful Use Consultant, United South and Eastern Tribes • Rebecca Herrera, CCS, CCS-P, CPC, AHIMA Approved ICD-10-CM/PCS Trainer, Office of Information Technology Contractor, IHS

Room	Tuesday, August 13 Concurrent Session A 1:00-2:30 pm and 3:00-4:30 pm (repeat)
Governor 10	<p>HIPAA Privacy and Security: An Office for Civil Rights Perspective – The Office for Civil Rights (OCR) will provide an overview of their function as it relates to HIPAA Privacy and Security. In addition, this presentation will provide information on complaints and violations received by the OCR and recommend mitigation to reduce I/T/U stakeholders privacy and security risks.</p> <ul style="list-style-type: none"> • Karel Hadacek, Equal Opportunity Specialist, Office of Civil Rights, Region VIII • Velveta Howell, Regional Manager, Office of Civil Rights, Region VIII
Governor 9	<p>Who's Driving Your ICD Implementation? – October 1, 2014 is the compliance date for implementing ICD-10. Organizations should be on a roadmap to success, but if you need some help, this session is for you! This presentation is for those that need a review or have yet to start their ICD-10 implementation efforts. An overview of the impact, risks and strategies to success will be discussed with emphasis on what leaders need to know.</p> <ul style="list-style-type: none"> • Janice Chase, RHIT, Acting HIM National Consultant, ICD-10 Federal Lead, HIM Practice Management, Office of Information Technology, IHS
Governor 17	<p>Affordable Care Act and the Contract Health Services (CHS) Impact – changes to the CHS referral system under the ACA</p> <ul style="list-style-type: none"> • Lisa Marie Gomez, Public Health Analyst, Center for Consumer Information and Insurance Oversight, Centers for Medicare & Medicaid Services • Terri Schmidt, Director, Division of Contract Care, Office of Resource, Access and Partnerships, IHS
Governor 11	<p>Referred Care Information System (RCIS) – automates the Contract Health Services referral process by tracking clinical and administrative data for all referred care. Session provides the latest updates and improvements for this important system.</p> <ul style="list-style-type: none"> • Tina Valencia, Deployment Coordinator / Trainer, Office of Information Technology Contractor, IHS
Plaza 4	<p>Using the Contract Health Services Core Curriculum – online training for Federal and tribal staff and health care providers on Contract Health Services program requirements for medical / dental care and use of alternate resources; curriculum includes pre- and post-testing.</p> <ul style="list-style-type: none"> • Rita Neuman, Contract Health Services Officer, Billings Area IHS • Julia Ysaguirre, Contract Health Services Officer, Phoenix Area IHS
Plaza 2	<p>Security Risk Analysis and Meaningful Use – Health Care entities are subject to a number of standards and regulations that require them to assess the risks to the personal and private information of their patients and take steps to reduce those risks to an acceptable level. The American Reinvestment and Recovery Act of 2009 (ARRA), not only defined requirements for meaningful use of electronic health records but also set forth numerous modifications and enhancements to the Health Information Portability and Accountability (HIPAA) information security and privacy standards. Stage 1 Meaningful Use requires an annual Security Risk Analysis and/or updates to an existing security analysis reflecting changes incorporated to future protect and secure electronic patient health information.</p> <ul style="list-style-type: none"> • Tim Campbell, Meaningful Use Consultant, California Area IHS • Stephen Wilson, Certified Information Systems Security Professional (CISSP), InfoGard • Emmanuel Y. Yennyemb, MBA, MCP, CSAP, CAC, IT Project Manager/Clinical Application Coordinator, Kimaw Medical Center
Plaza 1	<p>Effective Compliance Programs – review the core elements that comprise a compliance program required as a condition of enrollment in Medicare, Medicaid, and the Children’s Health Insurance Program.</p> <ul style="list-style-type: none"> • Merin McCabe, CPC, PMCC, ICD-10 Ambassador, Certified in Healthcare Compliance, Medical Business Advocates

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Wednesday, August 14

7:00 am	Registration Continues	
8:00 am	Concurrent Sessions B	See below for topics and presenters
9:30	Break	
10:00	Concurrent Sessions B repeat	See below for topics and presenters
11:30	Lunch On Your Own	
1:00 pm	Concurrent Sessions C	See below for topics and presenters
2:30	Break	
3:00	Concurrent Sessions C repeat	See below for topics and presenters
4:30	Recess for the day	

Room	Wednesday, August 14 Concurrent Session B 8:00-9:30 am and 10:00-11:30 am (repeat)
Governor 16	<p>Affordable Care Act Enrollment and the Patient Experience on October 1, 2013 – necessary practices for staff to prepare for an increase in visits from insured clients. Attendees will learn best practices for pre-visit preparation for patients who have Medicare, Medicaid and private health insurance.</p> <ul style="list-style-type: none"> • Facilitator: Carl Harper, Director, Office of Resource, Access and Partnerships, IHS • CAPT Sandra M. Lahi, MBA, RHIA, Chief Executive Officer, Jicarilla Service Unit, Albuquerque Area IHS
Governor 15	<p>Affordable Care Act (ACA) and the American Indian / Alaska Native Provisions 101 – extension of the ACA Overview to explore Indian specific provisions including Federal and State Exchanges, Medicaid Expansions, Qualified Health Plans and more. <i>(repeat from concurrent session A)</i></p> <ul style="list-style-type: none"> • Terra Branson, Legislative Associate, National Congress of American Indians • Jennifer Cooper, Director of Federal Relations, National Indian Health Board • Stacey Ecoffey, Principal Advisor for Tribal Affairs, Office of Intergovernmental and External Affairs, Department of Health and Human Services • April Hale, Tribal Health Care Reform Project Manager, National Indian Health Board • Jay Steiner, MS, JD, Senior Policy Analyst, National Council of Urban Indian Health

Adobe Connect Session

Affordable Care Act a/o Business Office	Health Information Management	Contract Health Services	Tribal / Urban
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Room	<p style="text-align: center;">Wednesday, August 14 Concurrent Session B 8:00-9:30 am and 10:00-11:30 am (repeat)</p>
Governor 14	<p>Benefits Coordination - Affordable Care Act Medicaid Expansion and Enrollment – approaches to maximize outreach, education, and enrollment efforts; local strategies such as community involvement, marketing, training staff and monitoring potential increased workloads will also be highlighted.</p> <ul style="list-style-type: none"> • CAPT Adam Archuleta, MPH, Director, Revenue Services, Tucson Area IHS • Kristen Bitsuie, Patient Benefit Coordinator, Tucson Area IHS • Cindy Gillaspie, Technical Director, Consortium for Medicaid and CHIP Operations, Centers for Medicare & Medicaid Services
Plaza 9	<p>Debt Management: Resource and Patient Management System (RPMS) Processes, Program Support Center (PSC) Requirements, Uncollectible Debt – manage the due process cycle for Debt Management at the Service Unit Level; best practices on maintaining debt records, utilizing worksheets to track demand letters sent to Area Office/PSC/Bad Debts; and using Accounts Receivable ledgers to track payments posted in RPMS and preparing debt packets to the Area Office.</p> <ul style="list-style-type: none"> • Kathleen Bad Moccasin, Business Office Coordinator, Aberdeen Area IHS • Cindy Reeves, Systems Accountant/General Ledger Lead, Office of Finance and Accounting, IHS • Kera Richards, BA, Business Office/Patient Accounts Technician, Rosebud Hospital, Aberdeen Area IHS
Plaza 7	<p>Revised Internal Control Policy: Overview and Highlights of the Changes – update on the revised internal controls policy providing highlights of the changes that have occurred due to the policy revision, general guidance on policy compliance, possible training dates, policy overview and how the policy revision will affect the online tool.</p> <ul style="list-style-type: none"> • CDR John E. Rael, MBA, BBA, Management Program Analyst, Office of Resource, Access and Partnerships, IHS
Plaza 6	<p>Medicare Part A, Part B and Advanced – builds on Medicare 101 focusing on Medicare Part A and B including recent updates and changes.</p> <ul style="list-style-type: none"> • Mary Munoz, Medicare Beneficiary for Native Americans, Centers for Medicare and Medicaid Services, Region VIII
Governor 12	<p>ICD-10-CM Coding for Health Services, Neoplasms, Asthma-Respiratory Systems – This presentation will provide an introduction to ICD-10 Clinical Modification (CM) diagnosis coding for health services, neoplasms, and asthma in preparation for the ICD-10 transition. Coding conventions and guidelines will be discussed.</p> <ul style="list-style-type: none"> • DaJuanna Bissonette, RHIT, CPC, AHIMA Approved ICD-10-CM/PCS Trainer, HIM Consultant, Area ICD-10 Coordinator, Phoenix Area IHS • Patricia Gowan, MPA, RHIA, CPC, AHIMA Approved ICD-10-CM/PCS Trainer, HIM & Meaningful Use Consultant, United South and Eastern Tribes • Rebecca Herrera, CCS, CCS-P, CPC, AHIMA Approved ICD-10-CM/PCS Trainer, Office of Information Technology Contractor, IHS
Governor 11	<p>Coding, Billing E/M Code Audit Requirements – This session will review basic audits of E/M Codes. Participants will learn why audits are performed and the purpose type including a review of the *95 and *97 audit guidelines and components. Identify medical necessity within documentation and learn what is looked for in an audit, what are the outcomes, use of the EHR, pamphlets, and delivery of audit results. Review of outcomes of potential loss of revenue and estimated recovery with E/M Codes and documentation.</p> <ul style="list-style-type: none"> • Deanna Dennis, CPC, CPC-H, CPC-I, AHIMA Approved ICD-10-CM/PCS Trainer, Business Office Manager, ICD-10 Area Coordinator, Billings Area IHS

Room	<p>Wednesday, August 14 Concurrent Session B 8:00-9:30 am and 10:00-11:30 am (repeat)</p>
Governor 10	<p>HIPAA/HITECH, Privacy Act, Freedom of Information – This session will provide an overview of principles for FOIA, the Privacy Act, the Privacy Rule, and the HITECH Act as these laws affect processes for local health and business office record practices. The presentation will also provide FOIA updates on report requirements and Privacy Act, HIPAA Privacy Rule, and the HITECH Act requirements for disclosure of routine use for medical and billing records.</p> <ul style="list-style-type: none"> • Janet Ingersoll, Freedom of Information Coordinator, Freedom of Information Liaison, HITECH, Division of Regulatory Affairs, IHS • William Tibbitts, Acting Director, Division of Regulatory Affairs and Privacy Officer, IHS
Governor 17	<p>Affordable Care Act and the Contract Health Services (CHS) Impact – changes to the CHS referral system under the ACA (<i>repeat from concurrent session A</i>)</p> <ul style="list-style-type: none"> • Lisa Marie Gomez, Public Health Analyst, Center for Consumer Information and Insurance Oversight, Centers for Medicare & Medicaid Services • Terri Schmidt, Director, Division of Contract Care, Office of Resource, Access and Partnerships, IHS
Plaza 5	<p>Accessing the Catastrophic Health Emergency Fund (CHEF) for Federal Sites – requirements for federal Contract Health Services programs to request CHEF reimbursement at 50%, 100% and for amendment requests. Overpayments and items that delay processing will also be covered.</p> <ul style="list-style-type: none"> • Marie Begay, Contract Health Services Officer, Navajo Area IHS • Debra Feathers, Catastrophic Health Emergency Fund Coordinator, Office of Resource, Access and Partnerships, IHS
Plaza 2	<p>Tribal and Urban Best Practices for Implementing the Affordable Care Act – steps taken to prepare and begin ACA implementation with special focus on internal processes; identification of weaknesses that would prevent successful transition into the new health insurance Marketplace environment; and outreach and education to staff and patients. Session will also cover implementation of Implementing Patient Centered Medical Home (PCMH) practices by refining singular concepts then building a bridge to the next one using health information technology to build a hierarchy of performance measurement tools with iCare as the foundation</p> <ul style="list-style-type: none"> • Sherriann Moore, Deputy Director, Office of Urban Indian Health, IHS • Sherrie Varner, Medicare Technical Specialist, Choctaw Nation of Oklahoma
Plaza 1	<p>Credentialing and Privileging from the Urban / Tribal Perspective – credentialing and privileging in today’s complex healthcare environment, why these functions are necessary, and identify the legal, regulatory and accreditation elements.</p> <ul style="list-style-type: none"> • Merin McCabe, CPC, PMCC, ICD-10 Ambassador, Certified in Healthcare Compliance, Medical Business Advocates

Room	<p style="text-align: center;">Wednesday, August 14 Concurrent Session C 1:00-2:30 pm and 3:00-4:30 pm (repeat)</p>
Governor 17	<p>Affordable Care Act Marketplace Outreach and Enrollment – roles and responsibilities of Navigators, Enrollment Assistors and Certified Application Counselors; information includes certification, training and relationships with insurers. <i>(repeat from concurrent session A)</i></p> <ul style="list-style-type: none"> • Nancy Goetschius, Senior Advisor, Center for Consumer Information and Insurance Oversight, Centers for Medicare & Medicaid Services • Kitty Marx, Director, Tribal Affairs Group, Centers for Medicare & Medicaid Services • Lisa Wilson, Senior Policy Advisory, Center for Consumer Information and Insurance Oversight, Centers for Medicare & Medicaid Services
Governor 16	<p>Affordable Care Act Enrollment and the Patient Experience on October 1, 2013 – necessary practices for staff to prepare for an increase in visits from insured clients. Attendees will learn best practices for pre-visit preparation for patients who have Medicare, Medicaid and private health insurance. <i>(repeat from concurrent session B)</i></p> <ul style="list-style-type: none"> • Facilitator: Carl Harper, Director, Office of Resource, Access and Partnerships, IHS • CAPT Sandra M. Lahi, MBA, RHIA, Chief Executive Officer, Jicarilla Service Unit, Albuquerque Area IHS
Governor 15	<p>Making a Difference: Focus on Customer Service – great customer care and making a difference for our patients and in our facilities.</p> <ul style="list-style-type: none"> • Gary M. Russell-King, Chief Medical Records Administrator, Northern Navajo Medical Center, IHS
Governor 14	<p>Benefits Coordination - Affordable Care Act Medicaid Expansion and Enrollment – approaches to maximize outreach, education, and enrollment efforts; local strategies such as community involvement, marketing, training staff and monitoring potential increased workloads will also be highlighted. <i>(repeat from concurrent session B)</i></p> <ul style="list-style-type: none"> • CAPT Adam Archuleta, MPH, Director, Revenue Services, Tucson Area IHS • Kristen Bitsuie, Patient Benefit Coordinator, Tucson Area IHS • Cindy Gillaspie, Technical Director, Consortium for Medicaid and CHIP Operations, Centers for Medicare & Medicaid Services
Plaza 7	<p>Accounts Receivable Updates – create and edit debt letters with updates, changes to the electronic remittance advice (ERA) with demonstration and changes to Accounts Receivable to accommodate ICD-10.</p> <ul style="list-style-type: none"> • Gina Sisneros, Senior Deployment Specialist/Trainer, Office of Information Technology Contractor, IHS
Governor 12	<p>Preparing for MU Data Sharing – This session will provide information on the Patient Merge application in relation to preparing for HIE implementation with emphasis on providing the status of the Meaningful Use interoperability of the Health Information Exchange (HIE) application and requirements for the implementation of HIE for Indian Health Service, Tribal, and Urban (I/T/U) stakeholders. This HIE overview will include the Master Patient Index which will be utilized by health information management, providers, and patient registration personnel for accessing patient demographics and summary medical documents. In addition, information and requirements for integration for data sharing to the National HealtheWay network will be presented.</p> <ul style="list-style-type: none"> • Janice Chase, RHIT, Acting HIM National Consultant, ICD-10 Federal Lead, HIM Practice Management, Office of Information Technology, IHS • James Garcia, PMP, MPI Manager, IT Specialist, Office of Information Technology, IHS • Maria Strom, RHIT, CHP, Medical Records Administrative Specialist, Phoenix Area IHS

Room	<p style="text-align: center;">Wednesday, August 14 Concurrent Session C 1:00-2:30 pm and 3:00-4:30 pm (repeat)</p>
Governor 11	<p>ICD-10-PCS Coding for Inpatient – This session will provide a general overview of the inpatient ICD-10 Procedure Classification System (PCS) that will be required for the ICD-10 implementation. The session will cover approaches, key root operations, and examples of coding practice cases for medical/surgical-related, ancillary, and imaging sections.</p> <ul style="list-style-type: none"> • DaJuanna Bissonette, RHIT, CPC, AHIMA Approved ICD-10-CM/PCS Trainer, HIM Consultant, Area ICD-10 Coordinator, Phoenix Area IHS • Patricia Gowan, MPA, RHIA, CPC, AHIMA Approved ICD-10-CM/PCS Trainer, HIM & Meaningful Use Consultant, United South and Eastern Tribes • Rebecca Herrera, CCS, CCS-P, CPC, AHIMA Approved ICD-10-CM/PCS Trainer, Office of Information Technology Contractor, IHS
Governor 10	<p>EHR Best Practice for HIM – Best Practices for the HIM professional using the Electronic Health Record will discuss: 1) Incorporating medical transcription and voice recognition into EHR (templates and process); 2) Daily work process for HIM – notification management, redactions, etc., 3) Release of Information – researching, abstracting and printing up bulk notes for disclosure; 4) how facilities combined their local Medical Records Committee and EHR Committee functions; 5) Preparation for archiving an electronic record to the Federal Records Center (FRC).</p> <ul style="list-style-type: none"> • Emmanuel Y. Yennyemb, MBA, MCP, CSAP, CAC, IT Project Manager/Clinical Application Coordinator, Kimaw Medical Center
Plaza 5	<p>Contract Health Services (CHS) Budgeting and Spending Plans – survey of the spending plans maintained and monitored by local CHS Programs. Programs maintain a weekly spending plan by prorating allocations by the appropriate amount of weeks for each allocation. Weekly spending plans are monitored by the local CHS manager and shared with the managed care committee and Service Unit administration.</p> <ul style="list-style-type: none"> • Terri Schmidt, Director, Division of Contract Care, Office of Resource, Access and Partnerships, IHS
Plaza 4	<p>Web Based Financial Reporting System (WebFRS) – enables the Contract Health Services commitment register (CHS/MIS) to be reconciled with the official financial management report each month of the fiscal cycle. This allows the CHS program to better manage funds so that needed services can be provided.</p> <ul style="list-style-type: none"> • Carla Despain, Financial Management Officer, Oklahoma City Area IHS
Plaza 3	<p>Contract Health Services (CHS) Regulation Review and Interpretation – overview of each section in 42 Code of Federal Regulation (CFR), Part 136 and how they apply to the CHS Program.</p> <ul style="list-style-type: none"> • Edwin C. Chasing Hawk, Health Systems Specialist, Aberdeen Area IHS
Plaza 2	<p>Best Practices: Coding, Billing, A/R and Data Analysis for Urban Indian Organizations – discussion on revenue enhancement opportunities and best practices to increase awareness and knowledge of methods to support program sustainability and prepare for the next phases of ICD-10 and ACA implementations.</p> <ul style="list-style-type: none"> • Hannah Brigham, CPC, Coder/Billing/Auditor, American Indian Health and Services • Merin McCabe, CPC, PMCC, ICD-10 Ambassador, Certified in Healthcare Compliance, Medical Business Advocates

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8:00 am	Concurrent Sessions D	See below for topics and presenters
9:30	Break	
10:00	Concurrent Sessions D repeat	See below for topics and presenters
11:30	Lunch On Your Own	
1:00 pm	2013 Partnerships Awards <ul style="list-style-type: none"> • Business Office / Health Information Management • Contract Health Services Program Closing Remarks	
3:00	Adjourn Meeting	

Room	Thursday, August 15 Concurrent Session D 8:00-9:30 am and 10:00-11:30 am (repeat)
Governor 17	Third Party Billing Updates – overview of the RPMS updates that have been released for Third Party Billing and Accounts Receivable. <ul style="list-style-type: none"> • Cheryl B. Smith, RPMS User Support Specialist, Office of Information Technology, IHS
Governor 16	Improving Patient Care (IPC) Medical Home Model Initiative: Affordable Care Act and Medicaid Expansion – information on Medicaid Expansion and how it will best be implemented into the Medical Home Model being adopted by many IHS facilities. Specifically an overview of how the Jicarilla Apache Health Care Facility adopted Improving Patient Care methodologies that lead to becoming a certified Medical Home. Information will be provided on how the relationship built with the community will support the outreach and education efforts for implementing the ACA, the New Mexico Medicaid Expansion effort and other State Medicaid changes on the horizon. <ul style="list-style-type: none"> • CAPT Sandra M. Lahi, MBA, RHIA, Chief Executive Officer, Jicarilla Service Unit, Albuquerque Area IHS
Governor 15	Affordable Care Act Insurance Marketplace: Tools for Decision Making – ways patients can make smart health insurance coverage choices in the Health Insurance Marketplace. <ul style="list-style-type: none"> • Terra Branson, Legislative Associate, National Congress of American Indians • Jennifer Cooper, Director of Federal Relations, National Indian Health Board

Room	Thursday, August 15 Concurrent Session D 8:00-9:30 am and 10:00-11:30 am (repeat)
Governor 14	<p>Network Provider Contracts: Pricing, Negotiation, Qualified Health Plan (QHP) Addendum, Decision Making –information on price negotiations, how the QHP addendum is utilized and guidance for decision making with Network Provider Contracts.</p> <ul style="list-style-type: none"> Facilitator: Raho Ortiz, Director, Division of Business Office Enhancement, IHS CAPT Adam Archuleta, MPH, Director, Revenue Services, Tucson Area IHS Carol Chicharello, Deputy Director, Health Program Improvement and Support Branch, Phoenix Area IHS Roland Todacheenie, Third Party Coordinator, Business Office, Navajo Area IHS
Plaza 7	<p>Affordable Care Act: IHS Program and PNC Healthcare – demonstrate built in Business Intelligence reporting from PNC’s new platform, Healthcare Advantage, which has been rolled out to IHS nationally.</p> <ul style="list-style-type: none"> Kathleen Bad Moccasin, Business Office Coordinator, Aberdeen Area IHS Maureen Franks, Healthcare Program Manager, PNC Bank Treasury Management
Governor 12	<p>ICD-10 Clinical Documentation Improvement Strategies - This presentation will provide an overview of Clinical Documentation importance in the implementation of ICD-10. Participants will review examples of actual documentation improvement case scenarios for ICD-10. Further, participants will understand methods to improve documentation and gain knowledge in how to champion physician documentation.</p> <ul style="list-style-type: none"> Janice Chase, RHIT, Acting HIM National Consultant, ICD-10 Federal Lead, HIM Practice Management, Office of Information Technology, IHS Dave Civic, MD, MMM, Director, Quality Management, Phoenix Area IHS Rebecca Herrera, CCS, CCS-P, CPC, AHIMA Approved ICD-10-CM/PCS Trainer, Office of Information Technology Contractor, IHS
Governor 11	<p>Meaningful Use - Stage 1 & Beyond for HIM – The purpose of this session is to provide Health Information Management (HIM) professionals with an understanding of the requirements and expectations of achieving Stage 1 and Stage 2 Meaningful Use (MU) as it applies to their roles and responsibilities. This session will spread awareness of the policies, reports, objectives, and standards, as they relate to health record services. It will show the importance of moving a facility from a paper environment to a certified EHR for the purpose of improving patient care and participation in the Medicare and Medicaid EHR Incentive Programs.</p> <ul style="list-style-type: none"> Patricia Gowan, MPA, RHIA, CPC, AHIMA Approved ICD-10-CM/PCS Trainer, HIM & Meaningful Use Consultant, United South and Eastern Tribes Emmanuel Y. Yennyemb, MBA, MCP, CSAP, CAC, IT Project Manager/Clinical Application Coordinator, Kimaw Medical Center
Governor 10	<p>VistA Imaging – overview of the functionality of the VistA Imaging software, its relationship to Meaningful Use and electronic health records, and the steps required to prepare for and implement this important program.</p> <ul style="list-style-type: none"> Marilyn Freeman, RHIA, Clinical Applications Coordinator, California Area IHS
Plaza 5	<p>Accessing the Catastrophic Health Emergency Fund (CHEF) for Tribal Programs – requirements for tribal Contract Health Services programs to request CHEF reimbursement at 50%, 100% and for amendment requests. Overpayments and items that delay processing will also be covered.</p> <ul style="list-style-type: none"> Marie Begay, Contract Health Services Officer, Navajo Area IHS Debra Feathers, Catastrophic Health Emergency Fund Coordinator, Office of Resource, Access and Partnerships, IHS
Plaza 4	<p>Integrating Contract Health Services (CHS) with Improving Patient Care Program (IPC) – supports IHS, tribal and urban Indian health programs in reducing health disparities. IPC sites are improving the quality of and access to care through the development of a system of care called the "Indian health medical home." CHS is an important part of this effort.</p> <ul style="list-style-type: none"> Travis Scott, Chief Executive Officer, Pawnee Service Unit, Oklahoma City Area IHS

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Plaza 2	<p>RPMS Finance Monthly Reconciliation Tribal and Urban – focus on the reconciliation process between the RPMS Accounts Receivable application and the finance general ledger. Attendees will understand the importance of monthly reconciliation and how it correlates to the financial audit.</p> <ul style="list-style-type: none"> • Athena Matthias, RDA, Billing Supervisor, Lake County Tribal Health Consortium, Inc. • Merin McCabe, CPC, PMCC, ICD-10 Ambassador, Certified in Healthcare Compliance, Medical Business Advocates
Plaza 1	<p>Lessons Learned Preparing for Patient Centered Medical Home (PCMH) Transformation – an opportunity to discuss the experience of preparing for the National Committee for Quality Assurance (NCQA) PCMH transformation in an Urban Indian Health Care environment. Attendees will learn key considerations for performing their baseline assessment and setting priorities for their transformation process.</p> <ul style="list-style-type: none"> • Hannah Brigham, CPC, Coder/Billing/Auditor, American Indian Health and Services

