



Facts & Features



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

Summer Edition

Volume 18, Issue 3

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

Nutrients, Sun Protection and Treatment: Fighting Macular Degeneration



It's not a news flash: America is getting older. And with that aging, along comes a host of age-related foes to fight. One: age-related macular degeneration (AMD). Chances are you'll be hearing a lot more about it, because it's going to affect an estimated three million more Americans in the next 15 years. That's on top of the 10 million with AMD now.

Novelist Stephen King, best known for horror stories, is one of them. He quipped of his 10+-year battle with AMD: "The part of my vision that I want to keep, both as a man and as a writer, is what I can see out of the corners of my eyes!"

All kidding aside, he's referring to the telltale work of AMD; the loss of central vision. Although few people with AMD ever become totally blind, losing central vision can make basic, independent activities, like reading and driving, much harder.

AMD affects the macula, the pencil eraser-size part of the retina where precise vision forms. There are so-called dry and wet forms of AMD. Both forms can lead to varying degrees of central vision loss.

Eyecare professionals agree: the single most important thing you can do to detect and help slow AMD is get your annual eye exam. It's the only way to spot early warning signs. But beyond that, there are choices you can make to help prevent or slow its onset and progression. Nutrients can play a helpful part.

Larry Spitzberg, O.D., Ph.D., practices in Houston, Texas. "A study sponsored by the

National Eye Institute shows an important role for vitamins C and E, vitamin A from beta carotene, lutein and zinc." And, choose food over supplements as the preferred source for them.

Sunlight exposure is bad for the eyes on all fronts. From cataracts to AMD, the sun damages the eyes just as it does the skin. Wearing UV-blocking sunglasses is a good idea for all ages.

For people fighting the condition now, there are treatment options for the wet form, which is to blame for more severe vision loss. The options range from medications to laser treatments, says Joseph Rappon, O.D. He also looks forward a few years when artificial retinas may be the routine course of treatment. "We'll be able to implant a tiny microchip in the retina, and this device will help send visual information to the optic nerve and the brain," he says. "That will be a big breakthrough and have a major impact on AMD patients."

In the meantime, do healthy things for your eyes, like eat foods high in sight-loving nutrients. Here's a rundown of eye-friendly foods.

- Beta-carotene (turned into vitamin A in your body): Dark green, yellow and orange veggies.
- Lutein: Dark green leafy veggies, like spinach, kale and collard greens.
- Vitamin C: Citrus fruits, black currants.
- Vitamin E: Nuts, oil-rich fish like tuna and salmon.

- Zinc: Beef, pork, lamb, eggs, whole cereals.

Visit www.vsp.com for more information.

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How Healthy is YOUR Workforce?

Make Good Health a Top Priority for Employees

Workplace wellness is a big deal for companies both big and small and for employers and employees alike. Employee Health and Wellness Programs have the ability, if executed correctly, to reduce healthcare costs, making good employee health a top priority for the coming years.

Virgin HealthMiles recently [surveyed](#) 772 employers and 6,756 employees across the U.S. and found that:

- 83% of organizations say they offer employee health and wellness benefits
- Top priorities include: reducing healthcare costs (81%), creating a culture of health (70%), and improving workforce productivity (40%)
- Top three types of programs offered: smoking cessation (60%), health risk assessments (58%), and physical activity programs (67%)
- More than 89% of employees say an employer's range of health and wellness benefits are either "very" or "somewhat" important in their choice of employer

[Check out](#) the full survey and insights that employers and employees shared when it came to Workplace Wellness.

How Game Mechanics Work With Incentives and Recognition

The popular use of office gaming, or gamification, is catching on like wildfire and [The Incentive Research Foundation \(IRF\)](#) has recently released a [report](#) explaining the importance of understanding the value of incorporating games into employee programs.

These gaming techniques are increasingly used to:

- Engage employees in learning activities
- Simplify learning in complex systems
- Create continuous employee performance management platforms

Gamification has also opened up new opportunities to incent and recognize the workforce, be it for completing a goal, winning or receiving a high score in a particular game; this tool is fast becoming a preferred method for teaching, engaging or even entertaining the workforce.

[Read more](#) about Game Mechanics, Incentives and Recognition from the IRF here.

Healthy Incentives and their Role in Wellness Programs

Has your Health and Wellness Program been heading in the right direction so far this year? [The Institute for Healthcare Consumerism](#) (IHC) discusses five trends you should be focusing on and number two on their list is 'Tailoring incentives around health-related products or services.'

Offering gift cards from brands like [CVS/pharmacy](#), [GNC](#) or [Whole Foods Market](#) is a great way to deliver the incentives that employees really want, and you'll save big when you purchase gift cards in bulk from GiftCard Partners. [Learn more](#) about the savings and how to offer healthy incentives in your health and wellness program.

[Check out](#) IHC's 5 Trends in Wellness Incentives for 2013.

Also [learn more](#) about incorporating "Healthy Incentives" into your Health and Wellness Program.

GCP Blog Spot: Corporate Wellness Programs-Impressive Results

[HealthyAmericans.org](#) shares some interesting learnings about workplace wellness and how to affect overall employee wellness, even beyond the nine to five work hours.

On their Business Civic Leadership Center blog, they report some pretty impressive [corporate wellness program successes](#), like:

- For every workplace wellness dollar spent, healthcare costs fall by about \$3.27
- Productivity increases
- Absenteeism costs fall by approximately \$2.37

This knowledge has led more than 90% of large employers to add at least one benefit to their package and more than 60% of smaller employers to do the same.

Check out the full story at the [GCP blog](#), and get other great corporate wellness program ideas.

Wellness Incentive Spending Doubles over Four Years

Looks like 2013 is shaping up to be "The Year of Wellness-Based Incentives." In October and November of 2012, [The Society for Human Resource Management](#) surveyed 120 U.S. companies ranging in sizes from 2,000 to more than 50,000 employees. Results from the survey showed that corporate employers are planning on spending an average of \$521 per employee on wellness-based incentives in 2013, an increase of 13% from 2011.

In addition to increased spending, results also showed that nine out of ten employers indicated that they offered wellness-based incentives, increasing 73% from 2011 and 55% are offering cash or gift cards.

[Read on](#) to discover the Society for Human Resource Management's survey results and major wellness program trends.

For more information on Wellness Programs contact Chris Newkirk, 501.823.4637, cnewkirk@hagan-newkirk.com or Chris O'Dwyer, 501.416.0912, codwyer@conwaycorp.net.

Wright Medical Center - and its CEO - Come of Age



Wright Medical Center CEO Steve Simonin

Wright Medical Center, a 25-bed facility in Clarion, Iowa, is no typical critical-access hospital. Winner of 13 Press Ganey awards and numerous other accolades, it has state-of-the-art technology and services not often found in a rural facility, including orthopedics, general surgery, obstetrics, radiology, family practice, an emergency department, rehabilitation and cardiopulmonary care. Soon, Wright, along with partner, Belmond Medical Center, will rebrand as Iowa Specialty Hospital to provide an even broader range of services.

More importantly, Wright Medical Center discovered what it really takes to sustain success: excellent quality healthcare in an atmosphere where patients experience the true compassion of hearing from a highly trained and caring staff. Wright's journey began with the personal transformation of its CEO, Steve Simonin. His experiences inspired him to recommit to the hospital, its staff and physicians, and above all, its patients. Here is his story.

In 2001 I became consciously competent. As someone who grew up in healthcare staring at the bottom line and solely and wholly on the financial operations, it took a personal tragedy in my family and some sage advice to wake up and realize that healthcare is more than a business. I became a patient advocate. I realized that balance is not making sure your days' cash on hand are stable compared with your

operating margin; it is about bringing care and compassion back to the bedside. It is about treating every single patient; his or her family; and our employees, volunteers and doctors as I would want my family to be treated.

My story is somewhat typical for hospital executives. I received my degree in finance, decided that I did not want to be a banker, and went back for my MBA and MHA. After an internship in a for-profit hospital where the company wound up being sued by Medicare, I decided that I did not want to spend my career in that type of environment and moved back to the Midwest. I was a young, fresh, completely ignorant administrator with two small hospitals in the middle of South Dakota prior to the Critical Access Hospital program. Nine out of 10 of our patients were on Medicare.

The hospitals were broke, with virtually no patients. It was a great way to learn the true role of hospital administrator—sometimes patient transporter, sometimes cook, sometimes operator. I left after three years and came to Clarion, Iowa.

As much as I had learned, my real "moment of consciousness" came when my mom was diagnosed with a brain tumor, a metastasis from a primary lung cancer. Before this, my family had never spent any time in a hospital. I was a hospital administrator primarily because I did not want to be a banker. Seeing things through the eyes of a patient was a different experience.

Mom had brain surgery in a large metropolitan hospital the day after Thanksgiving in 2000. I remember lying on the cot next to her bed at 3 a.m. and wondering if the clocks made as much noise in the patient rooms at my hospital. I wondered if the call lights took as long to be answered in my hospital. I wondered if the popcorn under the chair that had been there for three days was a common occurrence at my hospital. I wondered if, when I passed the nurses' station at my hospital; I (or any family member) would hear the staff talking about my mom or any patient and saying, "she'll be dead in a month" loud enough for me to hear. I wondered what other families did when their loved one's pain was not managed—did they threaten to turn the doctor in and call the Joint Commission to report an event? (Probably not; most patients don't have hospital administrators in the family.) Did any or all of this happen at my hospital?

Following mom's first major hospital stay back in 2000, I saw a video of Quint Studer talking to a group about how our focus in healthcare is not where it should be—on truly making our organizations the best place to

Wright Medical Center, Continued on Page 7

August 7 is the Deadline for Compliance with GPO Exclusion Policy's Replenishment Requirements

The Health Resources and Services Administration (HRSA) posted the following information in the [FAQ section](#) of the Office of Pharmacy Affairs (OPA) website:

HRSA published [Policy Release 2013-1](#) on February 7, 2013 to clarify its policy regarding this 340B Program statutory prohibition. HRSA initially allowed covered entities 60 days after the publication of the GPO policy release (until April 7, 2013) to make certain their drug replenishment practices comply with the GPO policy release. Based on a large number of covered entities providing comments that this deadline could not be met due to the work required to implement the needed changes, HRSA is extending the deadline to August 7, 2013 for those entities that are not able to comply with the initial April 7 deadline. No additional extensions will be granted beyond the August 7 date.

During this extension, HRSA expects that covered entities will comply with the GPO Prohibition as soon as possible prior to the August 7 deadline. HRSA reviews and follows-up on all allegations regarding non-compliance and has the ability to audit a covered entity. In such cases, covered entities should be able to demonstrate that they made their best effort to be in compliance as soon as they were able to do so and should have a legitimate reason for any delay. Any evidence of deliberate delay could result in immediate removal from the 340B Program.

If a covered entity is unable to be in compliance by August 7, the covered entity must immediately notify HRSA, and will be terminated from the program. The covered entity may reapply during the next

quarterly registration period (October 1 - 15) once it determines that it is in compliance with all 340B Program requirements and can attest to such during the enrollment process. If after August 7, HRSA determines that a covered entity still participating in the program is not in compliance with the GPO Prohibition, HRSA will terminate such entity from the 340B Program.

In addition, HRSA will be conducting annual recertification of hospitals after the August 7 deadline as part of the regular annual recertification process. At that time, all participating 340B hospitals must attest that they are in compliance with all 340B Program requirements, including compliance with the GPO Prohibition as detailed in [Policy Release 2013-1](#).

Safety Net Hospitals for Pharmaceutical Access (SNHPA), other hospital groups, and members of Congress had asked HRSA to extend the deadline to August 7 or later.

Note that the April 7/August 7 deadline applies only to the inventory management requirements laid out by HRSA's GPO policy release and not the other aspects of HRSA's GPO policy outlined in that release. HRSA expects hospitals to already be in compliance with those other aspects of the GPO exclusion. In the coming days, SNHPA will provide more information on all aspects of HRSA's GPO policy release and the next steps in SNHPA's advocacy in this area.

If you have any questions, please contact Matthew Bobo, SUNRx, 210.646.1885, matthew.bobo@SUNRx.com.

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For more information contact Bob Stewart at 615.275.7312 or bob@docuvoice.com.

Utilizing Technology to Reduce Contract Labor Costs!



Over the last several years, Medefis, Inc., has worked closely with hospitals and healthcare systems to save time and reduce the costs of contract labor.

Medefis, an endorsed vendor for AHA Services, Inc (a subsidiary of the Arkansas Hospital Association), consults with hospitals to demonstrate more effective methods of leveraging technology in an effort to reduce contract labor expenses and fill vacancies faster through a massive network of staffing agencies. Medefis, the nation's leading Vendor Management System (VMS) Technology Platform, has consolidated more than 500 pre-approved staffing agencies into a single web portal in order to drive cost saving and gain efficiencies.

Medefis also works with other state hospital associations to collaborate with member hospitals and provide a standardized workforce management solution for temporary labor in nursing, radiology, laboratory, locum and therapy. The core objectives are to simplify the entire contract labor process, save time, and drive cost savings through all hospital departments while maintaining an average fill rate of 98%. In healthcare facilities facing the need to use contract labor - whether it is seasonal or a constant usage - Medefis has been able to streamline this process, saving these facilities time and money! From hard to fill allied health needs to registered nurses and CNAs, "In our short-staffed world of Human Resources, Medefis saves us time by insuring that the essential, but time consuming details of arranging travelers are taken care of by experts. Medefis also acts as an intermediary between my staff and the temp agencies, ensuring that all of the temp agencies receive the guidance they need to fill our requests." Joe S., VP of Human Resources.

Medefis' industry experience and proven process is continuing to pay-off for its clients. Instead of taking a candidate and rate from one agency/recruiter, member facilities can use Medefis to tap the network of hundreds of agencies in less time than one phone call to an agency! Medefis clients list their needs and requirements and let agencies earn their business in a live format – providing hospitals with more options in less time than conventional methods. Michele G., Recruiter, states: "Medefis has allowed us to simplify our process with recruitment of contract labor. Using Medefis has decreased the time we spend talking with agencies regarding travelers. The service at Medefis is top notch. Thank you Medefis!!!"

Medefis also has a strong presence in the rehabilitation market and works closely with Genesis Rehab Services and HCR ManorCare at hundreds of locations to help secure quality rehab and speech therapists at reasonable rates for short and long-term temporary assignments.

So whether your Arkansas facility requires contract employees once a month or once a year Medefis can offer a time-effective process to help fill that need. Without any fees, AHA members can use Medefis to

ensure they are getting the best service and price for contract labor whenever the need may arise!

Visit www.medefis.com or call Doug Janes, 866.711.6333 for more information or to schedule a demonstration of Medefis technology.

Join us for a Webinar

Medefis VMS System—Reducing Contract Labor Expenditures on any of the following dates:

July 11, 1:00 PM—2:00 PM CDT:

<https://www1.gotomeeting.com/register/596274969>

August 14, 1:00 PM—2:00 PM CDT:

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Required: Mac OS® X 10.6 or newer

Survey: Hospital and Medical Group Managers Upbeat About Their Profession



San Antonio, Texas -- more than 92% of hospital and medical group managers, all graduates of Trinity University's Department of Healthcare Administration, feel positively about being in healthcare administration today, according to a new survey. The survey, conducted for Trinity University by healthcare search and consulting firm Merritt Hawkins, suggests that even in a time of profound change brought on by health reform, healthcare facility managers remain upbeat about their profession.

"Though the ground is shifting underneath them, most healthcare facility managers feel prepared for pending changes in the healthcare system and are happy in their selection of a career," said Mary Stefl, Chair of Trinity University's Department of Healthcare Administration. "Change may be challenging healthcare facility managers today, but it is also energizing them."

According to the survey, more than 87% of Trinity University Department of Healthcare Administration alumni now in healthcare management described their morale as positive, 87% would recommend healthcare management as a career to young people, and 86% would select healthcare management if they had their careers to do over. More than 70% said their facilities are prepared for pending changes to healthcare facility reimbursement and 75% described their facility's relationship with physicians as generally or completely cooperative.

These findings contrast sharply with a national survey of physicians Merritt Hawkins recently conducted on behalf of The Physicians Foundation. According to Travis Singleton, Merritt Hawkins' senior vice president, only 32% of physicians in the survey felt positively about the medical profession, only 42% described their morale as positive, only 42% would recommend medicine as a career to young people, and only 66% would choose medicine if they had their careers to do over. "For healthcare facility managers, the glass appears to be half full," Singleton said. "For physicians, it appears to be half empty."

Healthcare facility managers in the Trinity University survey identified reimbursement as their number one strategic concern, followed by patient attitudes, physician alignment and physician recruiting and retention. "Physician-related issues rank high," Singleton says, "because healthcare facilities will have to cooperate closely with doctors to implement new delivery models such as accountable care organizations (ACOs)." While most healthcare facility managers surveyed indicated their facilities are on good terms with their physicians, many do not have all the doctors they need. More than 83% indicated they have some openings for physicians on their staffs. The majority (60%) are experiencing a shortage of primary care physicians while 42% are seeing shortages in specialty areas.

"For healthcare reform to work, hospitals and other facilities and physicians will have to be on the same page," Stefl said. "The survey suggests healthcare facility managers clearly view physician recruiting and alignment as priorities."

The survey was sent to 1,442 alumni of Trinity University's Department of Healthcare Administration and 410 responses were received, for a response rate of 28%. A copy of the full survey report may be accessed at www.trinity.edu/HealthCareSurvey or www.merrithawkins.com.



About Trinity University's Department of Healthcare Administration

Trinity University's master's in [Health Care Administration program](#) develops leaders who are able to adapt and respond to the needs of today's healthcare facilities and prepares them for the challenges of 21st century healthcare delivery. The program has been continuously accredited by the Commission on Accreditation of Healthcare Management Education (CAHME) since 1969 and is one of the top-rated healthcare administration programs in the country.

About Merritt Hawkins

Merritt Hawkins (www.merrithawkins.com) is a leading healthcare search and consulting firm and is a company of AMN Healthcare (NYSE: AHS), the largest healthcare staffing organization in the United States and the innovator of healthcare workforce solutions.

work and receive care. He said our balance was skewed toward the financial and we had lost our way. My heart was open at the time. This is exactly what I needed to hear and the exact time I needed to hear it.

I came back to my hospital with a renewed sense of urgency about the future of my organization. I knew that I was associated with a good organization, but not a great one. In January 2002 we started working with Press Ganey on measuring and improving patient satisfaction. One of my providers asked me what we should “shoot for” in scores. We initially scored in the 40th to 50th percentile nationwide. He said, “Let’s shoot for the 75th?” I thought about my mom. Did I want her to go to a hospital that was in the 75th percentile? I told him, “No, we’ll go for the 99th. If I am the coach of this team, what would it say of me if I went out and cheered you on to finishing at the 75th percentile? I’d fire me. Someone has to be first; it might as well be us.” Thankfully, he agreed and stayed with the organization.

Mom passed away on Sept. 8, 2002. It was a Sunday morning, and my father and I were with her at the moment she died. This was a life-changing moment. In the 22 months we lived through my mom’s devastating illness, my outlook changed. Her journey helped me to clarify my purpose in life—as a hospital administrator and, more importantly, a patient advocate. She spent countless hours in hospitals and doctors’ offices and, through the frustrations of the illness and the love shown by the caretakers we encountered, I evolved as a leader.

At the time, my little critical-access hospital in Clarion, Iowa, was waking up. The primary doctors and clinic staff, who were not employed by my hospital at the time, wanted to become employees.

That was fantastic, because we were then all pulling in the same direction. We implemented standards of behavior written by the staff and did not make them optional. Staff were quickly lining up to be either part of the solution or part of the problem. We had lots of hard lessons in the beginning but, as the low performers exited and the high performers became even better employees, it was apparent that success was in sight. In the big scheme of it all, it was fine because we were doing the right thing for our community. (One huge lesson I had learned in my evolution from manager to leader was that the right solutions are not always the easy ones.)

Our scores were improving, the satisfaction of the employees was noticeably different, and I started to become more aware...we were on the right path. Throughout my mother’s illness and her eventual death, a constant remained. The outpouring of love and compassion for my family by the hospital and community of Clarion was amazing. It was during this period that I rededicated myself to this community and this organization.

As the next 10 years flew by, Wright Medical Center saw unprecedented growth and success. A group of orthopedic surgeons who liked what they saw in the organizational excellence journey at Wright Medical Center



Under Simonin's leadership, Wright has won 13 Press Ganey Summit Awards and numerous other honors.

opted to become part of the family. We’d get calls from doctors and providers on a constant basis asking how they could work here as well.

Unfortunately, we didn’t have a need for pulmonologists and neurologists at the time. We also had stacks of resumes and job applications for every job we posted.

In 2006 we were approached by a competing hospital to see if we could help them out from a provider standpoint until they could get back on their feet. We ended up in a partnership that evolved into a campus feel where two rural hospitals are sharing staff, departmental resources and providers. The amazing thing for me is that when we started working together, the other facility didn’t have the same measurement tools, but as we worked with it and held employees accountable through surveys—complete and absolute transparency and accountability in all activities—its scores soared as well and the success was obvious.

So, we’ve been on our journey for a decade now. We’ve won 13 Summit Awards, four each year for the past couple of years and five before that, and we are moving aggressively into the unknown future of medicine. Even with two relatively small critical-access hospitals and a limited group of patients, I am excited about our future.

With Press Ganey, Quint Studer, Jim Collins (Good to Great) and a host of other “mentors” out there, our approach to the future is aggressive. We will be changing our name to Iowa Specialty Hospital. We will pursue lines of business that will complement our existing services. We will challenge the norm. Our desire is to lead with caring, compassion and quality, and everything else will fall into place. My final big lesson was that in today’s environment, if you don’t create and pursue change with a sense of urgency, you won’t be around very long.

Contact Christel Fowkes for more information on Press Ganey at 877.398.9868 or visit www.pressganey.com.

Is Your Managed Care Stop-Loss High Enough?



Assessing the Risk of a Significant Managed Care Revenue Decline

Are the stop loss provisions in your managed care contracts setting you up for a significant revenue decline? As you prepare for managed care negotiations, it's a good time to take a look at how much of your revenue came from cases that hit stop-loss vs. those which did not. Suppose you learn that, like many hospitals, only a small percentage of your cases for a particular contract hit stop loss, but these cases represented 25-35% of your revenue. What happens if, next year, fewer cases hit stop loss? How much of a revenue drop would you see? Can you afford to bet that much of your revenue on such unpredictable volume?

With all of the clinical process improvements hospitals are putting in place, it's very likely that hospitals will have fewer outliers who become stop loss cases, not more. Thus, if you leave your contracts as is, your managed care revenue will probably decline.

What You Can Do

Now that you see the risk, it's time to do your homework and start a dialogue with your payers. The goal is to offer them a new win-win rate structure – a higher stop loss in exchange for higher payment for a more typical case. The payers prefer predictable expenditures, and you will benefit from a more predictable revenue stream. Furthermore, you will be protected from revenue declines as your improved care processes reduce the number of patients hitting stop loss. The key to the success of this approach is to ensure that the revenue loss associated with the decline in the outlier volume is offset by the higher rates for all your other cases. You'll need to do the math.

The Step by Step Approach

1. **Gather Data:** Download the claims and pull up the contract.
2. **Analyze the Effect of the Current Rate Structure** so you know:
 - a. Which claims hit stop loss
 - b. How much revenue was associated with these claims
 - c. What percentage of your total contract revenue was due to stop-loss cases
 - d. What the average payment per case was for all your other cases
3. **Model New Rate Structures:** Suppose you raised the stop loss high enough to cut the number of cases in half, and those cases were paid at the 'standard' rate. Calculate how much the standard rate would need to increase to offset the decrease in stop loss payments. You will probably need to test several different scenarios to find the balance of rate increases and stop loss increases that's right for you, given market conditions.
4. **Contact the Payers:** With various scenarios already worked out, reach out to each payer with your win-win proposal.

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

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The following is a testimonial from one of our AHA members, Ivan Holleman, Chief Financial Officer of Baxter Regional Medical Center in Mountain Home:

I think Fair Code is a good service/vendor. Below are my and my HIM Director's observations.

The Fair Code program has operated as advertised. Specific benefits we have found are as follows:

- Knowledgeable, facilitating physicians who work well with and ultimately defer to the coders.*
- Many of the physicians are also Certified Coders who are RAC/MAC appeal trained and alert us to RAC/MAC "red flag" issues at no additional cost.*
- The Operational leadership has been cooperative, timely and effective in their responses to us.*
- We have found the benefits to be additive to our Clinical Documentation Program (CDI). In fact we plan on re-deploying some of our CDI assets because of the improved capabilities our coders have acquired through this process.*
- The Fair Code software is user friendly and effective.*
- Success requires:*
 - 1) *An upfront commitment to set up remote access and work out IT issues*
 - 2) *Willing/dedicated coding staff to go through the learning curve*
 - 3) *An electronic communication method to query physicians (preferably through your EMR)*
 - 4) *Cooperating physicians - it's important that your physicians know the source of the queries*
- Our ROI is tracking at 3.8 to 1, but I believe will ultimately be higher because of our intent to re-deploy CDI personnel.*

*Ivan Holleman
Chief Financial Officer
Baxter Regional Medical Center*



Be In the Driver's Seat for All Audits These special Webinars will help you get there!

AHA members tell us that they are concerned about increasing audits. We have expanded our Webinars series showcasing the **AUDIT Trax** solution to now include a new date!

[July 2 at 1 PM Central Time](#)

We'll reveal the results of our survey, provide an update on RAC News and take you for a test drive of this workflow tool solution, **AUDIT Trax**. You'll be able to preview **AUDIT Trax** and see how effectively you can manage internal and external audits.

AUDIT Trax has all the turbo-charged features at 1/3 the price of many other products.

It's an affordable solution and we are pleased to endorse **AUDIT Trax** to our membership.

Tina Creel
Vice President
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careLearning.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.

careSkills - 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.

Commerce Bank's 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 - Outsource coding services; coding documentation and compliance services; ICD-10 education and training; outsource transcription services, and dictation system solutions.
www.docuvoice.com. Bob Stewart, 615.275.7312.

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 candidate's career path and relevant at every stage of their healthcare

career. www.HEALTHeCAREERS.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 - Comprehensive vendor management services for the procurement of nursing, rehabilitation, laboratory and allied healthcare personnel. www.medefis.com. Doug Janes 866.711.6333, ext. 109.

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. Guy Patterson, 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 and market data for managed care contract negotiations.
www.pds-data.com. Leslie Gold, 213.283.8003.

Staff Care, Inc. - Locum tenens physicians, temporary physician staffing. www.staffcare.com. Stephanie Hawkins, 469.524.7445.

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. Kandi Alyousef-Garza, 800.638.2626.

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



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