PNN PREFERRED Network News

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Human Resources—Problems in the Interview Process

Interviewers throughout the world vary in their interviewing techniques. Experience is the key at being a better interviewer. Your interview should evaluate the responses to employment experience, career goals, body language, formal education, attitude, appearance, and enthusiasm.

Below are 10 general questions that you may want to consider using:

1. Tell me about yourself.
2. What do you know about our company?
3. Why do you want to work for us?
4. What would you do for us? What can you do for us that someone else can't?
5. What about our position do you find the most attractive? Least attractive?
6. Why should we hire you?
7. What do you look for in a job?
8. Please give me your definition of a ... (the position for which you are interviewing).
9. How long would it take you to make a meaningful contribution to our company?
10. How long would you stay with us?

Helpful tips:

- Ask your question then listen. Allow the candidate to answer your question and at the same time exude their personality as well as their competency.
- Remain neutral to a candidate's response – An unbiased interviewer creates a win-win situation. Finding the 'right fit' is based on *objective* decisions and not preconceived ideas.

PREFERRED Therapy Providers
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HIPAA—CMS Says Don't Expect Any Delays On October Deadline

There isn't a lot of time left for covered entities to prepare for the Oct. 16 Transaction and Code Set deadline, Karen Trudel, director of HIPAA outreach at the Centers for Medicare and Medicaid Services (CMS), said at CMS' eighth HIPAA roundtable discussion.

"Some people have said that HIPAA will go away, or Congress will give us more time, or we don't have to worry about this right now. Well, my response to that is first, HIPAA is the law. It could be said that Congress has already given us more time; time that is up on Oct. 16, and it began last Oct. 16, 2002, with the extension," she said.

"Deciding to ignore these requirements is a real gamble, and it's one with high stakes because cash flow is the lifeblood of a healthcare provider and a healthcare claim is how that blood flows. If the flow of claims stops because of a non-compliance issue, then the cash flow stops too," Trudel warned.

The only way to assure that this does not happen is to implement compliant transactions and then to test them with the health plan to make sure the claims can be submitted and processed and the accurate payment can be made, she explained.

"We're hearing that many plans and providers aren't yet ready to test with training partners. In part that's because covered entities and their vendors and business associates, some of them, waited until the regulation that modified the transaction standards were published," Trudel said.

"Well, here's where we are now. The addenda have been published and the standards are set for compliance. So, it's time to test now. Medicare's ready to test the claim and remittance advice with providers using the new 4010A addenda version," she noted.

"The longer you wait the harder it will be to arrange testing. We expect a crowd of testers at the last minute and it may be difficult to accommodate them all. Don't underestimate the importance of the Oct. 16 deadline. Don't underestimate the work that's involved in becoming compliant. And prepare and plan ahead to assure that your cash flow remains steady," she added.

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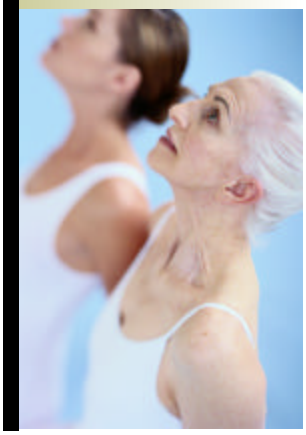
"Deciding to ignore the Transaction and Code Set requirements is a real gamble"



NEW PLACE OF SERVICE CODE 49 EFFECTIVE 10/1/03

There's a new code in town, and it may be taking over (for physical therapy claims, that is)! CMS recently added a new Place of Service Code 49 to define an INDEPENDENT CLINIC. Code 49 depicts "A location, not part of a hospital and not described by any other Place of Service code, that is organized and operated to provide preventive, diagnostic, therapeutic, rehabilitative, or palliative service to outpatients only." Most of PREFERRED's network providers fit this description. Most health plans are aware of this code and should be accepting it effective 10/1/03. For a list of all current Place of Service code descriptions, go to http://cms.hhs.gov/states/posdata.pdf.

Preferred Employee Profile— Sue

Name: Sue Urban

Nick-name: Suzette or Suzy-Q

Length of employment with Preferred: 1 Year and 1 month

Job Title and responsibilities: Accounting Coordinator (Accounts Receivable), Back Up Phones

What you like most about your job: What's not to like!! Great people, flexibility, fun atmosphere!!

Favorite Pastimes: Softball, Softball, Softball. What can I say, I am a softball Mom.

About your family: Married to Brad for 19 years. Two daughters, Lindsey (14) and Jordan (11) each one of them going on 21.

Small Provider HIPAA Update

Most of PREFERRED's network members have already implemented their electronic transactions systems for the October compliance date. For those of you who do not have electronic capabilities and plan to continue to bill Medicare using paper claims, you must meet the following "Small Provider" criteria:

?a "provider of services" (typically a Part A provider) with fewer than 25 full-time equivalent employees, **OR**

?a physician, practitioner, facility or supplier that's not a "provider of services" (typically a Part B provider or supplier) with fewer than 10 full-time equivalent employees.

Providers meeting the criteria will automatically have exempt status from the requirement of billing Medicare claims electronically: There is no action needed to be opted out, there is no waiver to sign, you may continue to bill using paper claims; however, PREFERRED strongly recommends that you consider the following:

- If continuing paper billing, document your decision to vary from the regulations in your HIPAA compliance manual.

- Continue to explore electronic options - have a system or service in mind in the event that it becomes a mandatory requirement to participate with certain private payors / health-plans.

The final rule, which was published August 15, 2003, can be found at: **http://a257.g.akamaitech.net/7/257/2422/14mar20010800/edocket.access.gpo.gov/2003/pdf/03-20955.pdf**

Act Up

Step One: Join your professional association (APTA, AOTA, ASHA)

Step Two: You pay the fees, use the resources. Check their websites frequently for updates on issues affecting YOUR LIVELIHOOD, such as the $1590 cap and Direct Access. They provide user-friendly platforms for your voice to be heard.

Step Three: **ACT UP**. Make a difference. Get involved.

Preferred Tidbits...

MUCH ADO ABOUT E-STIM

If you haven't heard the buzz **about Medicare and the e-stim** code yet, don't sweat it. CMS instructed providers to use G0283 to bill for Unattended E-Stim, rather than 97014, for any services performed on or after April 1, 2003. **Does this affect your PREFERRED contracts? NO**. Providers should continue to use 97014 for Unattended E-Stim as applicable, for PREFERRED's contracts. We do not anticipate private plans to adopt the modification, however we will inform you if such change is made in the future. Resources at the APTA confirmed that at this point the changes are specific to Medicare.

If you want further info , call Fax On Demand at 602.234.9303 , and request document # **5008** for a single page synopsis. You can also request copies of the original sources used for this article by e-mailing Nicole: ncraig@preferredtherapy.com.

About NASHO (source: www.nasho.org)

The National Association of Specialty Health Organizations (NASHO), an AAPPO partner association, was launched to advance and evolve specialty health care delivery in the United States. NASHO's immediate goal is to fully integrate specialty health organizations –– businesses that facilitate and support the delivery of specialized health care services, including carriers and networks focused on dental, vision, chiropractic radiology, behavioral health and other areas, and services organizations, such as CVOs, technology providers and utilization management companies — into the health care reimbursement model. For the organization as a whole and for the specialized health care service organizations that define our membership makeup, the association also will:

- Inform/educate the public policy/regulatory arena about specialty health business practices
- Promote specialty health through strategic communication outlets
- Facilitate specialty health best practices and guidelines
- Support professional growth of specialty health care professionals through comprehensive educational programs to meet their needs

Find out more about NASHO at their 2003 NASHO Specialty Health Industry Forum on October 22, 2003 in Dallas, TX. For more information, visit their web site at **www.nasho.org.**

Preferred Vendor Profile– Star Trac

Star Trac Fitness Products manufactures the world's best selling commercial treadmills. In addition, they manufacture a full-line of elliptical trainers, bikes, recumbent cycles, and steppers, and distribute commercial strength equipment. Star Trac Fitness Products is proud to be a primary provider of fitness equipment for all PREFERRED Members. For the PREFERRED Therapy Providers discount program, call Tom Dawson at 800-789-6806. Please reference your PREFERRED member number. Visit their Web site at **http://www.startrac.com/.**

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Tiffany Washko at 800.664.5240 or twashko@preferredtherapy.com