

Facts & Features



AHA Services, Inc.
 A for-profit subsidiary of the Arkansas Hospital Association

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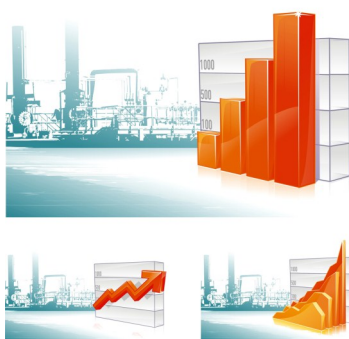
Developing and providing value-added services and programs, which benefit the members of the Arkansas Hospital Association

Managing Revenue to Meet Organizational Goals



Health plan contract reimbursement is the determining factor for profit margin. Revenues come from many sources, but profits come from the commercial business. Managing total contract revenue and not individual contract rates is critical to meeting organizational goals. Cost cutting has its limits – at some point it will have a negative effect on patient care. To improve profits and thus better serve their communities, hospitals must look to their commercial reimbursement and do everything possible to manage it now, especially with the uncertainty of healthcare reform looming on the horizon.

To stay ahead of the competition, organizations need to be able to evaluate their revenue data on an ongoing basis and make adjustments as needed. But what are hospitals to measure their revenue against? To set meaningful targets, hospitals need access to internal and external revenue benchmarks. Without benchmarks, the hospital has no way of knowing whether their targets are realistic. This can work both ways against the hospital – by setting targets that are unrealistically too high, resulting in missed goals; or setting targets that are too low, resulting in missed revenue opportunity. To effectively manage revenue, organizations need to benchmark their reimbursement against their own internal contracts as well as the external market. They need to be able to look at market trends and evaluate how these trends affect their position.



By effectively managing revenues, hospitals can be assured that they have the resources they need to meet their organizational goals such as ensuring that overall revenue will be sufficient for the hospital to grow according to their long term strategic plan, ensuring that key service lines are well funded for excellent patient care and ensuring that the hospital has the flexibility to handle the anticipated increase in patient volume and infrastructure redesign of healthcare reform.

PDS is an on-line database of over 30 million paid claims for all payers and all patients. With 24/7 access to reports, hospitals can ascertain with confidence where they are relative to user-defined compare group hospitals, understand market trends and then plan accordingly. They can set quantifiable goals for the hospital overall, as well as for each service line and contract and evaluate their performance over time and relative to their peers.

To learn more about PDS, visit <http://www.pds-data.com> and click on "Learn More about PDS".

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Need Help?

Contact

AHA Services, Inc.

501.224.7878

Long-Term Care Planning: Baby Boomers and Longevity Trend Increase Demand



With the aging baby boomer generation, increased life expectancy and the cost of healthcare services on the rise, the issue of long-term care (LTC) is becoming an issue of major importance to both consumers and policy makers. You, too, may be wondering if LTC insurance makes sense for you and your family.

The U.S. Census Bureau projects that by 2030, when all Baby Boomers will be over 65, those 65 plus will comprise over 20 percent of our population. By 2050, the number will be more than double the 2010's number and the number of people 85 or older will be more than triple.

LTC covers custodial care which includes nursing and medical services outside your normal doctor visits and hospital stays. It's the ongoing care you need when you can't perform the normal activities of daily living, such as bathing, eating and dressing. It can take place in your home, assisted-living facilities, adult day-care centers or nursing homes. The primary goal is to help maintain functionality and maximize independence.

The case for insuring yourself against the costs of LTC is straightforward and statistical. No matter how healthy you are today, chances are you may need help in the future. 40 percent of people currently receiving LTC are adults 18 to 64 years old. About 70 percent of Americans over age 65 will require some type of LTC services with over 40 percent requiring nursing home care for some period, according to the Department of Health and Human Services.

Obviously, the likelihood of receiving LTC assistance increases with age. Today, 55 percent of Americans 85 and over are impaired seriously enough to require LTC, according to America's

Health Insurance Plans. Most of these seniors receive help at home, but a large proportion will have to move into a facility at some point.

This kind of care is becoming increasingly expensive. According to the Met Life Mature Market Institute, the average annual cost of private nursing home care is over \$80,000, and the average annual cost for assisted-living is almost \$40,000. And, if you are fortunate enough to be able to afford around-the-clock home care, that price tag is even higher.

For most Americans LTC isn't covered by other types of insurance. Many people assume that this is covered by Medicare, which only pays for a short period of "skilled nursing care" after a hospital stay and only if it is "medically necessary." Medicaid, the federal and state healthcare program for low-income Americans, will pay for LTC, but to qualify in most states, a senior must have less than \$2,000 in assets.

When you look at the factors—you most likely will need care, it's very expensive and most insurance won't cover the cost—it's not difficult to come to the conclusion: LTC is the single most catastrophic financial risk you face in your retirement years.

Many states, including Arkansas, have entered into LTC partnership programs to encourage individuals to plan for their LTC needs. Under these programs, if your policy meets certain criteria, you can actually protect your assets dollar-for-dollar against the Medicaid spend-down.

Through AHA Services, Inc. and Hagan Newkirk, there are LTC planning services available which include group discounts from top-rated carriers.

For more information contact Mark Smalling or Dale Colclasure, 501.823.4637.

Gain Control of Your RAC Audit Process



AUDIT Trax is a workflow management tool for managing Recovery Audit Contractor (RAC) audits from beginning to end. This Web-based system puts your RAC team members in complete control - keeping all information related to audits in one location and prompting them to action via color-coded dashboards and email alerts - reducing the risk of denials due to missed deadlines.

Client Benefits

- Centralizes and coordinates your facility's RAC Team processes
- Facilitates timely response to RAC requests minimizing risk of financial loss
- Identifies denial trends and denial root cause through robust reporting so you can take preventative action to eliminate risk
- Speeds delivery of requested records to RAC via encrypted CD-ROM - eliminating cost of paper related to medical record copying and mailing
- American Hospital Association (AHA) compliant software - permits upload of facility data to AHA for advocacy purposes
- Allows easy access via the Web - no expensive systems or hardware to purchase

For more information contact Maurine Barrie, NJHA-HBS, 609.275.4108, mbarrie@njha.com.

Workforce Management Solutions



The Challenges

Your goal is to deliver the highest quality patient care. To accomplish the goal, you need to recruit and retain the best talent possible and effectively manage overall labor costs.

Today's healthcare organizations need the resources to effectively manage their human assets in an increasingly challenging environment.

The Opportunities

The journey to high-performance healthcare begins with Amerinet's Workforce Management Solutions, powered by Workforce Prescriptions, Inc. This strategic partnership offers executives a complete line of resources designed to reduce patient's length of stay through process improvement, address labor cost issues and improve recruiting and retention practices.

The Solutions

Through a unique array of solutions to meet the individual needs of each healthcare provider, Workforce Prescriptions delivers unprecedented results that include:

- A guarantee of \$1,000,000 in annual labor reductions
- An average recapture level of \$3.5 million per year
- A minimum length of stay reduction of 4 hours
- An average length of stay reduction of 12 hours

The Outcomes

With Workforce Prescriptions, Inc., you can expect these outcomes:

1. A recapture report that includes:
 - Summary of premium pay use
 - Summary of use by pay type
 - Summary of use by department
 - Estimate of possible recapture by type
 - Recapture timeline
2. A "State of the Union" Report that includes:
 - An assessment of current state
 - Root causes/contribution factors
 - An assessment of issues impacting program outcomes
 - Raw data (anecdotal)

3. A "Recapture Strategy" Report that includes recapture opportunities available through:

- Policy and governance
- Staffing and recruiting
- Scheduling optimization and staff development
- Program elimination and optimization
- Variable workforce strategy
- Reductions in length of stay

4. A "Recommendations" report that includes:

- Short-term recapture options and alternatives
- Intermediate-term recapture options and alternatives
- Long-term recapture options

The Tools

Utilizing a number of auditing tools, data requests and surveys, Workforce Prescriptions reduces the use of premium pay by:

- Evaluating the strength of scheduling practices
- Evaluating the impact of LOS on labor costs
- Evaluating the effectiveness of current policies on premium pay use
- Assessing the level of "entitlements" that have been created
- Assessing the impact of recruiting on labor practices
- Evaluating the impact of productivity measurements on cost
- Understanding the incentives in place
- Providing custom implementation plans guaranteed to drive results

Workforce Management Tool Box:

The Pay Practice Audit - Designed with deep analytics of current payroll and pay practices, this tool identifies the use of premium pay by type of pay and use by individual and cost center. It includes reports that detail what is being used, why it is being used and how to reduce dependence. In the average adult acute hospital, recapture ranges from \$1 million to \$1.5 million per year.

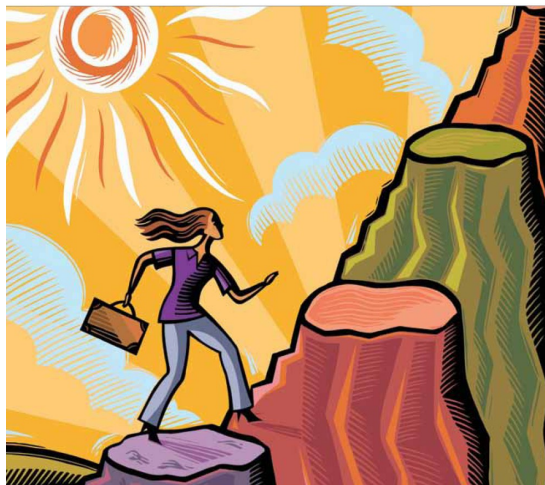
The HR Audit - Designed to investigate the functionality and output of HR in 9 key areas and 43 sub-areas. The service includes a State of the Union Report, HR customer survey, Target Report and Recommendations Report.

Financial Opportunity Audit - Designed to allow healthcare organizations to gain an understanding of where they may be able to impact financial outcomes through changes to pay practices, staffing levels, service matching, medical staff alignment, care model effectiveness, revenue cycle management and supply optimization.

Length of Stay Audit - Designed to uncover the top 4-6 issues inhibiting throughput and creating excess days of uncompensated care. Adult acute entities average 20 hours of average length of stay reduction.

Workflow Management Solutions Continued on Page 5

Sierra Nevada High - How a Top Performer on Patient Satisfaction Keeps on Climbing



In 2006, leaders at Tahoe Forest Hospital in Truckee, CA, were in the midst of the application process for the Malcolm Baldrige National Quality Award. Baldrige, an integrated approach to organizational performance management, pushes applicants to use hard data and measurable benchmarks to track progress. As they defined their operations through the Baldrige criteria, Tahoe Forest's leaders, who have always recognized patient satisfaction as a market differentiator for the organization, realized they needed a stronger mechanism for data analysis and benchmarking for patient satisfaction.

Tahoe Forest is one of two hospitals in Tahoe Forest Hospital District (TFHD), a not-for-profit, special district, patient-centered healthcare system. The health system includes two rural critical access hospitals, outpatient service facilities, specialized care centers and satellite locations that serve six counties in two states spread over approximately 3,500 square miles in the Sierra Nevada Mountains.

At TFHD, "Service -The Best Place to be Cared For," is one of five Foundations of Excellence, which are the basis for strategic objectives toward achieving the district's organizational vision of being the best mountain community health system in the nation. Complementary to the service foundation is "People-The Best Place to Work and Practice." Without the dedication and compassion of its workforce, TFHD could not achieve any level of success.

Tahoe Forest Hospital District was founded by the local community to provide top quality care for its residents and those visiting the region. Delivering quality care and maintaining exemplary patient satisfaction are an ongoing priority for the leadership, physicians and staff.

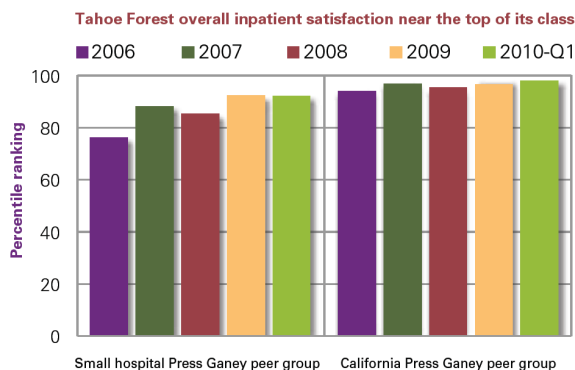
The voice of the customer

To that end, patient satisfaction is a standing theme in the annual strategic planning process. Engaging with physicians and employees, who are central to creating a high-performing organization where patients

can receive the best care available and understanding the factors that underlie their job satisfaction are key components of achieving that overarching goal.

"Our performance excellence journey reinforced our need to listen to the voice of the customer and thus we selected Press Ganey to help us collect, analyze and benchmark our patient satisfaction. We also utilized Press Ganey to deploy our employee and physician satisfaction surveys as well," says Virginia Razo, TFHD's chief operating officer. "It's been a continuous learning process on behalf of the administration about how to use satisfaction data to inform improvement plans and then keep rechecking it to make sure we are focusing on the right things. I must say, Press Ganey has made it really easy for us."

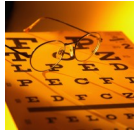
As a result of a strategic initiative that utilizes quality improvement techniques to target customer service, the facility routinely scores above the 90th percentile for its integrated HCAHPS inpatient survey (see chart below) as well as for emergency department satisfaction. It also has solid scores for outpatient and ambulatory surgery.



In 2008, Tahoe Forest Hospital created an outpatient satisfaction improvement committee, titled the WOW team (Working on Wonderful), made up of managers and front-line staff. The team's leader was enthusiastic as she taught the team how to interpret the information provided by Press Ganey and work toward common goals that were identified on the priority list. Since that team's inception, all of the managers have been trained on how to access and interpret their information and goals are aligned and incorporated into 90-day action plans that are reviewed by administrators. "Our management team really understands the linkage between implementing patient satisfaction performance improvement initiatives and the corresponding results because they own the data; they don't depend on somebody else to analyze

Sierra Nevada Continued on Page 6

Presbyopia: The 40-Something Eyesight Challenge



Many a 40-something guy or gal has experienced that seemingly sudden shortening of the arms. No, the arms don't actually shrink, but somehow they don't seem long enough to get that newspaper or book far enough away to read. That's how the actual condition of age-related farsightedness (where you can't see very well close-up), or presbyopia, also got the nickname "long-arm sight." Or maybe you've heard it referred to as TMB syndrome – too many birthdays.

Okay, so maybe if you're in that 40-something group, none of this is humorous at all. Another sign of aging never is! If you've gone your whole life without needing glasses, the news that you do can be especially surprising and a bit shocking.

But it's a completely normal part of aging. Dennis Wilcoxon, O.D., of St. Petersburg, Fla., explains more.

"The term presbyopia comes from a Greek word meaning "old eye" and it describes a predictable process in which the lens of the eye gradually becomes rigid and inflexible over time," says Dr. Wilcoxon. "For most people, the process becomes noticeable somewhere between 38 and 42 years of age. At that point, the muscles that control the focusing of the lens aren't able to control it as effectively and we begin losing our ability to focus on nearby objects, such as the daily newspaper."

While prevention is the order of the day in healthcare, it won't help with this aging process. But correction is usually easy – if a little damaging to the ego. For people who have existing vision correction needs, the most common treatment calls for bifocal or progressive glasses or contacts. For newbies to the vision correction world, reading glasses may be the ticket.

It's not hard to figure out if you might be developing presbyopia. "The symptoms are pretty easy to identify," says Dr. Wilcoxon. "One common symptom is the gradual realization that you have to hold reading materials farther away from your eyes than you used to. Another sign is eyestrain when you're doing close-up work or the need for more light in order to read."

The doctor continues, "This is a progressive condition, which means that it will gradually worsen over time. But patients can rest assured that its effects are easily treatable. During regular annual checkups, your eyecare doctor can accurately measure your near vision and prescribe glasses or contacts that will compensate for the loss of focusing ability."

So, don't let presbyopia cause added distress as you age. It's only natural!

For more information contact Kandi Alyousef-Garza, 800.638.2626, www.vsp.com.



Workforce Management Solutions Continued from Page 3

Forms Automation - saves customers thousands of man-hours per month by converting paper forms into electronic versions with fixed form fields, drop downs and tables. This includes required statutory and regulatory forms as well as forms unique to a facility/system.

Timeline for Success - Project Calendar

1. Quantitative information gathering
2. Clarification calls with payroll/finance
3. Initial recapture analysis
4. Three-day, onsite visit for additional data gathering
5. Clarification calls with key stakeholders
6. Report generation
7. Initial presentation of reports by phone
8. One-day, onsite meeting to present findings to different stakeholders

Workforce Prescriptions, Inc., believes that "one size" does not fit all and that health systems face unique challenges based on variables in both market and workplace conditions. The goal of Workforce Prescriptions is to use their 100 plus years of experience in over 110 health systems to solve real-world problems in a pragmatic manner that produces measurable, sustainable results.

Amerinet, a healthcare group purchasing organization, supports healthcare providers to deliver high quality care by helping them to more effectively manage their total spend. Through a suite of tools, programs and services, Amerinet's Total Spend Management Solutions touch every aspect of a healthcare setting to ensure providers optimize their resources.

Supported by a team of clinical, data and supply chain experts, Amerinet offers a competitive portfolio of product and service contracts to address members unique and specific needs.

For more information, contact info@amerinet-gpo.com, or Jim Foran, 877.711.5600. www.amerinet-gpo.com.



Tahoe Forest focuses on its HCAHPS Top Box scores.

and report it to them.” Razo says. “Management can research and analyze data for themselves and share the information effectively, particularly with our key stakeholders - our physicians and employees.”

All managers whose departments touch on patient satisfaction issues have been trained on Press Ganey Online and eCompass. Many managers and directors have created regularly scheduled custom reports and run them at least quarterly. The managers share not only response data but also the priority index questions with staff. Tahoe Forest Hospital has performance excellence boards posted in each department so employees can see their progress on patient satisfaction, clinical, operational and financial performance.

Patient satisfaction reports are compiled quarterly from data for each of the surveyed care areas (inpatient, outpatient, ambulatory surgery and emergency department) and are shared with the medical staff and publicly elected board of directors who have strongly supported improvement initiatives surrounding building customer loyalty.

Tahoe Forest has made a point of focusing on HCAHPS Top Box scores, particularly on how it rates with comparable facilities in its region on the Press Ganey database. “We do score at the high end of the Press Ganey database and we want to avoid creating an environment of complacency.” Razo says. “We stay focused on building customer loyalty by working as a team to understand how we can move those threes and fours to fives. Equally important is to ensure that the causes of any ones and twos never happen to our patients again.”

Razo appreciates the value of the integrated Press Ganey survey over the HCAHPS instrument. “The HCAHPS survey alone lacks sufficient data to gain a clear perspective of the satisfaction performance of the entire facility. The HCAHPS survey only measures patients’ perspective during a hospitalization; however, a large part of our business takes place in the outpatient areas, such as the emergency department and in our ambulatory surgery department. There is also a breadth of services that Press Ganey provides that far outpaces what simply using the HCAHPS survey provides.”

Physicians are on board

“Tahoe Forest Hospital District’s board of directors’ focus on customer service has paved the way for physicians to buy into customer satisfaction”, Razo says. She adds, “Physicians like data and the nice thing about Press Ganey is that the data are statistically analyzed and clearly displayed, making it easy to understand and take action on.”

Through the use of Press Ganey’s Priority Index, the organization learned that patients didn’t feel as if they were able to spend enough time with physicians or that physicians were concerned about their questions or worries. The physicians helped identify barriers that could be contributing to these feelings and suggested chairs be placed in the room, allowing physicians the ability to sit while discussing patient’s concerns. When results didn’t improve as expected, hospital staff members utilized Press Ganey’s Solutions Starters and benchmarked what other organizations had done to address their patients’ concerns. They learned that placing pads and pens in the room marked, “Questions for your doctor or nurse” may help patients remember what questions they had during their stay. “We continue to seek ways to eliminate all of the factors that complicate communications,” Razo says.

Continuous food quality improvement

Perhaps the clearest example of Tahoe Forest’s improvement success has come in food service. In 2007, the dietary department was stunned to learn that the hospital’s inpatient food service ranked at the 17th percentile nationwide on the Press Ganey database. The hospital was already in the process of building a new café to replace its old cafeteria for patients and employees and it decided to expand the project to include a continuous quality improvement initiative.

Focus groups were conducted with patients, employees, physicians and the community to identify issues of importance. The department also looked at benchmarks set by other hospital food service operations.

The needed improvements identified included:

- Meeting the food requirements of hospital patients and residents of the Extended Care Center
- Meeting the food needs of night staff
- Providing a catering service internally and externally to the community
- Establishing a work flow to ensure preparation takes place just before food is served

A new executive chef was hired. The chef, Matt Pierz, planned an entirely new menu and taught the staff how to develop flavorful selections that also met the various dietary needs of patients and residents. He also implemented a “sample table” process that brought in a variety of staff to evaluate food for taste, texture and other attributes before serving.

“The sample table is our best example of a quality improvement process,” says Margaret Holmes, director of dietary and environmental services. “Initially, we modified our regular menu, but then we looked at the low-sodium food and realized it didn’t taste that great. So we made changes to the recipe to improve the flavor without compromising the

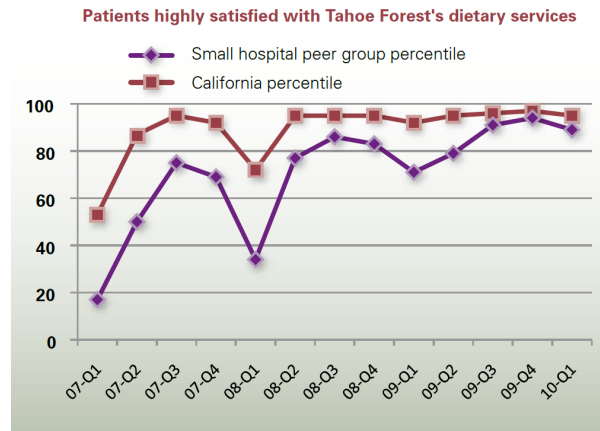
nutritional need. Then we looked at purees and grinds (for special diets) and now we have looked at the salads. So, for each step, we test one more thing to make sure the whole tray is improved and not just the center of the plate.”

The sample table is an example of a systematic process that is, well-deployed. Every taster documents his or her recommendations, the comments are reviewed once a week and recipes are changed to reflect them. Not only is learning inherent in the process of refining food, but there is also assessment and improvement of the system based on the feedback.

Tahoe Forest Hospital’s inpatient dietary department now ranks above the 90th percentile in the all-facility database and serves as a national benchmark for Press Ganey (see chart on the right). Additionally, the team was recognized by receiving the Achievement Award for the Most Sustainable Improvement in Quality and Excellence at the 2009 “Good to Best” Annual Healthcare Food Service industry Conference.

“The dietary department’s success is a great example of one of our directors who has used data to inform decisions that are paying off in spades,” Razo said. “Margaret learned how to set up the Press Ganey dashboard; she reviews and shares the results regularly with her staff and she recognizes the team for their accomplishments.”

Not satisfied with its success and understanding that quality and customer service are constantly evolving dynamics, Tahoe Forest Hospitals District continues its focus on patient satisfaction and utilizes Press Ganey as a performance excellence improvement tool. It is now looking to achieve the same results at its second hospital - Incline Village (NV) Community Hospital - that it has achieved at Tahoe Forest Hospital; they are committed to that quest.



For more information contact Holly Horncastle, 318.349.8812. www.pressganey.com.

2010 COUNTRY DOCTOR OF THE YEAR



Just about everything in Supai, a remote Native American village at the bottom of the Grand Canyon, arrives by helicopter or horse – including Kenneth Jackson, M.D., the 2010 Country Doctor of the Year.

Dr. Jackson regularly makes the trip down to Supai, known as the most remote community in the lower 48 states, to provide obstetrical care to a population with one of the highest incidences of chronic disease in the nation and an average life expectancy of less than 50 years. He also provides care to members of the Hualapai tribe on their reservation outside of Kingman, Arizona.

For his extraordinary devotion to his patients and his community, Dr. Jackson has been named the 2010 Country Doctor of the Year. Presented by Staff Care, the leading temporary physician staffing firm in the United States, and the AHA Services, Inc. preferred provider of locum tenens staffing services, the Country Doctor of the Year Award recognizes the spirit, skill and dedication of America’s rural medical practitioners. Staff Care has presented the national award since 1992 to exemplary physicians practicing in communities of 30,000 or less.

In 2007, Staff Care presented the Country Doctor of the Year Award to Hiram Ward, M.D., Murfreesboro, Arkansas who at age 81 came out of retirement to ensure the local hospital remained open.

As the 2010 Country Doctor of the Year, Dr. Jackson will be able to enjoy two weeks of time off, as Staff Care will provide a temporary physician to fill in for him at no charge, a service valued at approximately \$10,000. He also will receive the award’s signature plaque featuring a country doctor making his rounds on a horse and buggy, an engraved stethoscope and a monogrammed lab coat.

Arkansas Hospital Association members who would like to nominate a physician for the 2011 Country Doctor of the Year Award are welcome to do so by visiting www.countrydoctoraward.com. Staffcare looks forward to receiving more great nominations from Arkansas!

Daryl Fowler serves as Vice President of Marketing for Staff Care, the nation's leading provider of locum tenens staffing services and a company of AMN Healthcare. He can be reached at daryl.fowler@staffcare.com.

Health Reform Will Reshape How Physicians Practice

Health reform will usher in a new era of medicine in which physicians will largely cease to operate as full-time, independent, private practitioners accepting third party payments. Instead, they will work as employees, as part-timers, as administrators, in cash-only “concierge” practices, or they will walk away from medicine altogether.

These are some of the findings of a new report commissioned by The Physicians Foundation, a non-profit grant-making organization comprised of medical society and physician leaders and completed by Merritt Hawkins.

Entitled *Health Reform and the Decline of Physician Private Practice*, the report examines the potential effects of the Patient Protection and Affordable Care Act on medical practice in the United States, offering a road map for where medical practice is headed in the post-reform era.

The report outlines provisions in the law that will reshape physician practice patterns and examines economic, demographic and other forces impacting the way doctors structure their practices and deliver care.

Drawing on the perspective of a panel of healthcare experts and executives, the report projects physicians will follow one of four courses. They will either work as employees of increasingly larger medical groups or hospital systems, establish cash-only practices that eliminate third party payers, reduce their clinical roles by working part-time or opt out of

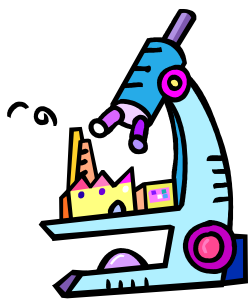
medicine altogether by accepting non-clinical positions or by retiring. In order to illustrate medical practice trends, the report includes case studies of medical practice models likely to proliferate post-reform, including studies of a medical home, an accountable care organization, a concierge practice, a community health center and a small, hospital-aligned practice.

The report also includes results of a national physician survey to which some 2,400 physicians responded. Only 26 percent of those surveyed said they would continue practicing the way they are in the next one to three years. The remaining 74 percent said they would retire, work part-time, close their practices to new patients, become employed and/or seek non-clinical jobs. Based on the survey and other data, the white paper projects health reform will worsen the ongoing physician shortage and make it harder for many patients to access a physician.

The report concludes with an analysis of the compliance rules instituted by health reform and with an examination of how health reform will affect physician supply and demand. The subject of features on National Public Radio, Fox News, American Medical News and other media outlets, the report has gained the attention of healthcare administrators and policy experts nationwide.

AHA members may obtain a copy of the report by contacting Kurt Mosley, 469.524.1446, kurt.mosley@amnhealthcare.com.

Outsourcing Denials Management Services



Since 2005, the Recovery Audit Contractors (RACs) have denied nearly \$1 billion in allegedly improper payments and only a small fraction of that amount was appealed by providers.

Some hospitals have internal case management, coding and billing professionals with extensive experience that can adequately handle the review of every payment denial received. However, the reality is that many hospitals use their existing coding, case management, and billing staff to try to review and respond to denials absent the needed expertise.

Hospitals have a limited amount of time in which to appeal incorrect denials. When denial management is not the primary responsibility of team members, meeting deadlines becomes extremely difficult and can cost hospitals much needed revenue.

The Florida Hospital Association Management Corporation Denials Management Services (FHAMA DMS) has successfully reviewed, appealed and recovered a vast majority of unsubstantiated denials for hospital clients.

Their professional team of physician advisors, UR/Case managers, American Health Information Management Association (AHIMA) certified coding specialists, and legal advisors efficiently manage your response to all payment denials. Their experts are prepared to identify claims that should be appealed through an independent review process and will defend inappropriate denials to the highest level of your appeal rights. “Providers cannot afford to render care without being reimbursed. Having a firm advocate on their behalf by reviewing denied cases and drafting appeals has been extremely helpful in the denials management process and ensures compliant reimbursement for services rendered,” said Andre Susla, Esq., Chief Compliance Officer and Counsel, Boca Raton Regional Hospital.

Outsourcing Continued on Page 9

Not every denial will be appealed by the provider and when an error is made, the appropriate staff must be educated to prevent continued mistakes. Many of the denials under the current RAC, Medicare Administrative Contractor, Medicaid Integrity Contractor and Comprehensive Error Rate Testing programs are for the same errors that were identified under the RAC Demonstration project. FHAMC DMS will provide education for your coders, medical staff and case managers by analyzing and summarizing the data from the denials and providing a corrective action plan, which will decrease or eliminate future payment denials.

“Ongoing education is critical to the proactive management of payer denials, we use the data obtained from the denial management process to improve our physician queries, educate our coders on the latest coding guidelines, and to assist our case management staff in getting the correct documentation from our admitting physicians,” said Kim Easley,

Compliance Auditor, Bert Fish Medical Center. “Having an external auditor review the denial and provide clear details to why it was denied or by validating the legitimacy of the claim really opens the eyes of staff as to how their decisions really do matter.”

Florida Hospital Association Management Corporation Denials Management Services: An experienced and dedicated team of expert coding and clinical professionals

For more information contact Barbara Flynn, Vice President Health Information and Denial Management Services, 407.841.6230, baraf@fha.org.

Accounts Payable Solution



Commerce Bank

Easily improve your overall accounts payable process and generate a steady revenue stream with Commerce Bank and its Automated Accounts Payable Solution! Commerce Bank's innovative [ControlPay® Advanced](#) allows you to pay invoices electronically through the Visa® Network. You reduce check writing costs and earn monthly revenue share based on an aggregate volume from all the hospitals that participate on this program. Here's a compelling illustration: a 250 bed hospital with \$50,000 program spend per bed could possibly realize a revenue share of \$136,250 annually or \$11,355 per month.

Key highlights include:

- No financial investment or cost to participating hospital
- No software to host – just a simple Web-based application
- Reductions of costs associated with accounts payable
- Maintain or improve payment terms
- No change to existing purchasing process
- Turn-key program
- Revenue is paid monthly
- Ongoing recruitment of hospital specific vendor participation to increase effectiveness and revenue back to hospital
- Vendor benefits that include guaranteed funds and reduced risk for check fraud.

Commerce's team of dedicated enrollers contact your vendors, review the variety of options and register them. The more vendors who are enrolled in the program, the higher your volume tier will be, contributing to a greater revenue share.

For more information contact Mike Simonett, 816.234.2565, or Brandon Faircloth, 337.856.8168.



AHA Services, Inc. Endorsed Companies

Amerinet - Group purchasing organization. www.amerinet-gpo.com. Jim Foran, 800.426.3027. Marshall Busko, 404.822.8650.

Audit Trax - Web based management tool for RAC audits. www.njha.com/hbs/audit-trax.aspx. Maureen Barrie, 609.275.4108.

Information Solutions - Instant criminal backgrounds, social security traces, motor vehicle records for all 50 states, credit reports. www.criminalsearch.com. Sheila Moss, 479.263.0279.

CareLearning.com - Mandatory Education including Health & Safety Compliance courses; Webinars - on-line, interactive courses; Competencies addressing core or discipline-specific education; Continuing Education toward licensure or various types of certification; Hospital Specific Private Courses; Nursing Education. www.carelearning.com. Liz Carder, 501.224.7878.

CareSkills - Competency Management System for workforce planning, employee selection, strategic learning, performance management, career development and succession planning. www.carelearning.com. Liz Carder, 501.224.7878.

ControlPay® Advanced - Earn monthly revenue share by replacing paper checks with electronic payment through the Visa®Network. Brandon Faircloth, 337.296.1420. Mike Simonett, 816.234.2565.

Denial Management Services - Manage QIO, MAC, CERT, RAC & Commercial Insurance, Admission Denials. www.fhahims.org. Barbara Flynn, 407.841.6230.

DocuVoice - Dictation system solutions, outsource transcription services and outsource coding services. www.docuvoice.com. Bob Stewart, 615.275.7312.

Guldmann - Safe patient handling and moving; Ceiling-mounted lifts. www.guldmann.com. Marilyn Olson, 405.808.9211.

HealthCAREERS Network - Online recruitment, advertising and career solutions for the healthcare industry. www.healthcareers.com/aha. Gary Seaberg, 214.256.4811.

Hagan-Newkirk Financial Services, Inc. - Fully insured health and dental benefits, self-funded health and dental benefit supplemental employee benefit plans, retirement plans, vision care, *Creditguard*. www.hagan-newkirk.com. Chris Newkirk, 501.823.4637.

Harbour Resources - Recruiting executive and management positions in the healthcare industry. www.harbourresources.net. Mike Harbour, 501.225.3359.

Med Travelers - Temporary allied health professional staffing, temporary mid-level health professional staffing, locum tenens-allied health professionals. www.medtravelers.com. Landry Seedig, 972.830.4407.

MediTract - Contract Management. www.tractmanager.com. John Riley, 877.492.8490.

Merritt Hawkins - Permanent physician staffing, healthcare staffing, recruiting. www.merrithawkins.com. Harold Livingston, 214.801.3774.

Professional Data Services (PDS) - Revenue benchmarking for hospitals. www.pds-data.com. Leslie Gold, 213.283.8003.

Press Ganey - Satisfaction measurement (patient/employee/physician/Home Health), survey instruments, reporting & analytical tools, quality improvement solutions for HCAHPS. www.pressganey.com. Holly Horncastle, 888.300.4470.

BancorpSouth Insurance Services, Inc. - Liability insurance products and services, AHA Workers Compensation Self-Insured Trust. www.rkfl.com. Floyd McCann, 501.614.1179. Sherman Moore, 501.614.1183. Ray Robinson, 501.614.1139.

Staff Care, Inc. - Locum Tenens-Physicians, temporary physician staffing. www.staffcare.com. Daryl Fowler, 469.524.1794.

Utility Management Corporation - Natural gas and power management services. www.utilitymanagement.org. Howard Randolph, 601.948.2360, ext. 35.

VSP - Vision care. www.vsp.com. Kandi Alyousef-Garza, 800.638.2626.



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