

OVER THE EDGE

HFMA NORTHERN CALIFORNIA NEWSLETTER

December 2005

healthcare financial
management association

northern
california
chapter



SAVE THE DATE! Compliance Road Trip

*“How to Deal with the
Medicare Recovery Audit
(RAC) Demo*

January 20 – Sacramento

January 23 – San Pablo

January 26 – Chico

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President’s Message

Frank Fedor
President



Season’s greetings from your chapter Board of Directors and committee leadership. Our members, sponsors and other supporters make the chapter as strong as it is. Thank you for all of your support during 2005.

The chapter has an outstanding line up of educational and networking opportunities scheduled for the first quarter of 2006. The HFMA Region 11 Healthcare Symposium is all set to go at Caesars Palace in Las Vegas from January 29 through February 1. The brochure is available at our chapter’s website (<http://www.hfma-nca.org/>). This is a premier opportunity to take in top-notch educational events, entertaining speakers, and network with your peers from throughout the western states at a convenient location.

Closer to home we are following up on the highly successful fall 2005 PFS Road Shows on Claim Denial Prevention with our first Compliance Road Shows on How to Deal With the Medicare Recovery Audit (“RAC”) Demonstration in California. An RAC is a private Medicare contractor who will review six years of Medicare payments and be paid a percentage of the amount of “overpayments” it identifies and recovers. This three-hour seminar will cover a summary of the RACs and the RAC demonstration, how to respond to RAC notices, the impact of Medicare’s new appeal rules and compliance issues raised by RAC notices of overpayment. Presentations are scheduled for January 20 in Sacramento (at One Capitol Mall), January 23 at Doctors Hospital in San Pablo, and January 26 at Enloe Medical Center in Chico.

Then on March 23 and 24 the chapter will host its third Spring Conference at the DoubleTree Hotel in Berkeley. The educational programs will be announced over the next few weeks and are even more extensive than before. The conference will again include a gala social event coupled with the installation dinner for next year’s Officers and Board Members.

We look forward to seeing you at these events.

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Preparing for Changes and Challenges in Managed Medi-Cal

By Deborah Knight, Managed Care Committee

The Managed Care Committee sponsored a presentation on Medi-Cal HMO changes in San Francisco on October 26, 2005. Willie Anderson, *Director of County Organized Health Systems, Geographic Managed Care and Other Contracts Section, California Department of Health Services Medi-Cal Managed Care Division*, discussed Medi-Cal redesign to include existing and proposed Managed Care Counties, eligibility, Fee for Service (FFS), Medi-Cal Managed Care Models, County Organized Health Systems (COHS), and Geographic Managed Care (GMC). He also reviewed coverage guidelines and service carve-outs.

Greg Price, *Valley Health Plan CEO and Director of Managed Care, Santa Clara Valley Health and Hospital System*, presented Medi-Cal reimbursement from both a provider and payer perspective. Key issues covered included current rate and regulatory issues, different environments that impact rate strategies and what strategies are working or problematic, reasons to keep Managed Medi-Cal and updates on the current healthcare environment. Access to care continues to be a concern for everyone.

Both presentations were followed by extensive discussion and provided an explanation of Managed Medi-Cal programs and their impact to patients, providers, and payers. Attendee feedback was positive indicating that the topic was both timely and relevant to current challenges in healthcare administration. If you did not make it to the meeting, but would like to see the presentations, you can go to our web site and download them at <http://www.hfma-nca.org/resources.lasso>.

We would like to thank our speakers for their presentations and Paul DeMuro at Latham & Watkins for providing a meeting room with a state of the art AV system and a great view.

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A Four-Peat for NoCal HFMA Golf Champs

By Chuck Acquisto, Law Offices of Stephenson, Acquisto & Colman

San Ramon – For the fourth consecutive year, the foursome of Art DeNio, Pat Godley, Tom Knight and Mike Smith captured the HFMA of Northern California Golf Tournament under beautiful, sunny skies on September 30 at San Ramon's Canyon Lakes Golf Course. The defending golf champions fired an 11-under 60 in the scramble format to take first-place honors, keeping their names etched on the chapter's championship trophy.

For the second time in three years, second place went to the foursome of Jerry Klusky, Mike Moody, Chris Pass and Chuck Acquisto. The runners-up shot 10-under on the Par 71 course, stringing together six straight birdies and eight in 10 holes in the "best ball" competition to get into contention.

"We thought we had karma this year when Jerry (Klusky) chipped in from off the green for an unbelievable 20-foot birdie to put us at 10-under with three holes to go," Acquisto later said. "We kind of felt 10- or 11-under would win this thing." Third place went to the threesome of Jonathon Cramer, Bob DeMarco and Bradley Rice, who also finished at 10-under and lost a predetermined tiebreaker.

One shot back and in fourth place was the foursome of Rich Griffith, Jim Hebert, Brett Ferry and Troy Donnaville who combined for a 62.



Winners of the men's and women's long drive competition were Chris Pass and Andrea Brown, who fended off a longer cart path-aided drive from Joy Stephenson that was disqualified for resting well off the fairway.

The putting competition was a one-woman show as Barbara Braga defeated all comers by making the only putt on the two-ball putting contest. Terry Paff won the men's putting contest by coming closest to the hole.

The sixth annual Golf Tournament marks the end of Vince Acquisto's tenure as golf Chairperson, having grown the tournament to a record 18 teams featuring 70 golfers. Terry Paff will take as Tournament Chair for the 2006 Tournament.

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Fall Presidents' Meeting in Victoria BC

By Jack Ruzic, Chapter President-Elect

The Fall Presidents' Meeting was held on August 21-22 in Victoria BC at the beautiful Delta Resort. President Frank Fedor and President-Elect Jack Ruzic attended on behalf of the chapter. The main topics for discussion were membership, LTC, Davis Chapter Management System (DCMS) review and local chapter education.



Jack Ruzic, Chapter President-Elect

Membership retention was the main concern of most of the chapters. It seems that most chapters have a large number of new members but have trouble retaining the ones we already have. Most of the chapters went back to the old survey to determine what the membership wanted and needed to reduce the number of lost members. It was determined that the use of road shows, as we are now doing, greatly increased member participation and would help reduce member loss. Northern California chapter is committed to the road shows and is increasing these with the addition of the compliance and managed care road shows.

All of the chapters also have their own version of the LTC. We use the board retreat, which includes all of the Committee Chairs, as part of the ongoing training process so we may have a supply of new people that may wish to step up and become part of the Board of Directors and Executive Committees. Most of the chapters do this as well.

The Davis Chapter Management System (DCMS) is used to hold the chapters accountable to their members. The awards the chapter receives bring credibility to the chapter by encouraging member involvement. Our chapter has been a leader in utilizing road shows to promote the educational process for our members. Southern California and Nevada are now doing this to promote educational possibilities for their members. This increase in education has given the chapter an increase in education hours provided to the membership and increased DCMS points. One of the best ideas to reach more members was provided by the Hawaii chapter. They are now using video conferencing on most of their seminars as road shows. Most of their members are set up for this so it works well.

Next year, the Fall Presidents' Meeting will be in Hawaii and will take place for two days at the Sheraton Maui. The dates have not been determined at this time.

Value of HFMA Membership Demonstrated by PFS Educational Workshops

By Jack Porter, MBA, PFS Committee Chair 2005-2006

In the summer of 2005, the Patient Financial Services (PFS) Committee of the Northern California HFMA Chapter re-affirmed their commitment to provide and promote educational opportunities to all members of the Northern California HFMA chapter.



In October and November of 2005, the PFS Committee presented two identical educational workshops at different locations within Northern California, focusing on the topic of insurance denials and understanding the revenue cycle. There are two additional workshops scheduled for December 2005 and January 2006. The Northern California HFMA website has information regarding the upcoming workshops.

Almost 100 PFS professionals from Northern California have attended one of the first two regional workshops. Healthcare finance professionals join and remain active in HFMA for a variety of reasons; one of which is for educational opportunities that may not be available outside of HFMA.

There were several factors that made the fall series of workshops successful:

- Workshops were provided locally so more members could attend ½ day sessions
- The topics are timely and beneficial to the members
- Credible and informative speakers provided information that members could apply at their workplace
- Pricing was reasonable to demonstrate the benefits of HFMA membership.

Up until 2004, many PFS educational events were held only in one location, making access to distant locales difficult for members from all corners of Northern California. Many members were unable to benefit from the education venues offered due to geographic constraints. Consequently, members who are unable to take advantage of the benefits of HFMA membership may have allowed their membership to lapse.

The PFS Committee began the traveling 'Road Show', as we call it, in 2004. It is the continuing goal of the PFS Committee to provide quality educational workshops throughout Northern California, and have those workshops

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Primer on Founders Award and Continuing Education Points

By Gary L. Lampi, FHFMA—Chairperson, Founders Award Committee

Founders Awards are presented by HFMA to recognize the achievement of individuals in their service to the organization. Continuing Education is a requirement to maintain certification for our certified members. Both have undergone changes in recent years, resulting in some confusion for members. As the Chairman of the Founders Award Committee for the current year, the Chapter asked that I prepare this aid to help members ensure their activities are properly recorded.



Gary Lampi, FHFMA

National HFMA, in 2004, changed their methodology for recognizing activities by the accumulation of points for Founders Awards and for Continuing Education required for Certification Maintenance. Until that time, Chapter activities, continuing education, membership, authorship of articles and additional activities were accumulated together in determining Founders Awards points. Members were required to maintain and submit separate records of Continuing Education to fulfill their Certification Maintenance requirements. Since these activities reflect separate efforts by the membership, the recording of their respective activities have been segregated. In addition, National HFMA has essentially assigned responsibility for accuracy to the members. By using the National HFMA website, members can review their activities in both areas to confirm accuracy.

The National HFMA website address is www.HFMA.org. To access it, members must register and obtain a password. Details are available on the website. While the directions resented here are intended to provide basic information, members are encouraged to spend some time on the website to become familiar with the wealth of information it can provide. Members without access to a computer should contact National HFMA at (800) 252-HFMA (252-4362.)

To access personal records, members must login from the Home Page.

- Left click on MEMBER LOGIN
- Left click on MEMBERSHIP DIRECTORY
- Left click on PROFILE (your name)
- Left click on ACTIVITIES

Several options will appear on the screen. Left click on those you want to review.

For Founders Awards, the following are available:

FOUNDERS HISTORY THRU 5/31/04: This provides a description and date for each line item. For each line item, left click on FNDRS HIST for details and points awarded.

FOUNDERS – FOUNDERS POINTS CONVERSION: Left click on “FOUNDERS.” The change in 2004 necessitated a conversion of points accumulated under the old system to those recognized under the new system. This provides details on points converted.

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PFS Workshops (Continued from page 3)

fulfill a need that has been expressed by our membership.

Committees within HFMA chapters need to keep educational events topical and accessible to members, which will allow our chapter to grow and retain membership by providing beneficial educational events to our membership.

MEMBERS ON THE MOVE



- **Chuck Acquisto**—Law Offices of Stephenson, Acquisto & Colman
New Email Address:
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1950 Franklin Street, 7th Floor
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New phone number: (510) 987-4135

This section of the newsletter is provided to announce changes on members’ contact information or news on members’ job promotion/ career advancement. Send your information to office@hfma-nca.org for publication in the next issue of Over the Edge.

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Founders Points (Continued from page 4)

FOUNDR PTS – CURRENT FOUNDERS POINTS – BEGIN 6/1/04: Left click on “FOUNDR PTS” for details. This provides a description and date for points for points awarded since June 1, 2004. For each line item, left click on “FOUNDR PTS” again for further details and points awarded.

For Educational Points, back space to the ACTIVITIES page:

CPE – CONTINUING EDUCATION: Left click on CPE. This provides details on continuing education at Nationally sponsored events, such as the Annual Institute. National will post these points but members should periodically review them to confirm their accuracy. The initial screen presents line items of the events. For each line item, left click on “CPE” for a detailed description of the event and the points awarded.

EDU PTS – CERTIFIED MEMBERS EDUCATIONAL POINTS: This area provides details on continuing education at events not sponsored by National HFMA, such as Chapter programs, other educational programs, authorship, etc. Members must submit all of their own continuing education activities for events not sponsored by National HFMA. Left click on “EDU PTS” for a screen presenting line items of activities submitted. For each line item, left click on “EDU PTS” for details and points awarded.

To submit educational activities not sponsored by National HFMA:

Return to HOME PAGE

Left click on MEMBERSHIP

Left click on CERTIFICATION

Left click on MONITORING CERTIFICATION.

There is a paragraph entitled “Self-Report Eligible Activities – CLICK HERE. Left click on “CLICK HERE” and you will be directed to a form for

recording and emailing the information to National HFMA.

Details on the requirements for maintaining certification are available in this section.

Details on the requirements for Founders Awards can be obtained by returning to the MEMBERSHIP page and left clicking on FOUNDERS POINTS.

We hope this primer will help you understand the Founders Awards and Certification Maintenance programs. The Chairman of the Founders Awards Committee can update members’ records annually, with submission required by July 31st. National HFMA has recognized that certain members may not be able to meet this deadline and have agreed to assist on an exception basis.

If you have any questions or need to update your records, feel free to email me at glampi@sbcglobal.net.

Medi-Cal Hospital Financing Waiver Implementation

By Sherreta Lane, California Hospital Association

Implementation of the Medi-Cal hospital financing waiver is underway via provisions contained in SB 1100 (Perata, D-Oakland, and Ducheny, D-San Diego), signed by the governor in October.

The Department of Health Services (DHS) is working with the 22 designated public hospitals to determine the Medi-Cal costs that will be included as certified public expenditures (CPEs). CPEs are the key funding mechanism -- replacing intergovernmental transfers -- in the financing waiver. California is still waiting for the Centers for Medicare & Medicaid Services (CMS) to provide a definition of CPEs, which will affect the process.

The waiver makes significant changes to safety-net hospital financing, including both the Supplemental Emergency Services Funds (SB 1255) and the Medi-Cal Disproportionate Share Hospital (DSH) Program (SB 855). As a result, DHS and the California Medical Assistance Commission (CMAC) are working on the distribution of the SB 1255- and SB 855-replacement funds for private DSH hospitals.

Coverage Provision

The financing waiver also requires the development of a coverage initiative for uninsured individuals. As outlined in the waiver agreement, there is \$180 million in federal matching funds annually for this initiative during the third through fifth years of the waiver. DHS plans to submit a concept paper on the initiative to CMS by Jan. 31, 2006, and, as a first step in developing the concept paper, DHS requested comments from interested stakeholders.



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Medi-Cal Hospital Financing Waiver
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CHA provided comments and noted that during the Medi-Cal hospital financing waiver negotiations, the administration indicated its goal was to stabilize the state's public and private safety-net hospitals to ensure access to care for all patients. It is critical the funds allocated in the waiver for health care coverage remain with the state's safety-net hospitals.

CHA recommends crafting a proposal that would provide access to hospital services to low-income Californians who are not otherwise eligible for government health programs, and incorporate public and private safety-net hospitals into the delivery model.

Distressed Hospital Fund

SB 1100 created the Distressed Hospital Fund program and provided the

following criteria to determine a distressed hospital while providing the California Medical Assistance Commission (CMAC) discretion in distribution of funds. The criteria are:

- The hospital serves a substantial volume of Medi-Cal patients measured either as a percentage of the hospital's overall volume or by the total volume of Medi-Cal services furnished by the hospital.
- The hospital is a critical component of the Medi-Cal program's health care delivery system, such that the Medi-Cal health care delivery system would be significantly disrupted if the hospital reduced its Medi-Cal services or no longer participated in the Medi-Cal program.
- The hospital is facing a significant financial hardship that may impair its ability to continue its range of services for the Medi-Cal program.

CMAC has requested CHA solicit comments from Selective Provider Contracting Program (SPCP) hospitals regarding how they should interpret and apply the eligibility requirements; how and where the funding should be focused; and how the negotiation and payment process should operate. CHA is preparing a comment letter incorporating comments received. Hospitals are also invited to provide comments directly to CMAC. CMAC commissioners plan to review comments beginning in early January.

Clean-up legislation will be necessary in 2006 to further address issues contained in the hospital financing waiver and 2005's SB 1100.

Medi-Cal Billing: Getting Back to Basics—Duplicate Claim Denials (Medi-Cal RAD code 010) resulting from Overlapping Days between Providers for the Same Patient

By Roger Hatch, RN

The majority of Medi-Cal inpatient duplicate (010) denials occur, when split-billing a claim period and the dates on the multiple claims overlap. We see this frequently in situations when:

1. There are multiple Treatment Authorization Requests (TARs) for a claim period and the TARs are not linked;
2. Multiple Medicare payment Remittance Advices (RAs) for the patient's total claim period; or
3. The end of the year transition in which patient days span December 31st and January 1st, requiring split-claims.

These types of 010 denials are usually simple and easily resolved by resubmission of a corrected claim.

Unfortunately, there is a fourth situation involving yourself and another Medi-Cal provider that also results in 010 duplicate denials but this fourth situation is not so easily resolved. These duplicate denials are a result of the other provider who discharged or transferred a patient from their facility to your facility and then submitted a claim for their services with an incorrect "patient status" code. Medi-Cal paid the other

facility for their claim, but their billing error has caused your claim to be denied 010 because the Medi-Cal edits require a specific "patient status" code to override the duplicate/overlapping days edit when **the other provider's discharge/transfer date is the same as your admission date.**

The first three split-billing 010 circumstances described above involving TARs, Medicare, or Year End issues can be resolved by correcting your facilities billing, but the fourth 010 denial situation occurs when your claim period overlaps with another provider is significantly more difficult to resolve. This requires collaboration or even coordination of the two providers' billing departments.

The other provider can be identified through the Medi-Cal Appeal process and contacted regarding correction of the patient status code on their already paid claim. This requires the other provider to resubmit their paid claim for correction through the Medi-Cal Claims Inquiry (CIF) process. Okay, so what is their incentive to do this correction? In most cases, it usually involves Business Office Managers, Patient

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Medi-Cal Billing (Continued from page 6)

Finance Managers and even Controllers or CFOs having a mutual good working relationship (sometimes even having an HFMA relationship helps).

Well anyway, establishing this good working relationship with the other provider really does help, especially in this situation when the resolution of your 010 denial depends on the other providers' timely cooperation. Your staff must confirm that the other providers' claim correction is in effect at Medi-Cal before resubmitting your facility's denied claim for reconsideration. So, how's that for keeping cordiality on the "front end".

While there are other Medi-Cal procedures available to resolve 010 overlapping denials with other providers, it has been our experience that working directly with the other providers, has been the most effective and timely way to resolve this problem.

What a Provider Should Know About the FHA/HUD 242 Program

By Marion R. Schales, Manager, HFS Consultants



Marion R. Schales

Currently many hospitals throughout the United States are aging and due for substantial renovation or replacement. Additionally hospitals in California are required to meet certain structural standards under SB 1953 with deadlines for structural compliance by 2013. Given these current conditions, most hospitals must determine how to access capital markets for the necessary funding. One possible route into the capital market may be through the FHA/HUD 242 Program. The following article presents some baseline information that may answer whether the FHA/HUD 242 Program may be appropriate for your facility.

The Background and Nature of FHA/HUD 242 Program

Since its inception in 1968 as a bricks-and-mortar program to support construction and modernization projects, the Federal Housing Administration (FHA) of the United States has insured 325 hospital mortgages and loans in excess of 10 billion dollars. Historically the 242 program has been used primarily in New York and New Jersey, however recently FHA has been actively diversifying portfolios into other states. By increasing the 242 Program staff significantly over the last five years, processing and turn-around time on the program 242 applications has improved dramatically.

Program 242 is authorized by Section 242 of the National Housing Act and is administered by the Division of Facilities Loans (DFL) in the Office of Special Programs (OSP) in the Health Resources and Services Administration under an agreement between its parent, the Department of Health and Human Services (HHS) and the Department of Housing and Urban Development (HUD). HUD is responsible for setting all of the policies and procedures for the program, providing legal and other support services, and for making the final decision on Program 242 applications. HHS is under contract with HUD, and is responsible for providing the underwriting services and architectural/engineering monitoring services.

How Does the FHA/HUD 242 Program Work?

It is important to remember that the FHA/HUD 242 Program is mortgage insurance only, not actual financing. This type of mortgage insurance enhances the applicant hospital's creditworthiness because the debt is backed by the U.S. government. With this type of guarantee FHA/HUD approved lenders will finance debt as investment grade debt (AA or AAA). Without this guarantee, hospital debt will often be characterized as "junk" grade with associated high financing costs. FHA/HUD insured mortgages usually obtain the lowest interest rates available in their segment of the market. Only lenders who are approved as FHA multifamily mortgage lenders can submit applications for FHA hospital mortgage insurance and FHA/HUD can only issue hospital mortgage insurance commitments to such lenders.

SAVE THE DATE!
2006 Spring Conference
March 23-24, 2006
DoubleTree Hotel, Berkeley, CA



Featured Sessions:

- Compliance
- CFO Forum
- Managed Care
- Patient Accounting

For sponsorship opportunities, contact:

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akendall@northbay.org

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FHA/HUD 242 (Continued from page 7)

Uses for FHA/HUD-Insured Mortgages

FHA/HUD-insured mortgages may be used for construction financing, re-modeling and modernization projects, equipment purchases and expansion projects. FHA/HUD-insured mortgages can also be used for new and existing hospitals and also in conjunction with purchases of existing hospitals. In order to qualify for FHA/HUD mortgage insurance FHA/HUD requires a **first-lien position** on the entire plant, property and equipment. Also all current long-term debt must be refinanced under the FHA/HUD-insured mortgage. All accounts receivable financing programs must be eliminated or severely limited.

Restrictions on Uses for FHA/HUD-Insured Mortgages

FHA/HUD cannot insure debt for “stand-alone” ancillary projects, medical office buildings and outpatient surgery centers, except as part of insuring the debt of the entire hospital. A standard refinance of existing debt is not possible under current regulations unless it is done in conjunction with construction/modernization projects. At least 20% of the proceeds from the refinance must be used for the construction/modernization project. Additionally “Pick-up” projects, where construction has already begun, are not eligible for FHA-insured mortgages.

Minimum Applicant Eligibility Requirements

Qualified applicants can be for-profit or not-for-profit hospitals licensed or regulated by the State, municipality or other political subdivision. Historically FHA/HUD has insured financing for individual hospitals rather than group financings. However FHA/HUD is willing to evaluate mortgage insurance applications for system financings.

Additionally the hospital’s “Project” must have a clear community need.

At least 50 % of the care must be for general acute patients only. This means that skilled nursing care, acute psychiatric and rehabilitative care in licensed acute care facilities are not eligible for the 50% rule. Through the end of the “Project” and for two fiscal years thereafter, the general acute care must continue to qualify under the 50 % rule.

The applicant must be in the position to grant the FHA/HUD-insured lender a **first-lien position** on the entire hospital and must be able to make monthly payments into a Mortgage Reserve Fund that will build to a balance equal to one year of debt service after five years and two years of debt service after 10 years.

Over the last three full fiscal years, the hospital’s average operating margin must have been equal to or greater than \$1.00 (breakeven). Over the last three full fiscal years, the hospital’s average debt service coverage ratio must be equal to or greater than 1.25.

States with Certificate of Need (CON) requirements must already have an issued or pending CON when the application for mortgage insurance is submitted. States without CON requirements must select a FHA/HUD approved feasibility consultant to develop the feasibility study that will be submitted with the application for FHA/HUD mortgage insurance.

Applicability to Small Rural Hospitals

Historically FHA/HUD-insured mortgages under Program 242 have not been available to small rural hospitals due to the difficulty in meeting the financial projection requirements as described above (in the minimum eligibility requirements). Under the federal critical access hospital program rural hospitals who qualify as critical

access hospitals (CAHs) can now receive cost-based Medicare reimbursement for their capital expenditures (depreciation and interest expense). This additional reimbursement will generally improve the CAH’s financials enough to meet the financial requirements of the program. Also FHA has recently simplified the feasibility study to be mostly a debt capacity analysis (for CAH’s only). There is generally no demand study required in a debt capacity analysis and FHA will arrange and pay for the feasibility study on behalf of the CAHs...

Coverage, Cost and Conditions

The maximum mortgage amount may not exceed 90 % of the estimated replacement cost of the hospital including the installed equipment. Real Estate can provide the 10% equity requirement. The maximum mortgage term is 25 years. One-time HUD application, commitment and inspection fees usually equate to 0.8% of the mortgage amount. Other fees include financing fees (of up to 3% of the mortgage amount), attorney’s fees and feasibility consultant fees (if applicable). FHA/HUD insures 99 % of the loan amount and there is no limit on the amount that can be insured. The interest rate on the mortgage is determined by the credit rating of the hospital within the current market. AMPO (working capital) of up to 2% of the mortgage amount is available for not-for-profit applicants. FHA mortgage insurance may be obtained for tax-exempt or taxable borrowings. Pre-payment of the loan is generally permitted

The annual mortgage insurance premium is based on one-half (0.5%) of the average monthly amortized unpaid principle balance for the forthcoming year.

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HFMA Calendar of Events Visit our website (http://www/hfma-nca.org) for more information	
January 13, 2006	Claim Denial Prevention Workshop Novato, CA
January 20, 2006	How to Deal with the Medicare Recovery Audit (RAC) in California Sacramento, CA
January 23, 2006	How to Deal with the Medicare Recovery Audit (RAC) in California San Pablo, CA
January 26, 2006	How to Deal with the Medicare Recovery Audit (RAC) in California Chico, CA
January 29 – February 1, 2006	Region 11 Healthcare Symposium Las Vegas, Nevada
March 23-24, 2006	2006 HFMA Northern California Spring Conference Berkeley, CA
May 7, 2006	Leadership Training Conference Huntington Beach, CA

JOBS! JOBS! JOBS!
Members can view and post jobs directly on our web site
CHECK [HTTP://WWW.HFMA-NCA.ORG](http://www.hfma-nca.org) TO POST OR REVIEW CURRENT JOB OPPORTUNITES

We hope that this newsletter will help keep you, our members, involved, informed and more connected to our Chapter's activities. Our goal is to help make you the best healthcare professionals you can be. We are always looking for authors for newsletter articles. If you would like to help, please email any one of us.

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