EXHIBIT A

Proposal

for

Coder Mentoring Services

Submitted to:

Johns Hopkins Health System Corporation
Baltimore, Maryland

Revised
September 29, 2006

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APPENDICES

1.0 Introduction & Purpose

HP3 is pleased to present this proposal to Johns Hopkins Health System Corporation (JHHS) for Coding Mentoring Services for its Coding Program students. This Proposal outlines our approach to the process as defined by JHHS.

2.0 Methodology

Project Reach at JHHS is seeking expertise to provide Coder Mentoring Services to its Coding Program students. HP3 is proposing a thirty-six (36) week program consisting of coder shadowing and coder education conducted by an experienced, credentialed HP3 coding consultant.

This education program will be created to address the unique needs of JHHS's Coding program, specifically addressing inpatient and outpatient coding and documentation guidelines. The content of the education will be created using HP3's own materials for training with input from the Coding Program. An integral part of the mentoring program will be HP3's coder shadowing exercise.

This educational exercise will make use of the "case study" methodology where recently discharged patients' medical records will be reviewed. HP3 staff will review the recently coded records for medical record documentation that is critical to successful code assignment under a severity of illness reimbursement system. The majority of the program will focus on inpatient coding. Inpatient coding will include the assignment of principal and secondary diagnoses, including operative and non-operative procedures. One (1) day a week will be spent on outpatient coding. The outpatient focus will be limited to Ambulatory Surgery and Emergency Room coding. The extent of outpatient coding covered during the proposed period will be determined by the skill level and previous outpatient exposure which the five (5) coding students have experienced. Based on our conversations with JHHS, the coding education provided to these students by JHHS did not address outpatient coding specifically.

For the coder shadowing exercise, HP3 staff will review recently coded inpatient and outpatient records and final coding assignments for each working day of the mentoring period. Each of the five (5) coding students will be given a set number of inpatient records per week to code and review with the instructor. JHHS coding students will be provided with feedback resulting from the record review and documentation of suggested APR DRG changes, severity of illness changes, and retrospective physician queries. Outpatient coder shadowing exercises will also be reviewed for admitting diagnoses and CPT assignment. As indicated before, the level of outpatient case studies versus straight classroom training will be determined once all five (5) students' outpatient skill set has been determined.

In addition to the training exercise, HP3 will conduct monthly coder education sessions for the 5 students and any other employees that JHHS wishes to attend to review the relationship among clinical documentation, complete coding, and severity DRG assignment. The sessions will also address formulating physician queries and communicating with physicians about complete clinical documentation.

The HP3 staff member will maintain a weekly summary for each of the five (5) students containing their productivity and quality measures such as: Changes in APR DRG, SOI, Principal Diagnosis, Secondary Diagnoses, and Procedure Coding. These measures will be provided to the client in a similar format included as Appendix B to this proposal. The initial focus of this engagement with the students will be on quality not on productivity. The interaction between the students and instructor via questions and feedback is critical to the learning/reinforcement process. Weekly productivity and quality reports will be produced and provided to JHHS but will not be a focus for the students until the second half of this engagement.

The JHHS coding students will review inpatient records of patients with common diagnosis/procedures for a particular medical or surgical specialty. Each of the three JHHS entities will provide records so the student associated with their institution will work closely with their "home" facility records. The instructional calendar will be divided into three (3) phases or sections, for a period of 12 weeks each. For the purposes of the coder shadowing exercise, the sequence of medical/surgical specialties in each phase will be the following:

Phase I – Weeks 1 - 12

- Labor & Delivery
- Delivery/Baby
- Respiratory Diseases
- Sepsis/UTI

Phase II – Weeks 13 - 24

- Diabetes/Endocrinology
- Neoplasm/Oncology
- Renal/Kidney
- Gastrointestinal/Genitourinary

Phase III – Weeks 25 - 36

- Neurology
- Musculoskeletal/Orthopedics
- Cardiology & Cardiac Surgery
- Pediatrics
- Mental Health/Psychiatric/Trauma/Burn

As the JHHS students progress through the three (3) phases, their inpatient coding productivity will increase. For each phase, there is a different productivity target reflecting the students' progress through the coder shadowing program. Initially the productivity is used to determine the number of records for review only. Although productivity reports will be compiled and shared with JHHS, the initial focus will be quality. The productivity targets stated will provide each institution the number of records each facility needs to provide. For Phase I, the inpatient

productivity target is 2-4 records per day or 16 records per week (4 days I/P). For Phase II, the productivity target is 6-8 records per day or 24 records per week (4 days I/P). For Phase III, the productivity target is 8-10 records per day or 40 records per week (4 days I/P). If the students complete their "home" facility charts, they will code from one of the other two facility charts. HP3 will review 100% of the student's "home" charts with the student. If time permits, additional charts will be reviewed.

The number of charts needed for the outpatient component will be determined after the initial outpatient assessment. This will be communicated to JHHS after the first full week of operation. Outpatient productivity reports will be generated weekly to include number of records reviewed and CPT and ICD-9 changes.

Each of the three (3) entities (Johns Hopkins Hospital, Johns Hopkins Bayview Medical Center and Howard County) must supply copies of medical records at least two (2) working days before the start of a new specialty. Appendix C outlines the inpatient specialty to be reviewed by week. JHHS is responsible for the confidential destruction of all medical record copies after the records have been released by the HP3 staff member.

The HP3 staff member will schedule monthly status meetings with JHHS management to review student progress, concerns or opportunities for improvement. JHHS will be given the opportunity to approve the content prior to the upcoming session. Each attendee will receive reference materials that can be used during and after the session, as well as practice exercises to reinforce the content that was covered.

At the conclusion of the coder mentoring period, the HP3 staff member will administer HP3's Coder Fitness Test ™ instrument to the five (5) JHHS coding students. The instrument has been validated by coders employed at healthcare provider settings throughout the county. The HP3 Coder Fitness Test ™ is an on-line test that validates a coder's skills in all of the subtopic areas for the type of coding they are responsible for providing at a facility. There are currently three (3) different versions of the HP3 Coder Fitness Test ™: inpatient, outpatient-facility based and physician pro-fee. JHHS's coding students will be tested using the inpatient and outpatient version of the Coder Fitness Test ™. Each coder will be provided with scores in each of the subtopic areas for their own test along with recommendations for improving their future coding skill set. In addition, JHHS will be provided with summary scores, similar to the table noted below for each of the five JHHS coding students. The Coder Fitness Test ™ will serve as a practice test for any student planning to take AHIMA's CCA exam.

Coder	1	2	3	4	5	Avg
Basic Coding Principles	89%	52%	59%	96%	78%	75%
Advanced Coding Principles	53%	29%	18%	53%	71%	45%
Secondary Conditions	94%	67%	28%	83%	67%	59%
Querying Physician	100%	50%	50%	63%	88%	60%
Procedures	43%	57%	57%	57%	57%	54%
Average Test Results	76%	51%	42%	70%	72%	

3.0 Project Team

The HP3 Project Team, based on availability, may consist of any of the following individuals:

Project Manager:	Susan Bell, CPA, CPC
Team Members:	Patricia Hoole, RHIT, CCS
	Lisa Smith, MBA, CCS

4.0 Project Deliverables

The JHHS coder mentoring program will be conducted on-site for a period 36 weeks and includes the following:

- HP3 will meet monthly with JHHS to discuss process and progress of program.
- Outpatient skill set assessment will be communicated to JHHS within the first full week of operation. HP3 and JHHS will need to determine scope of outpatient focus based on this assessment.
- Inpatient productivity and quality reports similar to Appendix B will be provided to JHHS on a weekly basis for each of the five (5) students.
- HP3 will conduct monthly coder education sessions that review the relationship among clinical documentation, complete coding, severity and APR/DRG assignment. The sessions will also address formulating physician queries and communicating with physicians about complete clinical documentation.
- Training materials will be prepared and provided to each student. In addition, a master copy will be provided to each facility.

5.0 Project Fees

The fees for this project will be for thirty-six (36) weeks of coder mentoring and instruction by a credentialed, experienced HP3 coding consultant. In addition, reasonable and necessary travel expenses such as mileage (at the current IRS rate), parking and tolls will also be billed.

6.0 HP3 Compliance, Training and Education Plan

6.1 Statement of Compliance/Ethics

HP3, Inc. (HP3) is committed to abiding by all laws, rules, and regulations that govern a consulting firm involved in the highly regulated healthcare industry. The HP3 Standards of Conduct and Individual Integrity are attached hereto. This document is available to all HP3 employees on the HP3 Intranet, as well as to the general public on the HP3 internet site www.hp3.com. All HP3 employees must pass an examination related to the Standards of Conduct and Individual Integrity.

This examination is contained on the HP3 Learning Management System (LMS), HP3 University (www.hp3u.com).

Through our compliance policies and procedures, HP3 promotes and emphasizes an ethical and honest corporate culture that permeates every aspect of our business relationships. This ethical corporate culture begins with our Chief Executive Officer, Ruthann Russo, JD, MPH, RHIT, who has been a pioneer in the compliance industry, having authored several books and numerous publications. HP3's President & General Counsel, Joseph J. Russo, Esq., served on the Board of Directors of the Health Care Compliance Association (HCCA) and has authored several compliance related articles/ publications.

6.2 General Reimbursement/ Education and Training

HP3's Compliance Program is built upon our compliance products. All employees are required to review the Reimbursement Process Video Training Series and complete the accompanying pre- and post-tests. The pre- and post-tests completed by HP3 employees are maintained on file in the Human Resources Department.

This video series, produced by HP3, stresses not only compliant practices in healthcare reimbursement, but also emphasizes the need for all healthcare providers to ensure that their staffs have an in-depth understanding of compliant reimbursement processes. This includes compliance issues that are involved in every aspect of the reimbursement cycle.

The Reimbursement Process Video Training Series includes the following videotapes:

- *Registration (Volume 1)*
- *Documentation (Volume 2)*
- *Coding (Volume 3)*
- *Patient Accounting (Volume 4)*
- *Documentation Improvement for Hospital Inpatient Records (Volume 6)*
- *Documentation Improvement for Physician Evaluation & Management Coding (Volume 7)*

6.3 HP3 Coding and Auditing Compliance Resource Manual

As an integral part of HP3's comprehensive Compliance Program, all HP3 employees have access to the HP3 Coding and Auditing Compliance Resource Manual. This comprehensive manual is located on the HP3 Intranet site and is a valuable resource for all HP3 technical staff. The HP3 Coding and Auditing Compliance Resource Manual is available to HP3 clients upon request.

The HP3 Coding and Auditing Compliance Resource Manual addresses such topics as compliant coding practices, coding without a complete record, physician query, coding resources, OIG Compliance Guidance, AHIMA Code of Ethics, AAPC Code of Ethical Standards, OIG Special Advisory Bulletins, Relevant AHIMA Practice Briefs, Documentation Requirements for Accurate Inpatient Coding, and Documentation Required for Accurate E/M Coding. In addition, the Manual contains voluminous coding, auditing, and compliance references.

The HP3 Coding and Auditing Compliance Resource Manual clearly delineates that upcoding and assumption coding are prohibited.

6.4 Quality Monitoring and Auditing

As a leader in documentation, coding, and data solutions, HP3 realizes the quality of our results and reports is critical to the success of our clients and to our own success. Clients rely on our judgment and expertise to assist them with complex health information, operational, financial, and compliance situations. To help ensure accurate coding, auditing, and reporting of key data, all HP3 employees must abide by established quality policies.

HP3's health information management professionals must ensure that all coding/auditing is performed in accordance with Medicare regulations and official coding guidelines (including the Official Guidelines for Coding and Reporting, AHA's Coding Clinic for ICD-9-CM, AMA's CPT Assistant for CPT, the National Correct Coding Initiative, and the Outpatient Code Editor). In the absence of Coding Clinic or CPT Assistant guidelines on a particular topic to the contrary, HP3 staff will utilize client-specific policies and procedures to complete the coding function.

Routine quality procedures involve various levels of management or peer review. The specific requirements depend on project requirements, contractual agreements, and Project Manager judgment. Periodic audits to monitor compliance with coding and auditing guidelines will be performed by the Project Manager.

6.5 HIPAA Privacy Education and Training

As an integral part of HP3 orientation, employees must review a videotape produced by MediaPro in association with Strategic Management Systems, Inc. entitled, "An Introduction to HIPAA Privacy and Security for Healthcare Business Associates."

HP3 is constantly in possession of protected health information, as defined in the HIPAA Final Privacy Regulations. As a result, all employees, in addition to reviewing the above referenced videotapes, must certify that they will maintain the confidentiality of all individually identifiable patient healthcare information. This includes patient medical records, patient charts, patient data, and other confidential health information. This certification (HP3 Health Information Confidentiality Statement), upon execution, is placed in the employee's respective file within the HP3 Human Resources Department.

HP3 employees must further complete related forms including the "HP3 Non-Disclosure/Non-Solicitation Agreement" and the "HP3 Confidentiality Policy."

HP3 shall comply with the terms and conditions set forth in the Business Associate Agreement between HP3 and JHHS dated _____, 2006.

Employees who are hired to perform coding, auditing, and consulting work for HP3 take either the "HP3 Outpatient Coding Test" or the "HP3 Inpatient Coding Test" as a requirement for employment. Some potential employees are given both tests—depending upon their areas of expertise. An affidavit is signed that states the person did not receive help on the test.

6.6 Updating Education/Training Requirements

HP3 believes that compliance is an ongoing process. Therefore, we continue to modify the training requirements for our employees as the industry changes and progresses. All HP3 technical staff must pass a quarterly examination related to general compliance, coding, and/or auditing.

Finally, in accordance with OIG Compliance Guidance, we request a copy of all of our client's compliance policies that are applicable to our work at the client site – and commit via contractual provisions to abide by the client's compliance policies and procedures.

6.7 Verification of Credentialed Employees and Reference Checks

HP3's Human Resources Department verifies the credentials of all professional coders, nurses, and auditors. Employees with the credentials of CPC and CPC-H are verified with the American Academy of Professional Coders (AAPC).

Employees with the credentials of CCS, CCS-P, RHIT, and RHIA are verified with American Health Information Management Association (AHIMA).

Employees with the credentials of Registered Nurse (RN) are verified through the appropriate state licensure board.

Employees with any other professional and/or educational training/degrees are verified through the respective educational institutions.

Reference checks are conducted on a routine basis for every HP3 employee.

6.8 Verification of Non-Exclusion From Any Federal/State Healthcare Program

HP3's Human Resources Department performs a search of the Office of Inspector General (OIG) List of Excluded Individuals/Entities (LEIE) to ensure that employees have never been the subject of mandatory/permissive exclusion from the Medicare, Medicaid, or any other Federal or State Healthcare Program and to further ensure that employees are not listed in the LEIE database.

HP3 employees, as a condition precedent to employment, must certify that they have never been the subject of exclusion from participation in Medicare, Medicaid, or any other Federal or State Healthcare Program.

6.9 HP3 CDI Physician Education & Training Compliance Statement (Re: Self-Referral (Stark) & Federal Anti-Kickback Laws)

Hospital and physician documentation requirements are complex and at times cumbersome. The Medicare requirements for proper documentation are contained in thousands of pages of regulations. The majority of compliance settlements and resultant Corporate Integrity Agreements (CIA's) are based on coding and billing issues not supported by appropriate clinical documentation in the medical record. Therefore, physician compliance education and training in the areas of clinical documentation and accurate coding are essential to minimizing risk as well as maintaining an effective compliance program.

The Final Compliance Program Guidance for Individual and Small Group Physician Practices, issued by the Office of Inspector General (OIG), emphasizes the importance of complete documentation in the medical record for improving patient care, ensuring accurate reimbursement, and decreasing compliance risk. Quality documentation benefits both hospitals and physicians in many ways. This Compliance Guidance states:

> Timely, accurate and complete documentation is important to clinical patient care. This same documentation serves as a second function when a bill is submitted for payment, namely, as verification that the bill is accurate as submitted. Therefore, one of the most important physician practice compliance issues is the appropriate documentation of diagnosis and treatment. Physician documentation is necessary to determine the appropriate medical treatment for the patient and is the basis for coding and billing determinations. Thorough and accurate documentation also helps to ensure accurate recording and timely transmission of information.

Therefore, it is important that physicians obtain compliance education and training in a cost effective manner without violating the Federal Anti-Kickback and Self-Referral (Stark) laws. The Federal Anti-Kickback statute (42 U.S.C. § 1320a-7b) makes it a criminal offense to knowingly and willfully offer, pay, solicit, or receive any remuneration to induce referrals of items or services reimbursable under any federal healthcare program. Remuneration includes direct or indirect kickbacks, bribes or rebates, whether in cash or in kind. The Stark law (42 U.S.C. § 1 395nn) prohibits physicians from referring Medicare or Medicaid patients to entities for the provision of certain statutorily defined health services where those physicians or their immediate family members have financial relationships with those entities. The government, however, has promulgated safe harbor regulations that define practices that are not subject to the Anti-Kickback statute because such practices would not likely result in fraud or abuse. In a similar fashion under Stark, certain compensation practices are exempted from the definition of financial relationships.

In its Final Compliance Program Guidance for Individual and Small Group Physician Practices, the OIG encourages collaborative compliance efforts between physicians and a sponsoring provider (e.g., a hospital). However, the OIG cautions that:

> [t]o prevent possible anti-kickback or self-referral issues, the OIG recommends that physicians consider limiting their participation in a sponsoring provider's compliance program to the areas of training and education or policies and procedures.

> The key to avoiding possible conflicts is to ensure that the entity providing compliance services to a physician practice (its referral source) is not perceived as nor is it operating the practice compliance program at no charge. For example, if the sponsoring entity conducted claims review for the physician practice as part of a compliance program or provided compliance oversight without charging the practice fair market value for those services, the Anti-Kickback and Stark self referral laws would be implicated. The payment of fair market value by referral sources for compliance services will generally address these concerns (65 Fed. Reg. 59437).

Collaborative compliance efforts with hospitals and other providers enable physicians to economically obtain education and training. According to the above-referenced Compliance Guidance, the OIG does not consider free collaborative compliance training that is provided by or on behalf of a hospital to physicians as implicating either the Federal Anti-Kickback or Stark Self-Referral statutes. Indeed, the OIG encourages physician practices to participate in other providers' compliance programs, such as the compliance programs of the hospitals or other settings in which the physicians practice.

It is the position of HP3 that physicians may attend training programs offered by hospitals, third party billing companies, consulting companies, local medical societies and insurance carriers. Collaborative training provides a means to promote legitimate compliance objectives without imposing excessive burdens on the physician. This collaborative effort is an excellent way for physicians to satisfy training objectives without expending resources for internal training.

The HP3 Clinical Documentation Improvement Programs include education and training of physicians in the areas of clinical documentation and coding.

The goals of the HP3 CDI Program are to ensure that the clinical documentation:

- Drives appropriate code selection for ***accurate reimbursement***
- Supports the ***high quality care*** provided by the Hospital;
- Accurately reflects ***patient acuity levels*** and the care provided;
- Is accurately and compliantly captured at the ***point of service;***
- Meets ***JCAHO standards*** for clinical documentation;
- ***Reduces risks*** from incomplete or unclear documentation;
- Provides accurate data for ***Medicare quality indicators*** and ***hospital report cards.***

Further, it is the position of HP3 that CDI education and training is appropriate, compliant with Stark and Federal anti-kickback laws and regulations, and indeed encouraged by the OIG. However, the auditing of physician claims as part of a CDI Program may implicate the Stark and anti-kickback laws and regulations as noted by the OIG in its Compliance Program Guidance. Therefore, HP3 will not perform auditing of physicians who have admitting privileges in a hospital as part of a CDI Program unless the hospital specifically requests same and the hospital certifies that the reimbursement received from the physician/physician practice for such audit services equals fair market value.

An optional component of the HP3 CDI Program is physician shadowing. It is the position of HP3 that physician shadowing constitutes documentation training and education, and constitutes permissible collaborative compliance training and education favored by the OIG.

6.10 Contingency Fee Billing

The OIG, in Fraud Alert 97-01, announced its suspicion of consultants who utilize contingency fee arrangements. Although contingency fee auditing is not per se illegal or impermissible, HP3 will not perform any auditing work on a contingency fee basis. It is the position of HP3 that contingency fee auditing creates the appearance of impropriety and may lead to abusive reimbursement and billing practices. Therefore, HP3 will only charge flat fees with respect to consulting and auditing client engagements.

6.11 Promises & Guarantees

Consistent with a Special Advisory Bulletin issued by the OIG in June 2001 entitled "Practices of Business Consultants," HP3 will not "promise or guarantee specific results that are unreasonable or improbable." HP3 will not promise or guarantee a prospective client that its advice or services will produce a specific dollar or percentage increase in the client's Medicare reimbursements. According to the OIG, these promises are often based upon the consultant receiving a percentage of the increased reimbursement.

Projections based upon legitimate analysis of aggregate data (i.e. MEDPAR data, E&M Bell Curve data) or client specific data are permissible.

Susan Bell, CPA, CPC
Vice President, MidAtlantic Region
HP3, Inc.
Bethlehem, Pennsylvania

Susan Bell is the Vice President of the MidAtlantic Region with HP3, Inc., a national healthcare consulting firm dedicated to providing documentation, coding and data solutions for improved reimbursement, compliance, and patient care.

HP3 consultants assist healthcare providers in resolving challenging documentation, coding and data issues with solutions such as Clinical Documentation Improvement (CDI), outsourced coding, and auditing services. HP3 utilizes proprietary software in the delivery of its measurable, reproducible and sustainable consulting services.

Ms. Bell is responsible for business development, Clinical Documentation Improvement and consulting professionals for HP3. She is actively involved in HP3's Clinical Documentation Improvements programs and participates in extensive research rendering expert opinions for clients. Ms. Bell is responsible for providing consulting services to Health Information Management Departments, and coding and auditing of both inpatient and outpatient charts. She also utilizes her knowledge of HIM, coding, and auditing to bring various benefits to every facility. Additional responsibilities include identifying reimbursement opportunities as well as compliance risks related to coding and billing.

Ms. Bell's excellent leadership, communications skills and depth of coding knowledge contribute to sustainable solutions and efficient project completion. She is a dedicated individual withthe ability to resolve challenging coding and billing situations and recommend strategies to improve performance and reimbursement.

Ms. Bell came to HP3 withseveral years of consulting, management and financial experience in the health information management area. She has served as a director of clinical economies where she was responsible for state regulatory reporting, chargemaster, and maintenance rates and reimbursement. Ms. Bell has also served as a coding consultant inthe Baltimore area with a focus on regulatory reporting. She also served clients with consulting and providing coding audit solutions by addressing inpatient and observation coding and billing compliance with federal regulations.

Ms. Bell earned a Bachelors degree from Western Maryland College. She is an active member of AAPC and HFMA.

08/14/2006

Patricia Hoole, RHIT, CCS
Senior Consultant
HP3, Inc
Bethlehem, Pennsylvania

Patricia Hoole is a Senior Consultant for HP3, Inc., a national healthcare consulting firm dedicated to providing documentation, coding and data solutions for improved reimbursement, compliance, and patient care.

HP3 consultants assist health care providers in resolving challenging documentation, coding and data issues with solutions such as Clinical Documentation Improvement (CDI), outsourced coding, and auditing services. HP3 utilizes proprietary software in the delivery of its measurable, reproducible and sustainable consulting services.

Ms. Hoole is responsible for a variety of consulting services for HP3's clients including DRG and APR audits. She identifies the needs and educates the coding staff on accurate DRG assignment. Ms. Hoole is actively involved in HP3's Clinical Documentation Improvement programs, performing reviews to ensure data quality, optimal financial reimbursement and compliance with federal and state regulations. Additional responsibilities include contributing written articles to Justcoding.com for publication on the internet regarding coding, reimbursement and clinical documentation improvement.

Ms. Hoole is a motivated, results oriented, professional Health Information Management Consultant. She ensures that the clients' needs are met. Ms. Hoole has excellent presentation skills and is experienced in providing education for coders, billers, and healthcare administrators. Her communication skills and depth of experience contribute to sustainable solutions and efficient project coordination.

Ms. Hoole has over ten years experience in the healthcare arena. Prior to joining HP3, she was a coding consultant with a National Coding Firm, performing coding functions at contract sites throughout the Southeast and Mid-Atlantic states. Ms. Hoole is proficient in acute care coding. She was also employed as a coding-billing assistant for an Orthopedic Surgery Practice. Ms. Hoole's duties included analyzing and coding orthopedic surgical procedures and diagnoses using the Current Procedural Terminology (CPT) and International Classification of Diseases (ICD-9CM).

Ms. Hoole earned degree in Health Information Technology and a Health Data Coders Certificate from Prince George's Community College. She is a Registered Health Information Technician (RHIT) and Certified Coding Specialist (CCS). Ms. Hoole is a member of the American Health Information Management Association, the District of Columbia HIMA, and the Society for Clinical Coding.

Lisa Louise Smith, MBA, CCS
Senior Consultant
HP3, Inc.
Bethlehem, PA

Lisa Smith is a Senior Consultant for HP3, Inc., a national healthcare consulting firm dedicated to providing documentation, coding and data solutions for improved reimbursement, compliance, and patient care.

HP3 consultants assist health care providers in resolving challenging documentation, coding and data issues with solutions such as Clinical Documentation Improvement (CDI), outsourced coding, and auditing services. HP3 utilizes proprietary software in the delivery of its measurable, reproducible and sustainable consulting services.

Ms. Smith is responsible for a variety of consulting services for HP3's clients including DRG and APR audits. She identifies the needs and educates the coding staff on accurate DRG assignment. Ms. Goods is actively involved in HP3's Clinical Documentation Improvement programs, performing reviews to ensure data quality, optimal financial reimbursement and compliance with federal and state regulations. Additional responsibilities include contributing written articles to Justcoding.com for publication on the internet regarding coding, reimbursement and clinical documentation improvement.

Ms. Smith is a dedicated individual with the ability to resolve challenging coding and billing situations and recommend strategies to improve performance and reimbursement. Her professionalism, exceptional communication and presentation skills, and superior coding knowledge contribute to quality audits and education, sustainable solutions and efficient project completion.

Ms. Smith came to HP3 with progressive experience in Health Information Management. She has extensive coding and consulting experience at various consulting firms and healthcare facilities in Virginia. Ms. Smith served as a data quality manager, an inpatient/outpatient coder and consultant, account specialist and a medical records assistant. Besides managing a team of coders and maintaining the coding/consulting productivity standards, she has been involved in conducting employee training and education in the health information department, and developing the HIM monthly newsletter within the hospital.

Ms. Smith earned an MBA and Bachelor of Science degree in Business Administration with a minor in Human Resource Management from Strayer University in Washington DC. She is CCS certified.

04/19/2005

Johns Hopkins Health System Corporation
Appendix B - Coding Quality Weekly Summary

Records	Total	DRG/SOI	DRG/SOI	Total Codes	Total Codes Changes	Coding	Dia	Total	Principal Diagnosis Changes	Secondary Diagnosis Changes	Diagnosis Coding Accuracy Total	Proce dures	Procedure Changes	Procedure Accuracy
Week 1	11	5	55%	135	30	77%		28	3	25	73%	32	2	91%
Week 2	16	6	63%	176	53	69%		46	7	39	65%	44	7	84%
Week 3	23	2	91%	226	54	76%		44	6	38	76%	40	8	80%
Week 4	13	0	100%	142	23	83%		22	2	20	85%	39	1	97%
Week 5	37	5	86%	320	72	77%		58	7	51	77%	70	13	82%
Week 6	38	4	89%	383	67	82%		56	9	47	83%	62	11	82%
Week 7	36	11	69%	405	72	82%		65	10	55	81%	55	7	87%
Week 8	29	4	86%	289	62	78%		59	7	51	75%	49	5	90%
Changes include:DRG changes and coding changes (add or minus dx or px)														

Johns Hopkins Health System Corporation
Appendix C - Coding Program: Proposed Course Outline

September 2006

	Sunday	Monday	Tuesday		Wed	Friday	Sat
						1	2
1	3	4 Holiday	5	6 Start Program -Overview -Inventory of I/P O/P experience	7 *Inpatient* -Labor & Del	8 *Inpatient* -Labor & Del	9
2	10	11 *Inpatient* -Labor & Del	12 *Inpatient* -Labor & Del	13 *Inpatient* -Labor & Del	14 *Inpatient* -Labor & Del	15 *O/P*	16
3	17	18 *Inpatient* -Labor & Del	19 *Inpatient* -Labor & Del	20 *Inpatient* -Labor & Del	21 *Inpatient* -Labor & Del	22 *O/P*	23
4	24	25 *Inpatient* -Delivery/Baby	26 *Inpatient* -Delivery/Baby	27 *Inpatient* -Delivery/Baby	28 *Inpatient* -Delivery/Baby	29 *O/P*	

October 2006

	Sunday	Monday	Tuesday		Wed	Friday	Sat
5	1	2 *Inpatient* -Delivery/Baby	3 *Inpatient* -Delivery/Baby	4 *Inpatient* -Delivery/Baby	5 *Inpatient* -Delivery/Baby	6 *O/P*	7
	8	9 ***Pat - Off***	10 ***Pat - Off***	11 ***Pat - Off***	12 ***Pat - Off***	13 ***Pat - Off***	14
	15	16 ***Pat - Off***	17 ***Pat - Off***	18 ***Pat - Off***	19 ***Pat - Off***	20 ***Pat - Off***	21
6	22	23 *Inpatient* -Delivery/Baby	24 *Inpatient* -Delivery/Baby	25 *Inpatient* -Delivery/Baby	26 *Inpatient* -Delivery/Baby	27 *O/P*	28
7	29	30 *Inpatient* -Respiratory Diseases	31 *Inpatient* -Respiratory Diseases				

Johns Hopkins Health System Corporation
Appendix C - Coding Program: Proposed Course Outline

November 2006

	Sunday	Monday	Tuesday		Wed	Friday	Sat
				1 *Inpatient* -Respiratory Diseases	2 *Inpatient* -Respiratory Diseases	3 *O/P*	4
8	5	6 *Inpatient* -Respiratory Diseases	7 *Inpatient* -Respiratory Diseases	8 *Inpatient* -Respiratory Diseases	9 *Inpatient* -Respiratory Diseases	10 *O/P*	11
9	12	13 *Inpatient* -Respiratory Diseases	14 *Inpatient* -Respiratory Diseases	15 *Inpatient* -Respiratory Diseases	16 *Inpatient* -Respiratory Diseases	17 *O/P*	18
10	19	20 *Inpatient* -Sepsis/UTI	21 *Inpatient* -Sepsis/UTI	22 *Inpatient* -Sepsis/UTI	23 Pat - Off	24 Pat - Off	25
11	26	27 *Inpatient* -Sepsis/UTI	28 *Inpatient* -Sepsis/UTI	29 *Inpatient* -Sepsis/UTI	30 *Inpatient* -Sepsis/UTI		

December 2006

	Sunday	Monday	Tuesday		Wed	Friday	Sat
						1 *O/P*	2
12	3	4 *Inpatient* -Sepsis/UTI	5 *Inpatient* -Sepsis/UTI	6 *Inpatient* -Sepsis/UTI	7 *Inpatient* -Sepsis/UTI	8 *O/P*	9
13	10	11 *Inpatient* -Diabetes/Endo	12 *Inpatient* -Diabetes/Endo	13 *Inpatient* -Diabetes/Endo	14 *Inpatient* -Diabetes/Endo	15 *O/P*	16
14	17	18 *Inpatient* -Diabetes/Endo	19 *Inpatient* -Diabetes/Endo	20 *Inpatient* -Diabetes/Endo	21 *Inpatient* -Diabetes/Endo	22 Pat - Off	23
	24	25 Pat - Off	26 Pat - Off	27 Pat - Off	28 Pat - Off	29 Pat - Off	

Johns Hopkins Health System Corporation
Appendix C - Coding Program: Proposed Course Outline

January 2007

	Sunday	Monday	Tuesday	Wed	Thurs	Sat
15		1 Pat - Off	2 *Inpatient* -Diabetes/Endo	3 *Inpatient* -Diabetes/Endo	4 *Inpatient* -Diabetes/Endo	5 *O/P*	6
16	7	8 *Inpatient* -Neoplasm/Onc	9 *Inpatient* -Neoplasm/Onc	10 *Inpatient* -Neoplasm/Onc	11 *Inpatient* -Neoplasm/Onc	12 *O/P*	13
17	14	15 *Inpatient* -Neoplasm/Onc	16 *Inpatient* -Neoplasm/Onc	17 *Inpatient* -Neoplasm/Onc	18 *Inpatient* -Neoplasm/Onc	19 *O/P*	20
18	21	22 *Inpatient* -Neoplasm/Onc	23 *Inpatient* -Neoplasm/Onc	24 *Inpatient* -Neoplasm/Onc	25 *Inpatient* -Neoplasm/Onc	26 *O/P*	27
19	28	29 *Inpatient* -Renal/Kidney	30 *Inpatient* -Renal/Kidney	31 *Inpatient* -Renal/Kidney			

February 2007

	Sunday	Monday	Tuesday		Wed	Friday	Sat
					1 *Inpatient* -Renal/Kidney	2 *O/P*	3
20	4	5 *Inpatient* -Renal/Kidney	6 *Inpatient* -Renal/Kidney	7 *Inpatient* -Renal/Kidney	8 *Inpatient* -Renal/Kidney	9 *O/P*	10
21	11	12 *Inpatient* -Renal/Kidney	13 *Inpatient* -Renal/Kidney	14 *Inpatient* -Renal/Kidney	15 *Inpatient* -Renal/Kidney	16 *O/P*	17
22	18	19 *Inpatient* -Gastrointestinal/ Genitourinary	20 *Inpatient* -Gastrointestinal/ Genitourinary	21 *Inpatient* -Gastrointestinal/ Genitourinary	22 *Inpatient* -Gastrointestinal/ Genitourinary	23 *O/P*	24
23	25	26 *Inpatient* -Gastrointestinal/ Genitourinary	27 *Inpatient* -Gastrointestinal/ Genitourinary	28 *Inpatient* -Gastrointestinal/ Genitourinary			

March 2007

	Sunday	Monday	Tuesday	Wed	Thurs	Friday	Sat
					1 *Inpatient* -Gastrointestinal/ Genitourinary	2 *O/P*	3
24	4	5 *Inpatient* -Gastrointestinal/ Genitourinary	6 *Inpatient* -Gastrointestinal/ Genitourinary	7 *Inpatient* -Gastrointestinal/ Genitourinary	8 *Inpatient* -Gastrointestinal/ Genitourinary	9 *O/P*	10
25	11	12 *Inpatient* -Neurology	13 *Inpatient* -Neurology	14 *Inpatient* -Neurology	15 *Inpatient* -Neurology	16 *O/P*	17
26	18	19 *Inpatient* -Neurology	20 *Inpatient* -Neurology	21 *Inpatient* -Neurology	22 *Inpatient* -Neurology	23 *O/P*	24
27	25	26 *Inpatient* -Musculoskeletal Orthopedics	27 *Inpatient* -Musculoskeletal Orthopedics	28 *Inpatient* -Musculoskeletal Orthopedics	29 *Inpatient* -Musculoskeletal Orthopedics	30 *O/P*	

April 2007

	Sunday	Monday	Tuesday	Wed	Thurs	Friday	Sat
28	1	2 *Inpatient* -Musculoskeletal Orthopedics	3 *Inpatient* -Musculoskeletal Orthopedics	4 *Inpatient* -Musculoskeletal Orthopedics	5 *Inpatient* -Musculoskeletal Orthopedics	6 *O/P*	7
29	8	9 *Inpatient* -Musculoskeletal Orthopedics	10 *Inpatient* -Musculoskeletal Orthopedics	11 *Inpatient* -Cardiology/ Cardiac Surgery	12 *Inpatient* -Cardiology/ Cardiac Surgery	13 *O/P*	14
30	15	16 *Inpatient* -Cardiology/ Cardiac Surgery	17 *Inpatient* -Cardiology/ Cardiac Surgery	18 *Inpatient* -Cardiology/ Cardiac Surgery	19 *Inpatient* -Cardiology/ Cardiac Surgery	20 *O/P*	21
31	22	23 *Inpatient* -Cardiology/ Cardiac Surgery	24 *Inpatient* -Cardiology/ Cardiac Surgery	25 *Inpatient* -Cardiology/ Cardiac Surgery	26 *Inpatient* -Cardiology/ Cardiac Surgery	27 *O/P*	28
32	29	30 *Inpatient* -Pediatrics					

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Appendix C - Coding Program: Proposed Course Outline

	May 2007						
	Sunday	Monday	Tuesday	Wed	Thurs	Friday	Sat
			1 *Inpatient* -Pediatrics	2 *Inpatient* -Pediatrics	3 *Inpatient* -Pediatrics	4 *O/P*	5
33	6	7 *Inpatient* -Pediatrics	8 *Inpatient* -Pediatrics	9 *Inpatient* -Pediatrics	10 *Inpatient* -Pediatrics	11 *O/P*	12
34	13	14 *Inpatient* -Mental Health/ Psych/Trauma	15 *Inpatient* -Mental Health/ Psych/Trauma	16 *Inpatient* -Mental Health/ Psych/Trauma	17 *Inpatient* -Mental Health/ Psych/Trauma	18 *O/P*	19
35	20	21 *Inpatient* -Mental Health/ Psych/Trauma	22 *Inpatient* -Mental Health/ Psych/Trauma	23 *Inpatient* -Mental Health/ Psych/Trauma	24 *Inpatient* -Mental Health/ Psych/Trauma	25 *O/P*	26
36	27	28 Pat - Off	29 *Inpatient* -Mental Health/ Psych/Trauma	30 *Inpatient* -Mental Health/ Psych/Trauma	31 *Inpatient* -Review	32 *O/P* -Review	

Note:
Additional days will be added to achieve the full 36 week program. Pat's vacation for 2007 needs to be added, if necessary.