

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

Four Steps to Boosting Revenue



IN ORDER TO SUCCEED IN YOUR MANAGED CARE NEGOTIATIONS, you need an effective strategy based on solid data. Data without a strategy is useless; and a strategy that doesn't consider market data, alliances and your specific strengths is equally ineffective. **When you have robust data, you can build a revenue-enhancing strategy by following the steps below.**

Step 1: Know your position and quantify your goals. If you are a critical access hospital, do you want to be paid as well as similar facilities across the state? How much more revenue do you need to achieve this goal? If you are a major player in your community, are you keeping up with your peers? If you are trying to drive volume your way by being the low cost provider, how do you price your services to achieve this objective without leaving money on the table?

Step 2: Build a compelling story as to why the payer needs your hospital in their network. Quantify your value to the community. If your hospital isn't there or can't provide a particular service, how far do patients need to travel? How many jobs does your hospital create? Which of your centers of excellence attract patients from outside your service area? Why do physicians want to send their patients to your hospital? Which plans do the major employers offer?

Step 3: Build alliances needed to develop market clout. Once you have the data and you understand your value, share this

information! The payers may be able to play hardball with a lone hospital, but the game changes when they know that underpaying your hospital will draw fire from the local community, employer groups and the physicians. When all of these parties understand your value and see that all you are requesting is your fair share of the payer's very large pie, they will support you. When the payers see that the community, the physicians and the employers are all siding with the hospital, they back down. We've seen it happen!

Step 4: Build your strategy, year by year and service line by service line. Now that you know your overall revenue goal, understand your value and have built the alliances needed to be paid what you deserve, set multi-year targets for each service you offer. For year one, focus on your greatest strengths and target those services for your biggest increases. Look ahead to year two, three and beyond to determine which increases you'll ask for further down the road. Remember that you may not achieve all your revenue goals in one year, but if you have a long term plan and make improvements every year, you will win in the long run. Many hospitals already have.

To learn more about how to obtain this value market reimbursement data, contact Tina Creel, AHA Services, Inc., 501.224.7878, tcreel@ahaservicesinc.com or Leslie Gold, PDS, 213.283.8003, lgold@hasc.org.

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Need Help?

Contact

AHA Services, Inc.

501.224.7878



ERISA Compliance Key for Employers



Employers interested in the competitive edge of recruiting and retaining employees must offer good benefit packages. Most employers offer at least one type and some offer an array of welfare benefits. The most common types of welfare benefits consist of medical benefits including dental and vision, Short-Term and Long-Term disability, life insurance protection or accidental death and dismemberment coverage, Wellness and Employee Assistance Programs.

One of the biggest concerns for employers who offer such plans is the burden of complying with the laws and regulations of ERISA Title I, which governs welfare benefit plans. Employers oftentimes are exposed to risks for failure, intentional or not, to comply with these regulations.

Proper Plan Documentation is Crucial

One of the specific ERISA Title I requirements is that any and all employee benefit plans be in writing. Most employers assume that the insurance policy or other booklets or summaries provided by the insurance company meet the written plan document requirement. Although these materials generally describe the benefits available or provided in detail, they generally will refer back to the employer, the employer's plan document or otherwise avoid pertinent issues such as eligibility and coverage dates, designation of the plan Sponsor, number of plans the employer offers, the Plan year, Plan number, etc. These carrier documents fall short of constituting a written plan document for ERISA purposes. ***What's important for employers to understand is that they can be held accountable for any failures or compliance issues; and penalties for non-compliance can be severe.*** With increased emphasis on compliance and scrutiny from the government employers should be "covering their bases" on these plans.

Reporting Requirements

Another significant and costly requirement is that welfare benefit plans with at least 100 participants are required to file a Form 5500 annually and individually for each of the welfare benefits. (Unfunded, fully insured and combination unfunded/insured welfare plans covering fewer than 100 participants at the beginning of the plan year that meet certain requirements are exempt from filing an annual report.) The Form 5500 for a welfare plan can be an expensive task for employers due to the various schedules and information required to be filed electronically using approved software compatible with the DOL EFAST 2 bar coding.

Advantages of an Effective ERISA Wrap Plan

The complexity of the legal requirements, the written plan document requirement, the annual reporting requirements of filing multiple Forms 5500 and the requirement to provide adequate notices and disclosures can all be eliminated through the use of a

"wrap" document design. A wrap document is a master plan document that "houses" all of the welfare benefit plans provided by an employer.

One of the biggest advantages from a financial standpoint of implementing a wrap system is that by pulling all of the welfare benefit programs offered together under one document, only one welfare benefit plan exists, as opposed to multiple plans that exist absent the wrap document. This immediately reduces an employer's annual reporting requirement to one Form 5500, as opposed to a Form 5500 being required for each of the benefits offered. The immediate savings realized by the reduction of preparing and filing only one annual return can often make up the cost of having the wrap document prepared in the first year alone and the future savings for the employer in this regard can be significant.

If you are concerned about ERISA compliance contact Hagan Newkirk Financial Services, Inc. (HNFS) to insure that you aren't caught off guard by an audit that can be both costly and time consuming. HNFS can offer clients ERISAEEdge. ERISAEEdge includes the following comprehensive services at a very reasonable cost:

- Complete document design and preparation of the Plan Document and the Summary Plan Description (SPD)
- Preparation of the Summary of Materials Modification (SMM)
- Preparation of the wrap and / or mega wrap documents
- Assistance in obtaining the necessary information from insurance carriers to prepare 5500 filings
- Ensure ERISA Plan is current with all the regulation changes
- Resolution assistance in the event that your employee benefit plans are reviewed by the DOL
- Monitoring the ERISA Plan and employee benefits to ensure timely disclosure of plan change to employees
- Online storage of plan document(s) / SPD
- Instruction on the required onsite recordkeeping
- Access to technical and customer service assistance
- Dedicated ERISAEEdge Professional
- Preparation of form 5500 and associated schedules (if required)
- Preparation of SAR (if form 5500 is required)

For more information contact Randy Rogers, 501.823.4637,
rogers@hagan-newkirk.com.

3D Technology: What's it all about?



Ever wonder what you're really seeing up there on the big screen? Next time you nestle down in your seat, ready to dive in to some popcorn and watch the newest 3D flick, you'll know.

There are several ways to display 3D images on the screen, but the two most common ways are Passive Stereo Visualization and Active Stereo Visualization.

Passive Stereo Visualization is also known as polarized 3D projection. In this format the theater uses two projectors to display two images onto a custom made silver screen. The images are projected with two opposing polarizing filters. The audience wears passive polarized glasses that allow each eye to see a separate image. The brain puts these two images together as one, resulting in 3D.

Active Stereo Visualization systems present the left and right eyes images that are alternating so fast, the viewer doesn't even notice. The audience wears active shutter glasses that have lenses which turn from opaque to transparent in unison with each alternating image. The left image is only displayed when the left lens is transparent (and the right one is opaque) and vice versa. The brain puts these two distinct images together as 3D.

Many people prefer the passive method of watching 3D movies because the glasses are more comfortable to wear. The active shutter glasses are a bit heavier due to the batteries and the synchronization emitter inside.

3D and Eye Health

Some people may experience headaches, nausea, or blurry vision when they watch 3D movies. But the truth is if these signs appear, it's because something is wrong with the viewer's binocular (stereoscopic) vision.

Your eyes have to work together to be able to see 3D comfortably and without feeling ill. An eye doctor will be able to determine the cause of the problem. It's usually due to weaker muscles in one eye or that vision is slightly better in one eye.

If you suffer from these problems while watching 3D, make an appointment with your VSP doctor so you can start enjoying 3D movies and TV.

For more information visit www.vsp.com or contact Kandi Alyousef-Garza, 214.975.8011.

Staff Simply



In today's economic climate, managing your travel and per diem agencies should be simple and cost-effective. Unfortunately the process is time-consuming, inefficient, expensive and you often have little to no control over the quality of the candidates being submitted to you.

Medefis recognizes these problems and has developed a way to help you staff simply.

The Medefis Solution

Medefis is the nation's most widely adopted and easy-to-use vendor management platform. Medefis services have helped hundreds of hospitals and healthcare organizations, like yours, reduce the time it takes to manage multiple vendors, lower staffing spend and improve the quality of agency staff.

Medefis allows you to manage all of your staffing decisions from their simple, web-based system. Best of all, it is easy to use. You can post your staffing needs and within minutes, the Medefis network of 300 preapproved staffing organizations will begin submitting qualified candidates for your consideration. The Medefis system ranks the candidates by quality, completed credentials and bill rate. Medefis uses a free market pricing model to ensure that you get the best possible candidate at the right price. In addition, Medefis will manage the credentialing process, standardize agency contracting and provide you with consolidated billing services.

Medefis makes temporary staffing easier, more efficient and more cost-effective than ever.

Medefis Advantages

- Increased cost savings via a market-based bidding engine
- Reduced phone solicitations from staffing agencies
- Access to the nation's largest pool of supplemental healthcare professionals
- Centralized credentialing management for all healthcare professionals
- Consolidated reporting on all agency activities
- A standardized contract for all staffing agencies
- Third party management of agency contract negotiations
- A dedicated account manager to assist with your staffing needs

For more information visit www.medefis.com or contact Shawn White, 866.711.6333 ext. 128, shawnw@medefis.com.

DocuVoice
strives to establish
long-term
relationships with its
customers.

DocuVoice
identifies and
understands
customer needs
before
recommending
appropriate
solutions.

DocuVoice's
main goal is to
educate you, the
customer, as to the
many changes taking
place in technology
and solutions for the
industry.

DocuVoice
continually
encourages
feedback in order to
evaluate their
performance.

Most importantly,
DocuVoice
understands
Customer Service.
That's why
DocuVoice's
main goal is to make
every customer a

DocuVoice
“RAVING FAN.”

***ICD-10 Readiness Testing and Training**

This includes anatomy, physiology, pathophysiology and pharmacology based knowledge assessments for coding and CDI Staff. It is important that staff members are confident in their abilities to translate documentation into the elements required by the new coding systems.

***Outsource coding vendors**

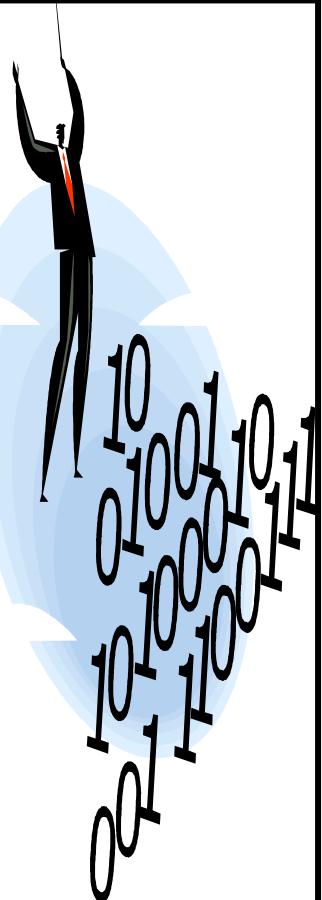
DocuVoice is a nationally known professional coding company to assist with overflow, backlogs and outsourced coding as hospitals need help during training. Projections show that there is an estimated 50% decrease in coder productivity during the first six months of ICD-10 implementation.

***Physician assisted coding audits**

Are designed to work with the coding professionals in your facility to review medical documentation and provide insight on additional diagnoses and procedures addressed in the chart. This supports increased appropriate revenue and identifies areas where documentation clarification is needed. Last year alone, hospitals working with this service averaged a return on investment of 5.8:1!

***Encoder software**

DocuVoice offers Encoder software designed by coding professionals to give coders the intelligent tools and support needed to navigate the complexities of ICD-10, ICD-9 and CPT Codes. This unique approach to medical coding software incorporates an interactive research window to allow for greater efficiency and a typical cost savings of 30% over most encoder products.



Visit

www.docuvoice.com

or contact

Bob Stewart,

615.275.7312

or

Karen Scott

901.233.7245

SAFE PATIENT HANDLING CONFERENCE

Sponsored by: Guldmann, Molift and Hovertech
February 23, 2012

Guldmann is pleased to let you know about this opportunity to attend a Safe Patient Transfer and Handling conference at Oklahoma City University's Kramer School for Nursing.

The conference is a two-day event. This information is for February 23 only.

Workplace Safety for Patients and Providers: Outcomes Improvement for All

This conference is designed for nurses, nurse educators and other clinical leaders who are responsible for designing, implementing and sustaining safe clinical work environments; topics will include patient handling and movement in varied practice settings. Evidence-based practices, hands-on evaluation of technology and an opportunity to dialog and network with experienced professionals are among key content areas.

Invited National Faculty - Kathleen Nelson, PT; Regional Team Leader for Ergonomics, Southcoast Health System and Hospitals Group; New Bedford, Massachusetts, Lynne Shores, PhD, RN; Professor, Belmont University School of Nursing; Nashville, Tennessee., Carys Price, MSPT, MS, CEAS; Director of Employee Injury Prevention, Christiana Care Health System; Newark, Delaware, Phyllis Dorrough, MA, RNP, CPHQ; Patient Safety Officer, Baptist Health Medical Center; Little Rock, Arkansas.

The Conference is a scaled-down version of the Safe Patient Handling Conferences held each year in Orlando and San Diego. Many of the same national speakers and vendors will be providing evidence-based information and hands-on demonstrations.

Registration fee—\$99, \$49 student rate (lunch provided). Designed to enhance education for SPH Peer Leaders, those in transportation, radiology and any member of the hospital or school of nursing who assist patient moving and transferring.

- Hear from presenters who have “been there” putting together equipment purchases and creating CULTURE CHANGE for their facilities.
- Learn about how to get started or give your SAFE PATIENT program a fresh push.
- Hear about *results* they have experienced in reduced injuries and reduced dollars spent for injuries -- as well as greatly improved staff and patient satisfaction.
- Meet, question and visit personally with speakers and other attendees.
- Experience hands on demos with vendors and equipment.
- Receive CEUs

Register today online at www.okcu.edu/nursing/continuingedu.aspx or contact Chris Black at 405.208.5832 or cblack@okcu.edu.

For more information contact Marilyn Olson, Regional Director, Guldmann Inc., 405.808.9211, mo@guldmann.net.



Guldmann™

Risk Management Resources and the AHA

Who is controlling your workers' compensation costs? This is a question that every business should be concerned with. Direct costs associated with worker's compensation claims usually include medical bills from the treating physician, prescribed medications, any related follow-up treatments and indemnity benefits paid to the injured employee. However, **indirect costs** are often much more and can have an adverse effect on your loss history, experience modifier, annual premiums and your bottom line. On average, the indirect costs associated with an injury can exceed the direct costs by a 4:1 ratio. In other words, a \$5,000.00 claim can result in indirect costs of \$20,000.00 or more!

What are some of these indirect costs? They can include one or all of the following:

- Lost Time (by worker and supervisor)
- Schedule Delays
- Training new employees
- Cleanup time/equipment repairs
- Legal Fees

How does a business control these indirect costs and keep its insurance premiums at a minimum level? Two of the most time-proven risk control strategies are effective claims management and loss control support. Are your workers' compensation claims being handled by experienced, knowledgeable claims adjustors located in Arkansas and familiar with Arkansas Workers' Compensation Law? Is there someone to answer your OSHA related questions, identify potential risks and provide on-site training and consultation related to health and safety issues?

Risk Management Resources (RMR) currently serves as the **Third Party Administrator (TPA)** for the Arkansas Hospital Association's **Workers' Compensation Self Insured Trust**. The staff at RMR includes a Claims Director, seven Lost Time Adjusters, two Medical Only Adjusters, one administrative support person and four full-time Loss Control Engineers.

If you are interested in more information concerning the advantages and services associated with the AHA Workers' Compensation Self Insured Trust and Risk Management Resources, please contact Tina Creel, 501.224.7878, tcreel@ahaservicesinc.com at your convenience.

Are Medical Residents Suffering from "Buyer's Remorse?"

MERRITT HAWKINS
an AMN Healthcare company 



For medical residents about to complete their training, it appears that now is both the best of times and the worst of times to be entering the job market. Merritt Hawkins' recently released 2011 Survey of Final-Year Medical Residents found that more than 75 percent of final-year medical residents received at least 50 job solicitations during the course of their

training. Close to one half (47 percent) received 100 or more job solicitations.

Nevertheless, the survey also found that close to one-third of final-year residents (29 percent) would not choose medicine as their profession if they could have a career "do-over." At first glance, this appears to reflect a surprisingly high level of buyer's remorse among newly trained doctors who, after all, have multiple job opportunities to choose from and comparatively high salaries to look forward to.

On closer inspection, however, the concerns of doctors about to enter their first practices are not so unreasonable. Final-year residents are at the end of a grueling, three to seven year period during which they worked double a full-time job (80 hour weeks are typical) and were under extreme stress. Many are carrying a debt load of \$150,000 or more while being paid in the \$50,000 range, a rate of about \$12.50 an hour. They also are about to enter their profession at a time when the healthcare system is undergoing profound change and uncertainty and when physicians are facing severe reimbursement cuts. Little wonder if, upon

crossing the finish line, they question whether the race was worth the effort.

The survey also reflects the practice preferences and plans of today's medical residents. The first consideration of most residents surveyed (81 percent) when evaluating a job opportunity is geographic location. This often is not the best basis for practice selection. Long-term satisfaction for residents (and for all physicians) is more likely to be tied to the compatibility and appropriateness of their practice than to the community in which they live.

Unfortunately, residents often are not equipped to assess practice opportunities because they have received little to no training in the business side of medicine. Only nine percent of residents surveyed said they were "very prepared" to handle the business aspects of medicine, including contract evaluation and other skills necessary to assess a job opportunity. Recruiting residents therefore entails considerable front-end preparation and education regarding how physicians are compensated, how they are incentivized and what constitutes a viable practice.

In an ominous sign for underserved rural areas (of which there are many in Arkansas), fewer than one percent of residents said they would prefer to practice in a community of 10,000 or less.

To receive a full copy of the survey report please email Harold Livingston, VP of Marketing, at Harold.livingston@merrithawkins.com or 469. 524.1591.

Get a **FREE** Introduction to careLearning!

To access each link, hold down the CTRL button and click on the hyperlink

The easiest and fastest way to learn about our products and services is to sign up for a FREE product information webinar. All dates and times listed below are free and open to the public. careLearning will also provide a private or customized webinar for your group at a date and time that is convenient for you. Just [contact careLearning!](#)

FREE Webinar Overview

◊ **Wed., Feb. 1, 10:00 am** ◊ **Thu., Feb. 2, 2:00 pm** ◊ **Wed., Feb. 8, 10:00 am** ◊
Thu., Feb. 9, 2:00 pm ◊ **Wed., Feb. 15, 10:00 am** ◊ **Thu., Feb. 16, 2:00 pm** ◊

In this 45 minute FREE webinar, you will gain practical knowledge of how the **careLearning** system can help you organize and manage your education.

Topics

- Discover who **careLearning** is and what we have to offer: an award-winning Learning Management System, full course catalog specific for healthcare, Competency Management, and much more
- Learn how our system helps you manage online AND live education effectively
- Find out how to maximize course offerings for your employees in a cost- and resource-effective way
- Witness how easy and comprehensive the documentation and reporting will make your next performance evaluation or audit
- See the ways that education is centralized so that employees and managers can easily find out what education is required or available
- Discuss the implementation process and product support
- Ask questions of a careLearning Product Expert

Who Will Benefit

Anyone who has a vested interest in providing education to employees. This might include:

- Staff Educators
- Human Resources
- Nursing Executives or Managers
- Compliance Officers

[Click here to register](#) or go to www.carelearning.com and click the **FREE Webinar** button on the left side bar.

AHA Services, Inc. Endorsed Companies

Amerinet - Group purchasing organization. Product standardization and utilization, financial tools beyond contracting and alliances that help lower costs, raise revenue and champion quality. www.amerinet-gpo.com. Rafael Rodriguez, NW AR, 877.711.5700, ext. 8029. Mike McGraw, 601.613.5477.

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.

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 - 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.

HealthCareERS 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.healthcareers.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.criminalsan.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. Landry Seedig, 972.830.4407.

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

Merritt Hawkins - Permanent physician staffing, healthcare staffing, recruiting. www.merrithawkins.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.

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. Daryl Fowler, 469.524.1794.

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



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