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Facts & Features

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

Winter Edition

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

Don't Lose Money on Inappropriate Denials!

Since 2005, the Recovery Audit Contractors (RACs) have denied more than $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. Its 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. Its 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.

Not every denial will be appealed by the provider and when an error was 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.

It is clear that the RACs initiative has been and will continue to be burdensome and costly for hospitals to log record requests, copy and mail the medical record to the RAC, track RAC responses and remittance advice, perform secondary review of the record and the denial, as well as investigate and defend the hospitals' position. This process has been so costly and resource intensive that many hospitals have not fully investigated and challenged the RAC when the denial is inappropriate, which is likely one of the contributing factors to the higher rate of overpayments versus underpayments.

Denial Management Services from the Florida Hospital Association Management Corporation

(Continued on Page 10)

Florida Hospital Association Management Corporation

What's inside:

Harnessing the Power of Your Data to Optimize Revenue

As we all know, **the value of the data depends on how effectively it is used**. The person negotiating your managed care contracts needs data in order to demonstrate the hospital's value to the payer, and to ensure that your reimbursement is in line with the value you provide. **The payer will come to the table armed with data and confidence; you should too.**

Here are just some of the metrics you can use to tell your story.

- **Readmission Rate:** If your readmission rate is low relative to your peers, you have a reason to push for higher reimbursement. You can demonstrate to the payer that while they may be paying you more to treat a particular patient, because those patients are less likely to be readmitted, the cost to the payer for sending their patients to your hospital is actually lower in the long run.

- **Quality Scores:** You are often willing to pay a bit more if you can be assured of receiving a superior product or service. Similarly, the payers want to provide a high quality product to their customers. Their goal is to deliver value, so if you can demonstrate that you offer better quality, you are more likely to command higher reimbursement than those hospitals with lower quality services.

- **Market Share:** You need to know your market share by service line, so you know whether you are a "must have" hospital in the payer's network. Furthermore, because payers typically respond more favorably to targeted requests for rate increases, if you can demonstrate your value to the community for selected services, you are more likely to get the increases you deserve for those service lines.

- **Patient Satisfaction:** The payers don't want their customers to be unhappy with the care they receive in their network hospitals, so they will prefer those hospitals with higher patient satisfaction scores. If you can demonstrate value to the payer through your scores, the outcome of your managed care negotiations is likely to be more favorable.

- **Cost:** There is no point negotiating lower rates to drive volume your way if this will result in an increase in the number of unprofitable cases. Before you go into negotiations, you need to know which service lines are the most profitable, along with the average margin per case. With that information, you can set a price point that makes sense.

Once you have established your value to the community and to the payer, the next step is to push for the reimbursement you deserve**. The payer already knows how your reimbursement compares to your peers; you should too**. Armed with knowledge of your market position, you can set appropriate revenue targets for every service line and every contract. **Armed with data, you can have the confidence to negotiate for the payments you deserve.**

To learn more, contact Leslie Gold, 213.283.8003, lgold@hasc.org; or visit www.pds-data.com.

As of November 1, 2012
Information Solutions is no longer an endorsed vendor of AHA Services, Inc.

Information Solutions

PDS University

Getting Ready for Contract Negotiations

This popular 20 minute interactive webinar will cover:

- How to use PDS data as a powerful tool to level the playing field during contract negotiations

Show how to identify areas of opportunity for:

- revenue enhancement
- preparing for new payment models
- how to dig into the data

~ February 28th ~ 1:00 p.m., CST ~

Register: click here

Staff Care Announces 2012 "Country Doctor of the Year!"

He is an internist/pediatrician, a pharmacist, a farmer and a deputy, and now Dr. Neil Nelson of Gibson City, Illinois is the 2012 "Country Doctor of the Year. "

Presented by Staff Care, an AMN Healthcare company, the Country Doctor of the Year Award recognizes the spirit, skill and dedication of America's rural medical practitioners. As the leading temporary physician staffing firm in the United States, 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 of Murfreesboro, Arkansas, who made national news when, at age 81, he came out of retirement to aid the local hospital when it lost all the physicians on its staff.

Trained in internal medicine/pediatrics, this year's winner, Dr. Nelson, sees patients of all ages in his practice, regardless of ability to pay. As a testimony to his dedication, Dr. Nelson began his career in healthcare as a pharmacist so he would be familiar with the drugs that rural patients need. Raised on his family's 320 acre farm in Gibson City and a farmer from an early age, Dr. Nelson knew he wanted to be a physician from the time he worked at the switchboard of Gibson Area Hospital, where he was born and where he now admits patients.

Dr. Nelson is on call for his patients 24 hours a day, seven days a week and has not taken a vacation in more than 12 years. He continues to make house calls and in his "spare time" serves as an auxiliary deputy and as a local liaison physician for the Shriner's hospital in Chicago. Until recently, Dr. Nelson was still very active as a farmer.

As the 2012 "Country Doctor of the Year", Dr. Nelson 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.

Arkansas Hospital Association members who would like to nominate a physician for the 2013 Country Doctor of the Year Award are welcome to download a nomination form at www.countrydoctoraward.com.

Bonnie Owens is senior vice president of Staff Care and can be reached at bonnie.owens@staffcare.com.

Do You Know How to Qualify for Federal Funds for Telecom Services? *Are You Leaving Money on the Table?*

Telconnections, Inc. is a client-focused technology consulting and sales firm founded in 2003 by Hunter Babin. The company was formed for the benefit of clients needing assistance with IT and telecom projects including Voice over Internet protocol (IP), traditional voice systems, networking systems and cloud-based technology.

Hunter Babin has 30-plus years in the information technology (IT) industry and has worked in the area of mainframe computing, client-server computing, networking and telecommunications. Hunter Babin's areas of expertise include needs analyses, project definitions, solution development and project management from initial assessment of needs through the contracting and implementation processes.

Recent projects have included assistance of clients in applying for federal funds under the universal broadband initiative managed by the Federal Communications Commission and the Universal Service Administrative Company (USAC).

The USAC benefits rural healthcare providers (HCPs) by:

- Enabling rural HCPs to share critical patient-care information in electronic formats.
- Allowing rural HCPs to connect and consult with specialists across the country.
- Reducing expenses for rural HCPs. (Reduced rates for telecom services and Internet services).

If you need assistance, contact Hunter Babin, 501.255.5807, hbabin@tcsavings.com.

- Telconnections is a fee based consulting company -

S:ERVE
Safety: Emergency Responder Vehicle Education

S:ERVE, available to **AHAWCSIT** members, is an online driver simulation and curriculum created to educate law enforcement, firefighters, EMS and other emergency responders to drive at their safest in an effort to reduce collision rates in emergency response scenarios. The program guides users through a series of situations in which decision making is key. Users prioritize their vehicle handling and emergency task activities while experiencing situations related to typical emergency response or pursuit operations.

S:ERVE includes five core lesson plans:

Intersection Approach - **Select appropriate methods for maximizing vehicle control when approaching intersections and recognizing the risks associated with improper intersection negotiation.**

Intersection Assessment - **Learn to recognize, categorize and prioritize all potential hazards.**

Clearing the Intersection (Basics) - **Decipher appropriate techniques and recognize the dangers associated with improper intersection clearing.**

Clearing the Intersection (Advanced) - **Review and reinforce awareness of risk factors when clearing intersections and how to avoid common mistakes when doing so.**

Intersection Departure & Course Summary - **Learn the steps for safely departing an intersection then complete a comprehensive course recap of all key concepts.**

Improved Comprehension

S:ERVE offers an interactive functionality to support a higher learning retention rate than traditional classroom environments. Users are tested throughout each lesson to ensure complete understanding of the material and receive immediate feedback on performance.

AHAWCSIT members may reserve access to S:ERVE for your organization by contacting:

Tina Creel or Liz Carder
501.224.7878
tcreel@arkhospitals.org, lcarder@arkhospitals.org

S:ERVE will be offered through Safety National's MAP Client Services - a program that offers various resources to help policyholders improve their workers' compensation management, analysis and prevention efforts. Visit www.safetynational.com to view the full suite of products and resources offered to policyholders through MAP Client Services.

The Basics of Short-term Health Insurance

Short-term health insurance is the ticket for people in transition

Designed for healthy individuals and families, short-term policies can provide an affordable safety net for those who are transitioning from one life event to another without a basic health plan. Depending on the short-term plan, benefits can be wide-ranging, with some policies providing up to $5 million in individual coverage.

Just as the name implies, these health insurance policies are a temporary solution to a short-term insurance gap.

Most plans last one to six months and can be renewed for a total of 36 months. The application process is simple and policies can be issued the next day. Most insurers take credit card payments.

The most important thing to remember is that a short-term plan is not designed to cover pre-existing conditions. These are typically defined as any condition you had during the 36-month period prior to the start of coverage. The "look-back" period for these conditions can vary by state. The insurance department in your state can tell you what laws apply. It's important to answer the health questions on the application honestly. Otherwise, you could wind up with a denial of any treatment related to your pre-existing condition.

All short-term policies have very specific limitations and exclusions, so read the policy carefully before you buy.

Who needs short-term health insurance?

- Individuals who are temporarily out of work:
- Folks who are between jobs make up a large market for short-term health insurance.
- Employees who are newly hired:
- If you have just started a new job, you may be waiting to become eligible for your company's group health plan. This can take one to six months after your start date. In order to avoid a lapse in coverage, short-term health insurance can fill the gap.
- Recent college graduates:
- Many grads look for jobs offering health insurance benefits, but until they land full-time jobs, short-term insurance can fill the gap.
- People waiting to qualify for a standard health insurance policy:
- People applying for private-market individual health policies may not want to go without coverage while they wait for their applications to be approved. Having a short-term health insurance plan in place while you wait provides a seamless transition, and if you are denied for your standard policy, you still have basic health coverage through your short-term plan.
- Those losing dependent status:
- If you reach the cut-off age of your parents' health insurance plan and are not enrolled as a full-time student, you will be dropped. In this case, you may be eligible for COBRA, but premiums can be very high. A short-term policy can keep you insured with lower premiums until you find a job that offers health insurance, or you enroll in an individual health plan.
- People on strike, military discharge and early retirees:
- You might consider a short-term plan if you are temporarily without insurance for some other reason. If you have retired early, you may need coverage until you qualify for Medicare. See other health insurance options for early retirees.

For assistance in purchasing short-term health insurance contact Mark Smalling, Hagan Newkirk Financial Services, Inc., 501.823.4637, msmalling@hagan-newkirk.com.

Contact Lens Malfunction?

Vision Problem Masks Stroke

Contact lenses don't usually go haywire overnight – but a body can. Exactly that happened not too long ago to a patient of Serge Wright, O.D.

The Sedona, Ariz. optometrist got a call one morning from a 65-year old patient. Complaining of blurred vision and trouble judging distances, the man looked to his contact lenses as the cause. He wanted to come right in, and Dr. Wright wanted to see him right away, too.

Dr. Wright is a pro, with over 33 years caring for patients. And, he knew right away that the eye exam could very easily show an underlying health problem. In fact, checking for clues into overall health is a big part of each and every eye exam an optometrist does.

Also, at the top of his mind, was the fact that contact lenses usually don't develop sudden problems that impact vision. The likely cause was something to be checked out right away. And good thing he did just that.

When the patient came in later that day, Dr. Wright did a standard visual field screening test, and it didn't check out. So, he did a follow-up test to assess his patient's peripheral (side) vision.

"The test showed that the patient was missing one-fourth of his vision on the left side of each eye," says Dr. Wright. "According to the test results, his problem wasn't really in his eyes or in his contact lenses. It was in his brain. The test indicated that he'd experienced a recent stroke in the area of the brain that controls vision – the visual cortex – and that the problems with his eyesight were actually occurring because of brain damage from the stroke."

Stroke and high blood pressure goes hand in hand, so Dr. Wright took his patient's blood pressure. "It was significantly elevated," he recalls, "which told me that he might be susceptible to another, potentially fatal stroke at any time."

With no time to waste, Dr. Wright connected with a medical doctor to see the patient right away. Soon after, medication was prescribed to reign in the man's sky-rocketing blood pressure.

"Fortunately, this patient's vision problems began to clear up within a few weeks, as his brain recovered from the stroke," says Dr. Wright today. "His eyesight is just about back to normal now, and when he came in for his most recent yearly eye exam, he thanked me profusely for helping him uncover the underlying stroke that had caused his vision difficulties.

"This patient could have lost his life to another stroke. But it didn't happen. As an optometrist, you have to feel good about helping somebody in that situation!"

Visit www.vsp.com for more information.

Register for voterVOICE - *Committed to Advocacy*

Help AHA lobby effectively by signing up with voterVoice.

By registering for voterVoice, you will receive legislative updates and also have the ability to contact your legislator with just a point and click.

Here's How to Sign Up for voterVoice:

⇒ Go to the AHA homepage at www.arkhospitals.org
⇒ click on Legislative/Regulatory/Legal
⇒ click on voterVoice/Grassroots and register.

If you have any questions regarding the sign-up process, please contact Amber Estrada at *aestrada@arkhospitals.org*.

Participating in the 340B Program, What to Expect

Step 1: Presentation of 340B the program

Presentation of 340B program as a whole, going through: eligibility requirements, registration process, explanation of the 340B contract pharmacy solution;

- how it works
- what it means to the hospital
- steps to set it up
- implementation process overview
- why it may not make sense for all hospitals
- next steps

Step 2: Program Feasibility Study

Once the program has been presented hospitals will be asked to provide data needed to perform a financial illustration and pharmacy network analysis. This data is used to ensure that the program is going to be sustainable for both the hospital and its contract pharmacies. Initial data collected is:

- Outpatient encounter data
- Outpatient payor mix
- Patient by zip percentages
- Provider National Provider Identifier (NPI) and Drug Enforcement Administration (DEA) numbers

The initial analysis uses encounter data to calculate the potential number of scripts that will be produced from the hospital's outpatient centers based on national averages. In some cases the encounter data will not prove the case for a sustainable program.

In these instances SUNRx will move to identifying actual prescriptions written to the community pharmacies using the NPI and DEA data. With chain pharmacies we will simply send them the NPI/DEA information and the chains will return a report with monthly scripts written by those providers.

With independents the process works a bit differently. SUNRx understands that in rural areas, communities are often very tightly-knit.. SUNRx will work with the hospital to reach out to the local independent pharmacies (if there are existing relationships). In most cases it find that it helps for the hospital to utilize its relationships with local independents to give them a heads-up before introducing SUNRx to explain the program. This "warm introduction" usually helps the pharmacist be more willing to be educated about the program and to participate with the hospital.

If the pharmacy is willing to participate, SUNRx will work to identify the prescription volume at the independent pharmacies as well.

Once prescription volume has been identified. A new financial illustration will be created using the claims data provided by the pharmacy and new feasibility analysis will be performed to see if the program is going to make sense for the hospital to move forward with.

Step 3: Financial Illustration Review

Once the data has been processed and the volume looks good to move forward SUNRx will have a review with the hospital about estimated financial benefits it can expect to see.

This analysis is a conservative estimate based on averages provided by the hospital and SUNRx client national averages. **This illustration should by no means be used for budgetary purposes.** The purpose of the analysis is to show the hospital using conservative measures that the financial benefit is great enough to justify moving forward with the program.

Once the hospital reviews the financial illustration and decides it makes sense to move forward, a contract and Letter of Intent will be created and sent for review and signature.

Step 4: Contract and Letter of Intent

SUNRx sends two documents for the hospital to review: the Administrative Services Agreement (ASA) which is the contract between the hospital and SUNRx as well as a Letter of Intent (LOI).

Due to the fact that the contract review and redline process can sometimes take a few weeks to complete, SUNRx only needs a signed LOI to move the hospital into our implementation queue.

SUNRx will not make changes to the language of the LOI. If the hospital is not comfortable signing the LOI, SUNRx will recommend moving straight to the contract redlining process.

Once a signed LOI or contract is received, within 10 days the hospital will be contacted by the SUNRx Business Solution/Implementation teams to begin the implementation process.

For more information, contact Matthew Bobo, Southwest Regional Director, 210.646.1885, matthew.bobo@SUNRx.com.

Coding presents one of the most challenging dilemmas to the business of healthcare today.

SPEED. ACCURACY. COST

KIWI-TEK™ offers coding solutions that are adaptable to any workflow, for any healthcare provider, in any location, for any patient type. To provide you with the most cost-effective options, we offer *domestic* and *international* coding experts.

Our remote coding solutions deliver the best coding expertise available to your workflow with guaranteed quality and turnaround times. We have made your access to our coding service remarkably simple with no installation fees and no minimum usage required. Just tell us when you need us and we will be there quickly to fulfill your needs.

Quality is guaranteed.

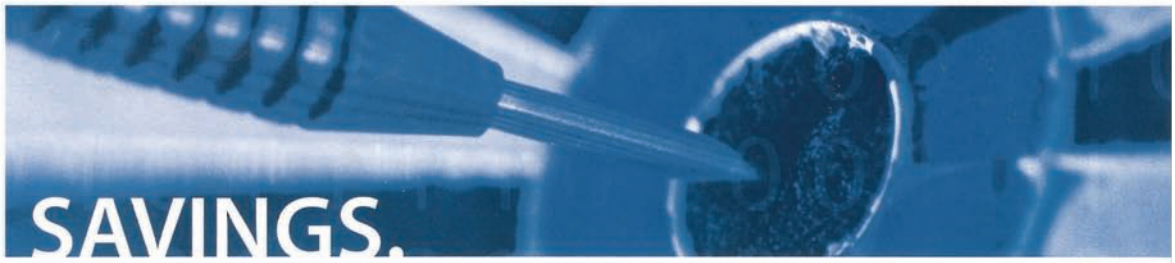
KIWI-TEK demands and delivers quality results with our six-step quality assurance process.

1. All KIWI-TEK coders must maintain their certification through the AAPC or AHIMA.
2. Coders are required to maintain 95% accuracy in their quality reviews.
3. Each coder's work is subject to ongoing internal reviews by KIWI-TEK managers to ensure accuracy and compliance.
4. All KIWI-TEK coders are required to pass rigorous proficiency exams in each selected specialty prior to being engaged.
5. A written HIPAA compliance plan as well as internal policies and processes have been established to ensure compliance at KIWI-TEK.
6. Regularly scheduled independent reviews are also conducted to evaluate the coding process and practices, including compliance with all aspects of HIPAA.

Results are proven.

Experienced, certified coders, backed up with rigorous quality checks and a 48-hour turnaround time, deliver outstanding results to your revenue cycle. KIWI-TEK customers have found that our coding service delivers the following benefits:

- Increased reimbursement by capturing and coding all of the documented services rendered.
- Accurate and consistent codes based on the medical record, reducing compliance risk.
- Reduced denials and costly resubmissions with our six-step quality process.
- Significantly reduced accounts receivable and DNFB by providing 24/7 staffing coverage.
- Eliminates coding backlog caused by FMLA issues by providing backup staffing.



ICD-10 — are you prepared?

With the pending change to ICD-10, your coders must have comprehensive training in order to properly assign ICD-10 codes. This is a major change to their current coding:

- ICD-9 CM diagnosis codes are 5 digits numeric with 14,000 codes. ICD-10 CM diagnosis codes are 7 digits alphanumeric with 68,000 codes.
- ICD-9 CM procedure codes are 4 digits numeric with 4,000 codes. ICD-10 PCS procedure codes are 7 digits alphanumeric with 72,000 codes.

While this change is overdue to U.S. healthcare, the transition will cause a significant disruption to the revenue cycle of healthcare providers.

Training. Your coders must receive a minimum of 80 hours of ICD-10 training.

Transition. Studies have shown a 50% decrease in productivity for the average coder for the first 6 months after conversion.

Turnover. Senior, experienced coders may not want to make the transition and choose to retire early.

Long Term. Some experts are predicting a permanent reduction in coder productivity of 10% to 30%.

ICD-10 implementation doesn't have to be the shocking disruption of coding that many anticipate. KIWI-TEK will help you maintain or even improve your coding proficiency.

KIWI-TEK can help with all of your coding needs to make this transition seamless and minimize the impact on your revenue cycle.

1. We can step in instantly to handle coding while your coders are training.
2. We can supplement your coding capacity until your coders achieve their new productivity.
3. We can cover any staffing vacancies that you may encounter.
4. We can handle any overflow coding needs indefinitely, so you don't have to invest in more staff.

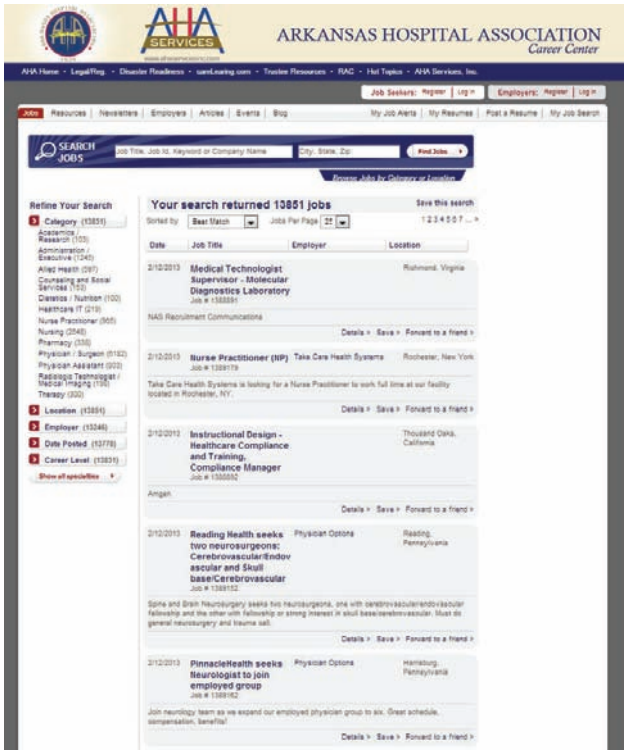
KIWI-TEK™

For more information, contact Bob Stewart, 615.275.7312

AHA Career Center is your Single Source Solution

Recruit the very best candidates with the AHA Career Center, the official online job board of Arkansas Hospital Association. Fast, smart and optimized to provide direct access to the most qualified healthcare Professionals, the AHA Career Center makes it easy to target highly-specialized candidates across every healthcare specialty.

With a robust selection of online recruitment tools, the AHA Career Center is designed to be your single-source solution for all your recruiting efforts online.



Only the AHA Career Center delivers:

Maximum exposure – When you purchase a job posting, your ad is plugged into its extensive network of job distribution partners, resulting in more qualified candidates viewing your jobs. The AHA Career Center has partnerships that ensure your jobs receive premium placement on Indeed, Simply Hired, Glassdoor and many others.

More Targeted Advertising and Branding Opportunities – The site features advertising zones and more of them, allowing you to target candidates at the discipline level and broadcast your brand to larger audiences. Extend your reach further to quality candidates with Targeted Email Campaigns that put your brand front and center to the job seekers you desire.

Competitive Pricing – Pricing is flexible depending upon your hiring needs. It offers competitive pricing and volume discounts for every budget. Whether you're a single specialty looking to sell your practice or are a large hospital system bringing on a new staff, you'll find a package that's just right.

Resume Database – The Resume Search subscription provides access to an extensive listing of candidate resumes. Resume Search can serve as a supplement to your job postings or be used alone, offering unparalleled access to pre-screened resumes.

Customer Support Team – A seasoned account manager provides branding and hiring consultation during your entire contract term. They also counsel clients on writing job posting best practices ensuring your ads make resonate with candidates.

To access the career center visit www.healthecareers.com/aha and register as an employer to begin posting jobs online.

Questions? Contact us at 1 888-884-8242 or info@healthecareers.com and we'll walk you through the process.

Better job candidates, better response. Start today and post your open positions to AHA Career Center!

(*Continued from Page 1) Inappropriate Denials*

is designed to manage the RAC's process for the hospital. Its denial management team consists of experienced physicians, Certified Utilization Review/Case Management Professionals and HIM professionals with denial defense experience in the areas of coding and medical necessity. The DMS team will efficiently and effectively manage the denial management process from beginning to final determination.

* Some reports indicate that nearly 70% of appealed denials are overturned.

For more information on FHAMC DMS services or to request a proposal, please contact Jennifer Greenhalgh, jenniferg@fha.org.

*care*Skills, Performance Management Made EASY!

careLearning
eLearning. Real-World Advantages.

What are the two words that strike fear and loathing in the hearts of managers and employees everywhere?

Performance. Evaluation.

In many organizations, that's the annual process in which the manager struggles to remember what happened all year and why it was important, tries to write something meaningful on a meaningless form, and rushes through an annual discussion that is less comfortable than a root canal. *But it doesn't have to be that way.*

Current thinking in the field says that the performance evaluation or appraisal is the least important and effective part of a larger performance management process. Managers, employees and the organization benefit more from helping each employee see and understand what the expectations are from the beginning, and from participating in setting work goals that are aligned with the organization's strategy and can be measured.

Meeting once a year for a performance evaluation is counterproductive. Imagine that you're bowling, but never get to see how many pins you've knocked over till the end of the game. How well would you do? How motivated would you be? Ongoing feedback and coaching is essential throughout the year to help everyone know how things are progressing as they're happening, and when a change in approach or new skills could improve an important outcome.

Until now, software to support effective performance management has been expensive or bundled in complicated enterprise systems. *care*Learning is happy to offer a full Performance Management Module included AT NO COST with our competency management tool, *care*Skills.

effectively develop your workforce and improve quality of care

With this module you'll be able to:

- Set organization, departmental, role-specific and individual goals
- Provide and document feedback and coaching sessions throughout the year
- Associate performance plans with individual development plans
- Track everything online

Studies show that the work observed two months prior is what most performance appraisals represent. The Performance Management System assists your organization in each step of the process from setting goals to feedback and review.

Performance Appraisals

- Create an unlimited number of online appraisal/evaluation templates using your organization's existing paper-based appraisals or through the customization of templates populated in the system
- Managers complete the appraisal at the performance review based on journal entries. Employees can also self-evaluate
- Add value to the performance management process using multiple weighted performance scales to determine points earned at each level

Analyze Results

- Reports are available to track the status of each step in the performance management process
- The employee's performance score can be used in supporting compensation decisions

If you'd prefer to forgo the pain of an outdated performance evaluation process and get started engaging your employees in performance management, contact Peggy Engelkemier, Director of Workforce Development Solutions at peggyeng@carelearning.com , 866.617.3904.

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.

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*. Christel Folkes, 877.398.9868, 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.