September 2012

# Facts & Features

AHA Services, Inc.
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*Developing and providing value-added services and programs, which benefit the members of the Arkansas Hospital Association*

## Top 8 Healthcare Jobs of 2012

People will always need medical care. This persistent demand makes the healthcare field one of the most stable industries and also among the fastest-growing career paths in the United States. Thanks to the wide variety of jobs available, there are plenty of opportunities even for those without a medical license. Among the top nine health careers featured in the Bureau of Labor and Statistics (BLS) list of outstanding careers, eight of the job titles encompass the area of allied health. Below are the top eight healthcare jobs of 2012 – based on the projected employment growth from 2010 to 2020.

**1. Physical Therapist**

Physical therapists help injured patients recuperate by monitoring and assessing coordination, muscle strength, and range of motion. Also known as PTs, they help patients build strength and flexibility while limiting pain and mobility issues stemming from injuries or physical ailments. About 60 percent of physical therapists work in hospitals. Other PTs have opened their own private practice, or work for large companies or doctors' offices.

This is a popular job for those who are interested in how the body works and those who are seeking a high level of patient interaction. Physical therapists have a master's degree in addition to a state license.

Projected Employment Growth: 39 percent
Average Salary: $76,310

**2. Occupational Therapist**

Like a physical therapist, occupational therapists help patients recover from physical conditions. They also help patients with mental, developmental or emotional conditions that may affect their daily living or their ability to hold a job. The goal of many occupational therapists is to help their patients lead productive, independent lives and assist them as they learn to compensate for loss of function. Patients often include amputees and recently disabled people who need assistance re-learning basic tasks such as eating or dressing. Occupational therapists must be compassionate and caring; they often find a high degree of job satisfaction and a feeling of accomplishment.

This job requires a master's degree program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE), in addition to a national certification exam.

Projected Employment Growth: 33 percent
Average Salary: $72,320

**3. Paramedic**

Paramedics are the first on the scene of a medical emergency, providing immediate medical attention to patients. This high-paced career requires a fast reaction time. It can be stressful; those drawn to careers as a paramedic are often those who enjoy the adrenaline rush.

Because of its nature, the career of a paramedic is considered to be very stable. Prospective paramedics need a high school diploma and most undergo an emergency medical technician training program.

Projected Employment Growth: 33 percent
Average Salary: $30,360

**4. Medical Assistant**

Working under the supervision of a physician, medical assistants diagnose and treat illnesses, implement treatment plans and provide preventive healthcare services.

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# Press Ganey Clients are Recognized Among the Highest Performing in the Industry

- **Malcolm Baldrige National Quality Award** – *11 of 15 health care facility recipients.*
- **2011 Fortune's 100 Best Companies to Work For** – *83% of health care providers.*
- **National Quality Health Care Award** – *16 of 18 recipients.*
- **2011 H&HN Most Wired Hospitals** – *71% are Press Ganey clients.*
- **2011 U.S. News & World Report America's Best Hospitals** – *75% of the awards were given to Press Ganey clients.*
- **Nursing Magnet® Hospitals** – *69% of all Magnet accredited hospitals.*

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***care*Learning,** chosen as a 2012 Learning! 100 Award winner for the second year in a row by *eLearning Magazine,* will offer its first national conference in October titled **"Talent Management: Navigate the Way to Success."** You will hear from subject matter experts on the latest information and philosophies in healthcare education and talent management. You will also hear from the experienced and professional *care*Learning staff as well as *care*Learning customers who will participate in discussion panels.

For more information about the *care*Learning National Conference contact Laura Register at 866.617.3904 or visit [www.carelearning.com](http://www.carelearning.com).

# More NPs and PAs Working Locum Tenens

Healthcare in the United States is characterized by a variety of constants. Among these are a growing demand for healthcare services, increased complexity of care, rising costs, and a shortage of healthcare professionals.

The shortage of nurses, physicians, therapists, dentists and other clinicians has give rise to another constant – the growing use of temporary providers who move from one assignment to another. Today, tens of thousands of healthcare professionals work as "locum tenens" or "travelers," filling gaps in medical staffs caused by shortages or by the temporary absence of clinicians due to vacations, training, illness or other reasons.

Use of locum tenens providers now is broadening to include both nurse practitioners (NPs) and physician assistants (PAs). There are more than 155,000 NPs in the United States and more than 83,000 PAs. It is difficult to determine how many are working as locum tenens, but based on the number of PA and NP "days requested" Staff Care receives, the number is clearly growing.

Just as locum tenens physicians do, locum tenens NPs and PAs are filling gaps while facilities seek permanent candidates or while permanent staff is temporarily absent due to vacation, illness or other reasons. As physician shortages become more severe, the role of NPs and PAs is growing. Doctors are redefining their work patterns, focusing on complex cases and leaving more routine care to NPs and PAs. Accountable care organizations (ACOs) and medical homes rely on a collaborative approach to care in which NPs and PAs will play a large part.

Staff Care recently completed a white paper on the growing importance of NPs and PAs, entitled "Nurse Practitioners and Physician Assistants: A Growing Role in a Changing Workforce."

AHA members who would like a copy are welcome to contact Michelle Hoogerwerf at 800.685.2272 or at michelle.hoogerwerf@staffcare.com.

# AHAWCSIT Congratulates Fourteen Hospitals Recognized for Outstanding Performance

The AHA Workers' Compensation Self-Insured Trust (AHAWCSIT) is proud to recognize fourteen of its member hospitals for outstanding performance and commitment to workplace safety during the year 2011.

These members achieved a combined average incidence rate for medical only and lost time claims of 49% or less of the Bureau of Labor Statistics (BLS) incidence rates for hospitals (the nationwide rate for hospitals is 7.0, 49% - 3.43 BLS rate).

Controlling costs of workers' compensation can result in dividend payments to members of the AHAWCSIT.

Congratulations to:

- Johnson Regional Medical Center
- HSC Medical Center
- Arkansas Methodist Medical Center
- Ouachita County Medical Center
- Lawrence Hall Nursing Home
- Delta Memorial Hospital
- Ozark Health Medical Center
- Fulton County Hospital
- McGehee Hospital
- Magnolia Regional Medical Center
- Ashley County Medical Center
- Chambers Memorial Hospital
- Howard Memorial Hospital
- Dallas County Hospital

Keep up the good work!

Please stop by AHAWCSIT booth #10 at the AHA annual conference on October 4, 2012 to pick up your certificate or obtain information on how you can become a member of this very successful group.

# Come visit the AHA Services, Inc. endorsed companies exhibiting at the AHA Annual Trade Show, Thursday, October 4

AHA Workers' Compensation Self-Insured Trust
- Booth 10

BancorpSouth Insurance Services, Inc.
- Booth 15

*care*Learning / *care*Skills
- Booth 7

Commerce Bank / ControlPay® Advanced
- Booth 8

DocuVoice
- Booth 21

Guldmann, Inc.
- Booth 22

Hagan-Newkirk Financial Services
- Booth 20

HEALTHeCAREERS
- Booth 19

Information Solutions
- Booth 17

Merritt, Hawkins
- Booth 37

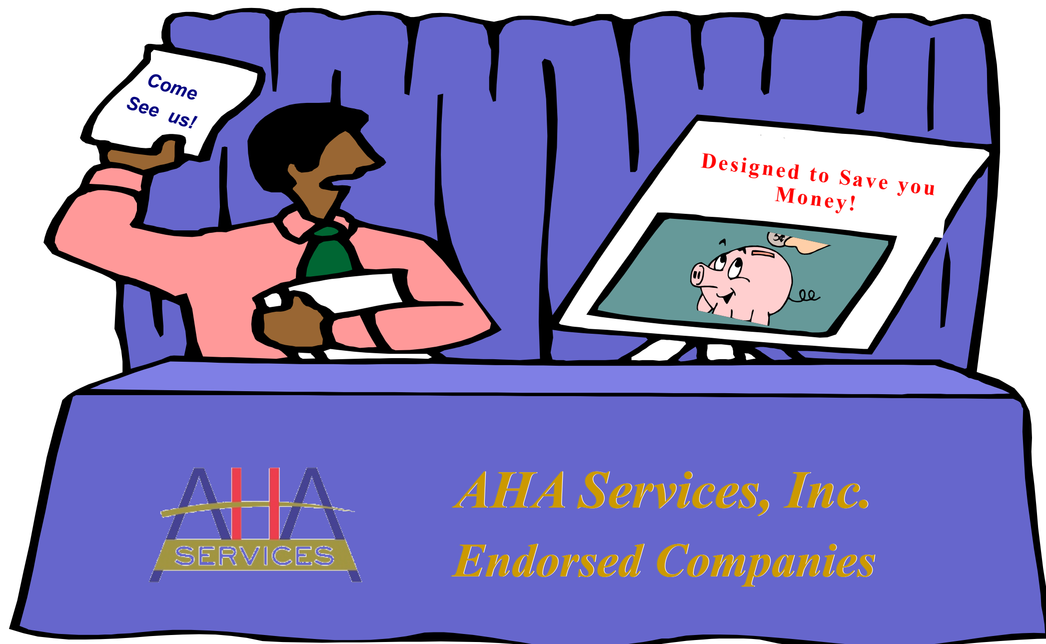
nTelagent
- Booth 9

PDS
- Booth 34

Press Ganey
- Booth 16

SUNRx 340B
- Booth 13

Vision Service Plan
- Booth 18



*Top 8 Healthcare Jobs of 2012 Continued from Page 1*

Their duties vary with their education and experience level in accordance with state laws. As the backbone of the medical industry, job opportunities are abundant for medical assistants, who work in doctors' offices, hospitals and other clinical settings. Most medical assistants have graduated from a two-year accredited program and have taken an exam to become licensed. High employment growth, along with the flexibility and versatility of this role, make it an attractive option for many interested in the medical field.

Projected Employment Growth: 31 percent
Average Salary: $28,860

**5. Registered Nurse**

Among one of the top in-demand careers across all industries, employment for registered nurses is expected to add more than 700,000 jobs by 2020. Thousands of additional nursing jobs are expected to open up as older nurses retire.

Registered nurses are found in hospitals, schools and doctors' offices around the world, providing a wide variety of work opportunities. Many nurses specialize in areas such as family practice, women's health, pediatrics, geriatrics, or acute care. Their varied duties include updating patient records, discussing medical information with patients and assisting physicians during medical procedures.

Most entry-level positions require a Bachelor of Science in Nursing (BSN) or an Associate's degree in Nursing; advanced positions require a Master of Science in Nursing (MSN) degree. Compensation varies widely with varying levels of education and responsibility.

Projected Employment Growth: 26 percent
Average Salary: $64,690

**6. Pharmacist**

While most people assume that all a pharmacist does is dispense medication, in actuality, pharmacists play a huge role in the team-based approach of medicine. Pharmacists provide advice to patients facing a wide array of medical concerns in addition to making sure patients can safely take the combination of drugs they have been prescribed. Pharmacists also help with advising physicians and other health practitioners on drug-related questions.

Furthermore, pharmacists enjoy a stable job market and high salary. They find employment in a variety of practice settings, including community pharmacies, hospitals, and pharmaceutical companies. Most pharmacists have graduated from a Doctor of Pharmacy (Pharm.D) program, which takes approximately four years beyond a Bachelor's degree.

Projected Employment Growth: 25 percent
Average Salary: $111,570

**7. Massage Therapist**

Massage therapists use touch techniques to relieve pain and stress, increase relaxation, and improve clients' general wellness. Often, massages are performed for medical reasons, such as relaxing muscle cramps and rehabilitating injuries. Other clients visit massage therapists purely for the purpose of relaxation. Massage therapists work in private offices and spas, fitness centers, hospitals, and even shopping malls. Some also offer in-home or in-office massages. Many massage therapists find their jobs to be rewarding, reporting a high degree of job satisfaction.

Certification and licensing requirements vary by state. In some states, there are no educational requirements, while others undergo a massage therapy training program involving 500 hours or more of experience and study.

Projected Employment Growth: 20 percent
Average Salary: $34,900

**8. Clinical Laboratory Technician**

Clinical laboratory technicians use cutting-edge technology to run medical tests, analyze the results and transmit the information to physicians. Entry level lab technicians typically have a bachelor's degree in life sciences, although on-the-job training may suffice. While it is not among the highest-paid medical professions, it attracts those who are interested in medical sciences who do not wish to undergo the many years of education necessary to become a medical doctor. There are also plentiful opportunities for advancement in this field, which is expected to add over 42,000 jobs over the next decade.

Projected Employment Growth: 13 percent
Average Salary: $36,280

Read more allied health career tips. Find more allied health jobs by visiting the allied health career center. Or contact Gary Seaberg, 214.256.4811.

About the Author

Matthew O'Donnell researches and writes about job search strategy, career management, hiring trends and workplace issues for *HEALTHe***CAREERS**.com.

# Five Strategies for Success under Payment Reform

**By Christina Dempsey, MBA, Senior Vice President, Clinical and Operational Consulting; and Nell Buhlman, MBA, Vice President, Clinical Products, Press Ganey Associates**

Healthcare providers are being asked to do more with less. Costs continue to rise and payments are on the decline. By federal fiscal year 2017, 7% of hospital Medicare DRG base payments will be tied to performance on specific measures. Most hospitals find their payer mix is changing as more and more baby boomers enter the Medicare program, and as coverage expansion specified by the Affordable Care Act makes millions of people eligible for Medicaid or exchange-based private insurance in 2014. Further, the changing demographics will require adjusting the service mix to meet the needs of an aging population and the rising prevalence of chronic disease.

There's a lot at stake and the potential impact of all these industry changes is daunting.

So here are five key strategies to help health care providers address the principal challenges facing them under complicated new payment models, prioritize opportunities that will yield the greatest return, allocate resources to initiatives, proactively reduce risk — and ultimately improve razor-thin margins.

**Strategy One: Accept the New Normal**

Acknowledging the new reality — and its evolutionary nature — is a critical first step. Quality and safety of the care provided in the hospital have been on the front burner for many years, as has patient experience. Pay for reporting of process of care and other quality metrics has been in place many years — and each year has seen the addition of new metrics covering more and more of a hospital's patient population. In the past year, the pace of change has accelerated. The challenges are exploding and the accountability mandate now includes value-based payment initiatives, new quality metrics and delivery models that require collaboration across settings. Combined, the challenges impact your bottom line like never before and have the potential to erode already-thin profit margins. The new normal cannot be ignored and its components cannot be addressed as short-term as projects.

Today, there is no room for silos. You must acknowledge that all of these initiatives and measures are related and look at it holistically. Under value-based purchasing (VBP), those responsible for patient satisfaction, core measures and clinical outcomes will have to work together to ensure full reimbursement and maintain market share. It is about improving care quality across the board.

In addition, reimbursement is as much tied to how other hospitals are performing as it is to how the individual hospital is performing. As the market improves, the standards for performance rise, making it increasingly challenging to continue the improvement trajectory. With VBP, we also know that when a measure is "topped out" — meaning the majority of organizations are scoring at the highest level — that measure is removed and another takes its place.

Hospitals and providers that are positioned for success in the era of payment reform understand how the various P4P initiatives are related and take an integrated approach to prioritizing improvement opportunities and developing the strategies to address them. Top performers also take a forward-looking approach, taking into consideration the effects of rising thresholds and benchmarks on score calculation and goal setting.

**Strategy Two: Mobilize the Village**

Shifting course will be most successful when everyone is on board. Payment reform encompasses a vast range of practices and processes within the hospital setting. There are stakeholders at every level of the organization – and the members of each group need to understand how they can contribute to the organization's success. While it's important to drive awareness and involvement throughout the organization, when doing so consider the following maxim: The right information, at the right time, for the right audience. Where to start for different stakeholders? The degree of detail required by each group grows as you move from the board to the front line:

- The board: Information for the board should be high-level, but offer enough detail for goal setting and assessing progress to goals over time. Hospital and health system board members need to be able to understand the organization's degree of financial exposure under payment reform and overall performance, assess areas of risk, and monitor progress goals. To drive the necessary change, the board, along with hospital leadership, must continuously and loudly voice the priority of meeting goals associated with payment reform and set the tone for the rest of the organization.

- Executive and Clinical Leadership: The role of hospital leadership in this effort cannot be overstated. While separate and distinct in many ways, these leadership teams need to work hand in hand, with close involvement in identifying and selecting opportunities for improvement. By working together, these leaders can make sure that priorities are in line with organizational goals and strategy setting, and ensure alignment. Press Ganey research on top-performing hospitals shows a strong relationship between leadership engagement in performance metrics and an organization's level of performance. To foster the culture of quality so critical to success under payment reform, executive leaders at top-performing hospitals demonstrate routine (daily) engagement in performance on quality metrics, model and emphasize the importance of the behaviors and practices associated with high performance and empower quality leadership to make meaningful

*Five Strategies for Success, Continued on Page 7*

*Five Strategies for Success, Continued from Page 6*

change. In addition, executive and clinical leaders need to work in concert and be closely involved in efforts to prioritize opportunities for improvement to ensure these opportunities are aligned with the organization's goals and objectives.

- Front-line staff: Quality leadership holds the primary responsibility for identifying potential opportunities for improvement, and analyzing data to pinpoint the practices and processes that are affecting performance. They must be engaged to identify and drive specific solutions by sharing the data and findings with internal audiences and stakeholder groups, and creating the architecture for initiatives. Other stakeholders — individuals with responsibility or influence in aspects of performance that are targets for improvement — need to hold pivotal roles in analyzing performance, designing improvement interventions and acting as change agents. At this level, a thorough understanding of the calculation methodology for the various improvement initiatives is critical.

**Strategy Three: Own the Methodology**

The calculation methodology for each of the payment reform initiatives can serve as an invaluable guide for sorting through and prioritizing the opportunities for improvement. Hospitals' experience with VBP demonstrates the benefits of understanding the methodology. When many hospitals look at their VBP report, they don't see two or three things to improve, they see eight, ten, twelve or more.

Maddeningly, multiple opportunities can all appear to be equal or similar in size because they will drive the same loss of VBP points or loss of incentive dollars. Someone who is well-versed in the methodology, however, will know that this is rarely the case. Failure to own the methodology can lead hospitals to prioritize the wrong improvement opportunities — leading to wasted time, effort and resources.

Improvement initiatives are investments. Avoid the opportunity costs associated with prioritizing the wrong initiatives by taking the following steps when evaluating opportunities for improvement:

- Financial analysis. Estimate your exposure (maximum dollars at risk) and incentives that will likely be earned/lost based on current levels of performance. This step quickly quantifies your risk and presents an initial list of opportunities for improvement.

- Gap analysis: Next, focus on the aspects of performance that are driving the greatest losses. Determine incremental improvement necessary to drive additional points and payments — at metric level. A thorough understanding of the methodology is required for this step. It often becomes apparent that for some of the metrics subject to payment reform programs, small degrees of improvement can yield significant return on investment.

- Opportunity analysis: In addition to understanding the degree of improvement necessary to drive higher scores and additional incentive payments, hospitals need to consider the effort required to improve for each opportunity. Drill down and peel back layers to identify root causes. Is the current challenge site-specific? In the surgical suite or ED? Is it shift-specific e.g., at night or on the weekend? Is there a particular unit or individual clinician dragging down performance? It is also beneficial to look for aspects of performance affecting multiple pay for performance initiatives.

- Scenario planning. After narrowing down top opportunities for improvement, set attainable goals tied to specified time periods. Then assess the goals based on each step of the methodology to ensure that the attainable degree of improvement will yield meaningful results for the organization.

**Strategy Four: Know That Not All Opportunities Are Equal**

To help further prioritize and focus your efforts, it is important to evaluate different scenarios, since the effort required to improve can vary dramatically from one opportunity to the next. For example, it can be considerably less complicated to improve scores for providing discharge instructions to heart failure patients than to reduce time to percutaneous coronary intervention for heart attack patients.

Sometimes, the "obvious" solution isn't the right solution for sustainable improvement and success within VBP. Take the "communication with nurses" dimension in the HCAHPS domain within VBP; a hospital that does not perform well in this dimension might assume its nursing staff requires additional communications training and tools to improve scores. The obvious solution would be more training, goal setting and accountability for nurse communications. Following a multi-month training initiative, the hospital sees its scores improve for a period of time, and then begin to decline. The obvious solution did not result in sustained improvement. What this hospital missed was identification of the root cause preventing its nurses from establishing relationships with patients.

It is important to remember that the patient experience cannot be separated from the quality of care the patient received. Did these nurses have time to establish relationships with patients? Are mechanisms in place that look at staffing not only for the midnight census but also for what happens throughout the day on the busy inpatient units, where beds may actually be turned over twice to reduce length of stay and assure observation patients are discharged appropriately? Is acuity incorporated into the staffing algorithms? Has the hospital assured it isn't creating a situation where the post-anesthesia care unit or the emergency department moves patients to the inpatient units because either the elective schedule for the operating room has too many peaks and valleys or the ED must wait for admission orders from the hospitalist? That hospitalist may be the only one on duty; he or she may want all patients held in the ED so that he/she can see all the patients and write the orders for admission in one visit. All of these issues must be considered to find the right solution.

While on the surface an improvement in scores may look to have the same impact on results, the underlying opportunity cost and resources required to drive that change may be considerably higher than is required for other improvement opportunities. Look closely at your top options; identify the process-specific stakeholders who need to be involved; and enfranchise those whose practice will help identify the root cause, assess the realistic effort required and ultimately enable success.

*Five Strategies for Success, Continued on Page 8*

*Five Strategies for Success, Continued from Page 7*

**Strategy Five: Be a Copycat**
Often, the shortest route between a challenge and its solution is someone else's best practice. Success stories abound for changing the practices, processes and behaviors that drive performance for the metrics subject to the Medicare payment reform initiatives. For example, Press Ganey's research and work with clients have recently identified the following best practices:

- Manage core measure patients while they are in the hospital to improve quality measures adherence and patient outcomes.
- Reducing variability in elective admissions, thereby increasing functional capacity for growth.
- Hourly rounding to improve performance on the HCAHPS nurse communication dimension.
- Physician engagement to improve performance in core measures, HCAHPS and coordination across the continuum of care, and reduce readmissions rates.
- Strategies for collaboration with post-acute providers.

**Conclusion**
In summary, our advice is: Do not despair. There is ample published evidence that improvement in metrics subject to pay for performance offers benefits that cut across multiple pay-for-performance initiatives. There are documented, strong associations between higher overall patient satisfaction scores and lower 30-day hospital readmission rates for AMI, heart failure and pneumonia. High performance on the HCAHPS "overall" and "likely to recommend" dimensions is associated with lower rates of decubiti and nosocomial infections. Patient perception of cleanliness, blood-draw skills, and nurse responsiveness has been shown to be highly associated with lower infection rates and lower infection-related mortality. The list goes on. And the list serves to remind us all that we are not in it for the scores, but for what the scores tell us about how effective we are in creating the best possible experience for our patients.

Visit www.pressganey.com or contact Maggie Thompson, 888.836.6152, mthompson@pressganey.com or Tina Minnick, 855.736.4407, tminnick@pressganey.com.

# Arkansas Workers' Comp Dividends

The board of the AHA Workers' Compensation Self-Insured Trust met July 27, 2012. After reviewing the financial solvency of each fund year since inception of the Trust in 2003, we are proud to announce the board has voted to return anticipated unused premiums for the fund years of 2008 and 2009 to current members that were members of the Trust in each of those fund years, respectively.

A total return of $300,000 for fund year 2008 and $200,000 for fund year 2009 was unanimously passed by the board. A percentage of the profit is being returned to members based on each member's contribution to the surplus of each fund year. The contribution to the surplus is based on the premium paid and the incurred losses of each member.

The trust is committed to providing a workers' compensation program of excellence in which its members share the success and profits. As a member of the trust, controlling losses and maintaining an aggressive workers' compensation program in a proactive manner allows the trust to return unused premiums to you, the member, as opposed to an insurance carrier that retains those profits for the company.

Percentages of the trust's income returned have averaged from 23% to 27% over the years while maintaining a healthy fund balance to meet our workers' compensation obligations. To date, the trust has returned $6,250,000 to its members.

Hospitals interested in participating with the program should contact Tina Creel, vice president of AHA Services, Inc. at 501.224.7878. Or, contact Floyd McCann, RMR's Arkansas representative, at 800.690.4540.

# How Do Your Collection Efforts Measure Up?

Hospitals often focus on improving their financial health by reducing costs, but that is only a partial solution. Hospitals can influence the revenue side of the equation as well. Approaches to revenue growth include effective long range planning, a data driven strategic approach to managed care negotiations, business development decision making based on market information, and improved collections.

At the PDS Summer Forum held in July at AHA headquarters in Little Rock, there was much discussion about the many ways hospitals can optimize their revenue. Max Brown, the founder of PDS and formerly with Anthem Blue Cross, talked about improving the outcome of managed care contracting by understanding negotiations from the payer point of view, and how these efforts must fit into the hospital's overall revenue management plan. Several hospitals also shared their approaches to capturing revenue from their emergency room patients, and it was evident that this represents a significant opportunity for helping each other by sharing best practices.

Because PDS collects data from nine PPS hospitals and five critical access hospitals (CAH) across the state, the Arkansas Hospital Association now has access to hundreds of thousands of claims records and can begin sharing information that will be helpful to the PDS community as well as the rest of their members.

Just as the PDS data shows significant variation in how hospitals are paid for providing identical services to their commercial patients, it also highlights significant differences in how hospitals collect from their self-pay patients. The data below reflects all closed claims in the PDS database for self-pay patients discharged from the emergency room in 2011. **Knowing where you stand relative to your peers can help you quantify your opportunity for improvement.** Interestingly, the amount collected doesn't appear to be related to whether or not the organization is a critical access facility or a PPS hospital.

We invite you to future PDS Forums so you can network and share revenue growth strategies with your peers.

Visit www.pds-data.com or contact:

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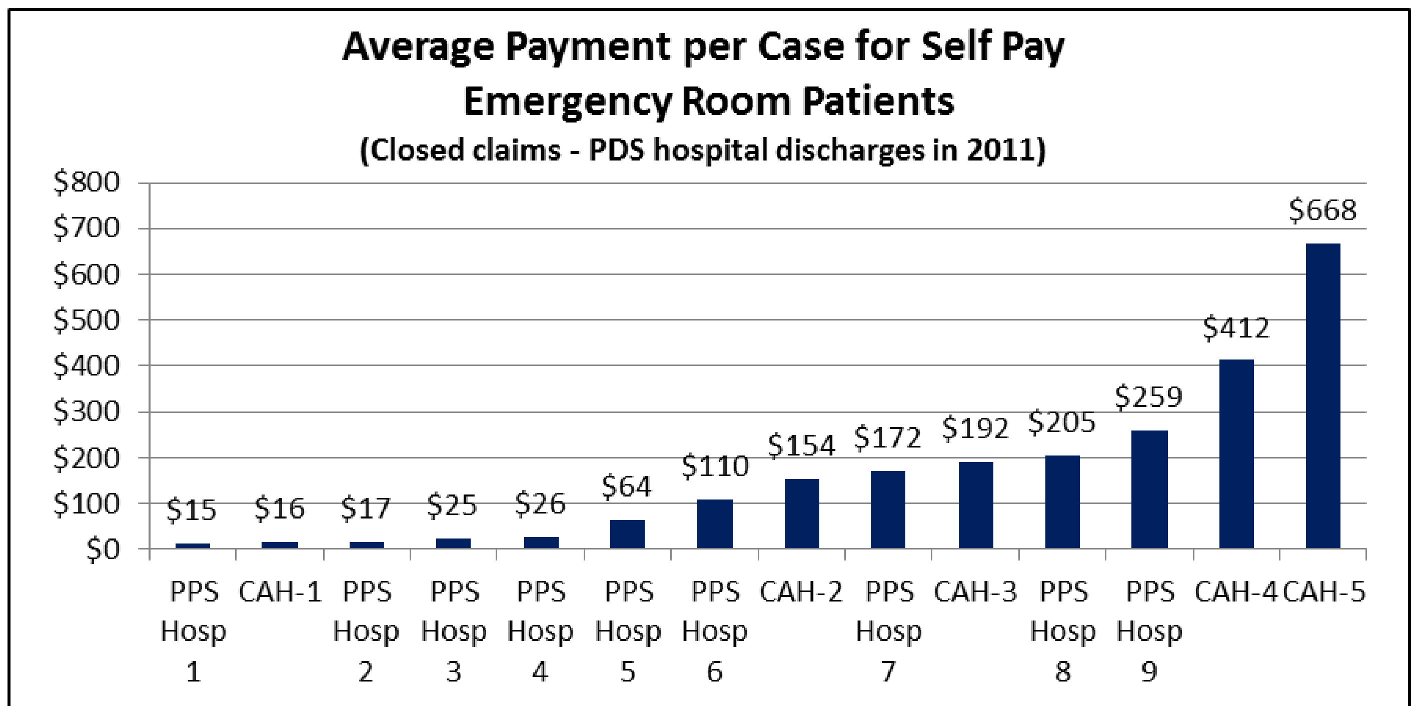
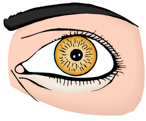


# Light to Sight: How We See


The Human Eye

Sight is kind of like that age-old dilemma of which came first, the chicken or the egg. The question – Where do we see – in our eyes or in our brain? – has been a focal point of medicine's mysteries for centuries.

But, now we know. "The answer is both," says Richard Skay, O.D. He's a VSP doctor from San Marcos, California. According to the doctor, seeing can be summed up in three main steps.

**Step 1: Incoming.** Light rays known as photons (yes, like torpedoes) make their way through your eye's external, clear layer, called the cornea. The light continues through your pupil (the dark circle) in the colored iris. It's your pupil that determines how much light to let in. That's why in dimly lit situations, your pupil gets bigger, while in bright light, it shrinks.

**Step 2: On target.** The light continues on its journey, landing on the inner lens of the eye (known as the crystalline lens). It is this lens that focuses the light rays on your retina. The retina is a layer of light-sensitive cells lining the inside back wall of your eye.

**Step 3: Making sight from light.** The cells in a healthy retina are amazing. They turn the light into electrical signals. The signals move through the optic nerve into

your brain. There, complicated electrical-chemical reactions give you the sensation
of sight. The interaction of the brain and retina are so complex, says Dr. Skay, that it's tough to know whether sight physically happens in one or the other.

Visit www.vsp.com for more information or contact Tracey Escobar, 800.638.2626.

# 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.

## Short-Term Insurance

Those who are temporarily uninsured for almost any reason.

Typical Customers include:

> New employee temporarily without coverage <

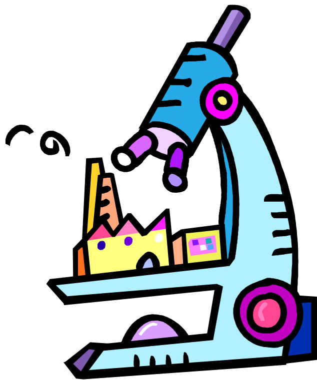
> Retiree not yet eligible for Medicare <

> Individual between jobs <

> Self-employed <

Contact:
Mark Smalling
Hagan Newkirk Financial Services,
501.823.4637

# 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 (FHAMC 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.

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 as 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, barbaraf@fha.org.


## Information Solutions

Instant Criminal Backgrounds

Social Security Traces

Motor Vehicle Records

(all 50 states)

Credit Reports

www.criminalscan.com

# AHA Services, Inc. Endorsed Companies

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

**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.

***care*Learning.com** - Mandatory education including Health & Safety Compliance courses; webinars - online, 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.

***care*Skills** - Performance and 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 and Commercial Insurance, Admission Denials. *www.fhahims.org*. Barbara Flynn, 407.841.6230.

**DocuVoice** - Marketing/consulting company that specializes in outsourced coding/transcription solutions to address healthcare needs. DocuVoice's solutions also include ICD-10 assessment/training services, encoder software and physician-conducted chart reviews. DocuVoice's team works closely with you to design a custom program to address any of these areas by identifying your current situation at no charge. *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.

**Hagan-Newkirk Financial Services, Inc.** - Single source solution for employee benefit needs. Providing benefit design and consulting services, benefit enrollment solutions, custom employee education strategies, compliance assistance, wellness programs and payroll processing services. *Creditguard*. *www.hagan-newkirk.com*. Chris Newkirk, 501.823.4637.

**HealtheCAREERS Network** - Online recruitment, advertising and career solutions for the healthcare industry. Delivers content, job postings, news, events and career resources that are customized to a candidates' career path and relevant at every stage of their healthcare career. *www.HEALTHe***CAREERS***.com/aha*. Gary Seaberg, 214.256.4811.

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

**Med Travelers** - Temporary allied health professional staffing, temporary mid-level health professional staffing, locum tenens-allied health professionals. *www.medtravelers.com*. Kim Trepkus, 800.788.4815.

**Medefis** - Vendor Management Solutions. *www.medefis.com*. Bryan Groom, 866.711.6333, ext. 114.

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

**nTelagent** - managing accounts receivable with a total point-of-service solution. *www.nTelagent.com*. Jaclyn O'Neil, 225.933.7013.

**Press Ganey** - Satisfaction measurement (patient/employee/physician/ home health), survey instruments, reporting and analytical tools, quality improvement solutions for HCAHPS. *www.pressganey.com*. Holly Horncastle, 888.300.4470, Tina Minnick, 855.736.4407.

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

**Staff Care, Inc.** - Locum tenens-physicians, temporary physician staffing. *www.staffcare.com*. Erica Gerber, 469.759.8918.

**SUNRx** - automated solutions that help community health organizations manage 340B contract pharmacy relationships and other discount drug programs and comply with government regulations. *www.SUNRx.com*. Matthew Bobo, 210.646.1885.

**VSP** - Vision care. *www.vsp.com*. Tracey Escobar, 800.638.2626.

**Volunteer Insurance Plan** - Cost-effective "on-the-job" Accident Coverage. Tina Creel, 501.224.7878.